

**PROCUREMENT NOTICE**

State of Connecticut – Department of Public Health  
Public Health Initiatives Branch  
Health Education, Management, and Surveillance Section  
Tobacco Use Prevention and Control Program

**REQUEST FOR PROPOSAL**

# 2010-0911

for

**Tobacco Use Prevention Programs for School Aged Youth in Connecticut**

The State of Connecticut, Department of Public Health, is seeking proposals from applicants to provide tobacco use cessation and prevention programs targeting school aged youth, especially those that have a documented disparate use of tobacco products compared to the general population,

These disparate youth populations include, but are not limited to the following groups:

- Low socio-economic status;
- Youth who have dropped out or are at high risk of dropping out of school;
- Hispanic;
- Lesbian/gay/bisexual/transgender (LGBT) males and females.

This request for proposal consists of two (2) components:

**Component A** is to support the Coordinated School Health Leadership Program's (CSHLP) selected school districts in the implementation of tobacco use prevention and cessation programs within the school district. These nine districts are the [Capitol Region Education Council \(CREC\)](#), [Connecticut Technical High School system](#), [Danbury](#), [Hartford](#), [Manchester](#), [Meriden](#), [Middletown](#), [Norwich](#), and [Torrington](#)

**Component B** is seeking applicants to develop and implement tobacco use prevention programs targeting school-aged youth during non-school hours.

The Request For Proposals is available in electronic format on the State Contracting Portal at [http://www.das.state.ct.us/Purchase/Portal/Portal\\_Home.asp](http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp) or from the

Department's Official Contact:

Name: Barbara Metcalf Walsh  
Address: 410 Capitol Avenue, PO Box 340308, MS # 11 HLS, Hartford, CT 06134-0308  
Phone: 860-509-8251  
Fax: 860-509-7854  
E-Mail: [DPHTobacco@ct.gov](mailto:DPHTobacco@ct.gov)

The RFP is also available on the Department's website at [ct.gov/dph/tobacco](http://ct.gov/dph/tobacco). A printed copy of the RFP can be obtained from the Official Contact upon request.

Deadline for submission of proposals is December 8, 2010.

*This document is configured for 2-sided printing.*

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## I. GENERAL INFORMATION

### ■ A. INTRODUCTION

#### 1. RFP Name or Number.

Tobacco Use Prevention Programs for School Aged Youth in Connecticut RFP# 2010-0911.

#### 2. Summary.

The Department is seeking proposals from applicants to increase tobacco use prevention programs available for school-aged youth, especially youth that have a documented disparate use of tobacco products compared to the general population, through the development or expansion of tobacco use prevention programs in Connecticut. These disparate populations include, but are not limited to: low socio-economic status, low educational attainment, youth at risk of dropping out of school or who have already dropped out, Hispanic youth, and lesbian / gay / bisexual / transgender (LGBT) youth.

#### 3. Synopsis.

Evidenced-based tobacco use prevention and cessation programs are to be provided to Connecticut youth.

#### 4. Commodity Codes.

The services that the Department wishes to procure through this RFP are as follows:

- 0600: Services (Professional, Support, Consulting and Misc. Services)
- 1000: Healthcare Services
- 2000: Community and Social Services
- 3000: Education and Training

### ■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CDC	US Department of Health and Human Services, Centers for Disease Prevention and Control
CHRO	Commission on Human Rights and Opportunity (CT)
CSHLP	Coordinated School Health Leadership Project (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
DHHS	U.S. Department of Health and Human Services
DPH	Department of Public Health (CT)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (U.S.)
LGBT	Lesbian, Gay, Bisexual and Transgender
LOI	Letter of Intent
OAG	Office of the Attorney General (CT)
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request For Proposal
SDE	State Department of Education (CT)
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- *Contractor:* a private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP
- *Proposer:* a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP

- *Prospective proposer*: a private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so
- *Subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP

## ■ C. INSTRUCTIONS

### 1. Official Contact.

The Department has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the Department. Proposers, prospective proposers, and other interested parties are advised that any communication with any other Department employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

Name: Barbara Metcalf Walsh  
 Address: 410 Capitol Avenue, MS# 11HLS, P O Box 340308,  
 Hartford, CT 06134-0308  
 Phone: 860-509-8251  
 Fax: 860-509-7854  
 E-Mail: DPHTobacco@ct.gov

Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

### 2. RFP Information.

The RFP, amendments to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Department's RFP Web Page  
[http://www.ct.gov/dph/cwp/view.asp?a=3152&q=389676&dphNav\\_GID=1601](http://www.ct.gov/dph/cwp/view.asp?a=3152&q=389676&dphNav_GID=1601)
- State Contracting Portal  
[http://www.das.state.ct.us/Purchase/Portal/Portal\\_Home.asp](http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp)

It is strongly recommended that any proposer or prospective proposer interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

Printed copies of all documents are also available from the Official Contact upon request.

### 3. Contract Awards.

The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

- Total Funding Available: \$640,000
- Number of Awards: To be Determined
- Contract Cost: To be Determined: To be negotiated with successful proposers.  
 Grant award amounts will depend on the number of participants to be served as well as the complexity of the proposed project.
- Contract Term: Anticipated Contract term April 1, 2011 to March 31, 2013

- 4. Eligibility.** Private provider organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships), CT State agencies, and municipalities are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.
- 5. Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications:

The Department of Public Health (DPH) is seeking an organization that can demonstrate the ability to provide cost-effective tobacco use prevention service delivery, including the following:

- Positive participant impact through the location and accessibility of program space and hours as well as culturally and linguistically appropriate services offered;
- Appropriate range and quality of related services;
- Linkages with community agencies serving the target population;
- Cost of operations within the limit of available funds;
- Financial integrity/solvency;
- Efficient use of program staff and space for the provision of program services;
- History of compliance with DPH and SDE programs.

Applications will be accepted from school districts, after school programs and other youth programs, youth service bureaus, city, district, and town health departments, community action agencies and other human service organizations.

- 6. Procurement Schedule.** See below. Dates after the due date for proposals ("Proposals Due") are target dates only (\*). The Department may amend the schedule, as needed. Any change will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and, if available, the Department's RFP Web Page.

- RFP Planning Start Date: January 4, 2010
- RFP Released: October 15, 2010
- Component A Conference Call: November 10, 2010 at 3:00 PM
- Component B Conference Call: November 9, 2010 at 3:00 PM
- Deadline for Questions: November 17, 2010
- Answers Released: November 24, 2010
- Letter of Intent Due: November 30, 2010
- Proposals Due: December 8, 2010
- (\*) Proposer Selection: January 7, 2010
- (\*) Start of Contract Negotiations: January 7, 2010
- (\*) Start of Contract: April 1, 2011

- 7. Letter of Intent.** A Letter of Intent (LOI) is required by this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, e-mail address and component being applied. It is the sender's responsibility to confirm the Department's receipt of the LOI. Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

- 8. Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. If this RFP requires a Letter of Intent, the Department reserves the right to answer questions only from those who have submitted such a letter. The Department may combine similar questions and

give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page. At its discretion, the Department may distribute any amendments to this RFP to prospective proposers who submitted a Letter of Intent or attended the RFP Conference.

- 9. RFP Conference.** A conference call WILL be held for anyone interested as follows: Component A will be held on November 10, 2010 at 3:00 PM; and on November 9, 2010 at 3:00 PM for Component B. These calls will be held for the purposes of sharing additional information regarding the project and project expectations. Any questions asked during the call may be answered, but only the answers provided in writing will be considered official. To register for these conference calls, please contact the Department of Public Health Tobacco Program at 860-509-8251 and speak to Sadie Branch.
- 10. Questions.** The Department will accept questions in writing regarding the RFP. All questions submitted will be answered in a written amendment to this RFP, which will serve as the Department's official response to questions. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the amendment on the date established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page.
- 11. Proposal Due Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- Due Date: December 8, 2010
- Time: 4:00 P.M. Eastern Standard Time

Faxed or e-mailed proposals will not be evaluated. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. The Department will not accept a postmark date as the basis for meeting the submission due date and time. Proposals received after the due date and time may be accepted by the Department as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include all of the following:

- One (1) original proposal;
- Six (6) conforming copies of the original proposal; and
- One (1) conforming electronic copy of the original proposal sent to [DPHTobacco@ct.gov](mailto:DPHTobacco@ct.gov)

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee. The electronic copy of the proposal must be compatible with *Microsoft Office Word 2003*. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

- 12. Multiple Proposals.** The submission of multiple proposals is an option with this procurement.
- 13. Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each

subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

**14. Conflict of Interest - Disclosure Statement.** Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

#### ■ D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline for the Component that is being applied for. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** The Cover Sheets (Applicant and Contractor Information) are Pages 1 and 2 of the proposal. Proposers must complete and use the Cover Sheet forms provided by the Department in Section V. - Attachments.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline. (See Section IV.)
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding three pages, of the main proposal and cost proposal.
5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
6. **Style Requirements.** Submitted proposals must conform to the following specifications:
  - Binding Type: Use a single binding clip; do not use staples or other more permanent binding.
  - Dividers: None specified
  - Paper Size: 8.5 x 11
  - Page Limit: 15 (Main Proposal-Work Plan-Cost Proposal & Budget)
  - Print Style: 2-sided
  - Font Size: 12
  - Font Type: Times New Roman
  - Margins: 1 inch
  - Line Spacing: 1.5 lines
7. **Pagination.** The proposer's name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.

**8. Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

## ■ E. EVALUATION OF PROPOSALS

- 1. Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform with its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
- 2. Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.
- 3. Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.

### Component A

- Scope of Services (35%)
- Staffing Plan and Subcontractors (15%) *see note*
- Work Plan (25%)
- Budget and Budget Narrative (25%)

### Component B

- Organizational Profile (10%)
- Scope of Services (30%)
- Staffing Plan and Subcontractors (10%) *see note*
- Data and Technology (10%)
- Work Plan (10%)
- Financial Profile (5%)
- Budget and Budget Narrative (20%)
- Appendices (5%)

### Note:

As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer's

demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

5. **Proposer Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful proposer is at the discretion of the Department head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process.
6. **Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
7. **Appeal Process.** Proposers may appeal any aspect the Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
8. **Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

## II. MANDATORY PROVISIONS

### ■ A. POS STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: [http://www.ct.gov/opm/fin/standard\\_contract](http://www.ct.gov/opm/fin/standard_contract)

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an

anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

## ■ B. ASSURANCES

*By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:*

- 1. Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.
- 3. Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
- 4. Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.
- 5. Press Releases.** The proposer agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

## ■ C. TERMS AND CONDITIONS

*By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:*

- 1. Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.

2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.
7. **Presentation of Supporting Evidence.** If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.
8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

#### ■ D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the

terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.

5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

#### ■ E. STATUTORY AND REGULATORY COMPLIANCE

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.

- 3. Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)  
**IMPORTANT NOTE:** A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.
- 4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)  
**IMPORTANT NOTE:** The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.
- 5. Nondiscrimination Certification , C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation or documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at [http://www.ct.gov/opm/fin/nondiscrim\\_forms](http://www.ct.gov/opm/fin/nondiscrim_forms)  
**IMPORTANT NOTE:** The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

### III. PROGRAM INFORMATION

#### ■ A. DEPARTMENT OVERVIEW:

The Connecticut Department of Public Health (DPH) is the state's leader in public health policy and advocacy. The agency is the center of a comprehensive network of public health services, and is a partner to local health departments for which it provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the federal government and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities and evaluate the effectiveness of health initiatives. The agency is a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities and programs regulated. The agency is a leader on the national scene through direct input to federal agencies and the United States Congress.

This RFP is issued by the Public Health Initiatives Branch, Health Education, Management, and Surveillance Section by the Tobacco Use Prevention and Control Program. The Program has the following goals:

1. To prevent the initiation of tobacco use.
2. To promote quitting among young people and adults.
3. To eliminate nonsmokers' exposure to secondhand smoke.
4. To identify and eliminate the disparities related to tobacco use and its effects on diverse population groups.

#### ■ B. PROGRAM OVERVIEW:

The Tobacco Use Prevention and Control Program is working to enhance the well-being of Connecticut's residents by promoting tobacco-free lifestyles and by educating communities about the economic and health costs and consequences of tobacco use. This funding is made available to the Department of Public Health for use from the Tobacco and Health Trust Fund.

Tobacco use is the single most avoidable cause of death in our society and one of the most important public health issues of our time. Nearly 5,000 tobacco-related deaths occur in Connecticut annually, more than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined. In addition to premature deaths, tobacco use causes illness, disability and productivity loss, and is also responsible for high economic costs. The most recent estimate of annual medical expenditures in Connecticut that are attributable to the consequences of tobacco use is \$1.63 billion. State Medicaid payments directly related to tobacco use are \$430 million each year. (Campaign for Tobacco-Free Kids, 2007.)

In Connecticut, approximately 429,500 adults, or 15.9% smoke cigarettes. (2008 BRFSS Data) In CT high schools, 15.3% of students smoke cigarettes, 16% of boys and 14.4% of girls. (2009 CT SHS data)

According to the Centers for Disease Control and Prevention, the majority of daily smokers began smoking before 18 years of age and more than 3,000 young persons begin smoking each day. Connecticut students who say they are current cigarette smokers are more likely to be involved in other high-risk behaviors, including sexual activity, dating violence, drinking alcohol and smoking marijuana. They are also more likely to consider themselves depressed. (Connecticut School Health Survey, 2009)

In Connecticut, the Tobacco Industry spends \$123.0 million on advertising their products each year. Researchers state youth are twice as sensitive to tobacco advertising than adults and are more likely to be influenced to smoke by cigarette marketing than by peer pressure. One-third of underage experimentation with smoking is attributable to tobacco company advertising.

Comprehensive tobacco use prevention programs have been effective in reducing both death and disease associated with tobacco use. Such programs are comprehensive in addressing not only individual, but also societal attitudes and behaviors using strategies that focus on policy, counter-marketing, use of media, and the measurement of program and policy impact.

Successful tobacco use prevention programs reduce the rate of initiation. A successful program includes information about short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, refusal skills and media literacy skills.

Under the direction of the Tobacco Use Prevention and Control Program, this request for proposals seeks to identify organizations possessing the capacity to develop and implement successful evidenced-based prevention programs, in order to reduce, eliminate, and/or prevent tobacco use by Connecticut youth.

**■ C. MAIN PROPOSAL COMPONENTS**

## 1. Organizational Requirements

*Address the following information in addition to that listed on the proposal requirements checklist.*

For Component A:

Only the coordinated school health leadership districts listed on Page 1 are eligible for funding.

For Component B:

Applications will be accepted from public and private organizations and community-based agencies.

## 2. Service Requirements

***Requirements for Components A and B:***

The contractor will develop and implement a program targeting school-aged youth that promotes tobacco free lifestyles using best practice principles of tobacco use prevention and control that focus on at least one of the following:

- Reducing initiation
- Promoting cessation
- Promoting the elimination of exposure to second hand smoke

The contractor should provide at least the following services and the contractor's approach must be addressed in the proposal:

1. Provide tobacco use prevention programming that is culturally and linguistically appropriate, including all education materials.
2. Purchase or develop an evidence-based tobacco use prevention curriculum that includes but is not limited to information about short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, refusal skills, media literacy skills and Tobacco Industry tactics.
3. Train all staff within the agency that will be involved in the tobacco use prevention program in the policies and procedures of the program and the curriculum.
4. Conduct activities/campaign that includes media and advertisement for the Campaign for Tobacco Free's "Kick Butts Day" held during the month of March and World Health Organization's "World No Tobacco Day" held on May 31 of each year.
5. Involve parents and families of the youth in prevention and cessation education and activities
6. Collaborate with other entities to minimize expense and maximize services by obtaining community involvement such as through donation of refreshments, incentives, materials, or space; assistance in marketing or improving cultural relevance of the curriculum and materials and transportation assistance.
7. Refer tobacco users to the Connecticut Quitline as a support system. A fax referral system is in place for to easily refer clients who have given their consent to the Quitline provider.
8. Submit written narrative reports on a quarterly basis that demonstrate program progress, including, but not limited to, number of clients involved in program, number and date of sessions held, and number of patients attending sessions.
9. Submit a final report that includes a program summary, strengths and challenges of the program and cost per client for the prevention program.

10. Cooperate and collaborate with the DPH vendor hired under a separate DPH contract for the independent evaluation of the tobacco use prevention program.
11. In addition to the independent evaluation, develop and conduct a self-evaluation to include effectiveness of services, marketing of the program, and all additional outreach activities.

***In addition to the above requirements, Component Specific Requirements are outlined below.***

*Component A*

- a) Follow the CDC guidelines for School Health Programs to Prevent Tobacco Use and Addiction <http://www.cdc.gov/mmwr/preview/mmwrhtml/00026213.htm>
- b) Provide access to tobacco use cessation services for staff, faculty and students
- c) Advertise and market the tobacco use prevention program to agencies and organizations that serve youth in the contractor's area, utilizing earned media and educating legislators on available services to increase referrals. Marketing and outreach activities should focus on reaching the target population.
- d) Collaborate with community partners to assist with the promotion of the prevention principles on a community-wide basis.

*Component B*

- a) Work with schools in the contractor's areas to adopt comprehensive school policies regarding tobacco use prevention and control.
- b) Provide program participants with tobacco use cessation services or access to tobacco cessation services
- c) Advertise and market the tobacco use prevention program to agencies and organizations that serve youth in the contractor's area, utilizing earned media and educating legislators on available services to increase referrals. Marketing and outreach activities should focus on reaching the target population.
- d) Collaborate with area agencies to promote program principles community-wide.

***For Components A and B:***

***If the Contractor is providing tobacco use cessation counseling, the following services must be provided:***

- 1) Tobacco use cessation counseling session shall be culturally and linguistically appropriate, including all educational materials at no cost to participant.
  - (a) An evidence-based Tobacco Use Cessation Curriculum must be followed for the provision of these services. Components of the cessation program must include problem-solving skills and the importance of support systems, positive behavioral changes, stress management, coping skills, effects of tobacco use and the benefits of quitting, discussion of medication options and relapse prevention.
  - (b) Individual counseling programs must consist of no less than five 1 sessions. Group programs must consist of no less than six sessions.
- 2) When medically appropriate and approved, pharmacotherapy (which includes nicotine replacement therapies as well as prescription medications) will be provided to assist in the treatment of tobacco use dependence for participants at no cost to the participant, using funds from this grant. *Youth under the age of 18 years old are not eligible for pharmacotherapy under this grant funding.*
- 3) Provide follow up care to prevent tobacco use relapse in the form of a relapse group and/or additional individual counseling. The follow up care curriculum will include problem-solving skills

and the importance of support systems, positive behavioral changes, stress management, and coping skills.

- 4) Collect and input data elements into an ACCESS database supplied by DPH. Sample data collection forms are included in the Attachments Section.
  - (a) Data is collected at the following time periods to determine patient status regarding tobacco use:
    - (i) Intake at initial cessation counseling session;
    - (ii) Upon completion of cessation program services;
    - (iii) Three and six month post-program follow-up.
  - (b) Data elements to be collected will include, but not be limited to, the following:
    - (i) Patient Demographics
    - (ii) Tobacco Use Status
    - (iii) Quit Status
    - (iv) Number of Quit Attempts

De-identified data is submitted to DPH on a quarterly basis.

Sources of information for the development of tobacco use prevention programs and tobacco use cessation treatment include:

**Center for Disease Control and Prevention**  
<http://www.cdc.gov/tobacco/>

**U.S. Health and Human Services Treatment of Tobacco Use and Dependence Clinical Guideline is available at**  
[http://www.surgeongeneral.gov/tobacco/treating\\_tobacco\\_use08.pdf](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf)

**United States Department of Health and Human Services, Office of the Surgeon General**  
<http://www.surgeongeneral.gov/tobacco>

Sources of additional information regarding the evaluation of tobacco use prevention programs include:

**Introduction to Process Evaluation in Tobacco Use Prevention and Control**, available at  
<http://www.cdc.gov/tobacco/publications/index.htm>

**Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs**, also available at  
<http://www.cdc.gov/tobacco/publications/index.htm>

### 3. Staffing Requirements

*Address the following information in addition to that listed on the proposal requirements checklist:*

The contractor will hire or assign an employee to serve as the Program Coordinator with appropriate experience and sufficient time allocated to provide oversight and management of the program and dedicate staffing levels to appropriately undertake this project.

### 4. Data and Technology Requirements

*Address the following information in addition to that listed on the proposal requirements checklist.*

*Computer Hardware / Software*

*E-Mail / Internet Capability*

*Assessment of Client Satisfaction*

*Performance Measures / Outcomes*

*Program Evaluation*

*Records / Data Collection / Reporting*

Progress reports shall be submitted by e-mail quarterly using an Adobe PDF Form.  
Data collection for any cessation services provided will also be required to be submitted on a monthly basis.

**Reporting Requirements:**

Submission of quarterly narrative progress and expenditure reports will be required, to include invoices and receipts for purchases or services made against grant.

Monthly submission of data collected on program participants.

**D. COST PROPOSAL COMPONENT**

*Address the following information in addition to that listed on the proposal requirements checklist:*

**1. Financial Requirements**

Line item expenditure reports and receipts must be completed and submitted to the Department on a quarterly basis.

**2. Budget Requirements:**

Competitiveness of the budget will be considered as part of the proposal review process.

Budget forms are included to guide the applicant in preparing an appropriate budget, include justifications for each line item.

The line item categories that may be used are as follows:

Expense Category	Description, if needed
Salaries	Include costs of any gross salaries and wages, including the number of hours to be dedicated to the program.
Fringe Benefits	Include employer's contributions or expenses for social security, life and health insurance plans, unemployment compensation insurance coverage, worker's compensation insurance, and retirement plans.
Contracted Services	In cases where services are not provided by the parent agency or by program staff.
Educational Campaign Supplies	Includes materials for the Kick Butts Day and World No Tobacco Day campaigns
Supplies and Printing	Includes office supplies, copying, publications and videos.
Medical Supplies	Includes any materials needed for cessation services that may be provided.
Postage	Postage costs specific to prevention program operations only.
Telephone	Telephone costs specific to prevention program operations only
Travel - In-State	Include anticipated mileage and cost per mile for in-state travel to program sites and training. Standard reimbursement rate for use of personal vehicles.

**INDIRECT COSTS ARE NOT ALLOWED;** all costs must be direct charges

In addition, funding cannot be used for capital purchases including computer equipment, administrative and general costs, indirect costs, or for the purchase of computer equipment.

If funding is awarded and number of clients contracted for are not met, funding for clients not served will need to be returned to the Department by the contractor, the amount to be determined by cost per client estimated indicated by contractor.

**IV. PROPOSAL OUTLINE for Component A**

Proposals submitted in response to the RFP must contain the following components, including a table of contents.

	Page
<b>A. Cover Sheet</b> . . . . .	<b>1</b>
<b>B. Table of Contents</b> . . . . .	<b>2</b>
<b>C. Executive Summary</b> . . . . .	
<b>D. Main Proposal.</b> . . . . .	
<b>Scope of Services</b> . . . . .	
a. Catchment Area	
b. Contractor approach to providing services	
c. Community Collaborations	
d. Service Capacity / Delivery Plan / Systems / Processes / Protocols	
<b>Staffing Plan</b> . . . . .	
a. Key Personnel / Managers . . . . .	
b. Staffing Levels & Qualifications . . . . .	
c. Job Descriptions . . . . .	
d. Recruitment, Hiring & Retention Plan . . . . .	
e. Staff Training / Education / Development . . . . .	
<b>Work Plan</b> . . . . .	
a. Start Date . . . . .	
b. Timetable / Schedule . . . . .	
c. Anticipated Hours of Service Delivery. . . . .	
d. Tasks, Deliverables . . . . .	
e. Methodologies . . . . .	
f. Measurable Objectives (include number of participants to be served) . . . . .	
<b>E. Cost Proposal, Budget and Budget Narrative</b> . . . . .	
a. Other DPH Contracts	
b. Any outstanding financial obligation with the Department . . . . .	
c. Narrative . . . . .	
d. Line Item Budget Form . . . . .	
e. Justification and Detail for each Budget Line Item. . . . .	
f. Subcontractor Costs, including line item breakdown of those costs.	
<b>F. Attachments</b> . . . . .	
a. Resumes for Key Staff	
b. Tobacco Industry Funding and Partnership Certification (DPH) . . . . .	
c. Notification To Bidders, Parts I – V (CHRO) . . . . .	
d. Workforce Analysis Form . . . . .	
e. Acknowledgment of Contract Compliance / Notification to Bidders (CHRO)	
f. Consulting Agreement Affidavit (OPM Ethics Form 5) . . . . .	

**V. PROPOSAL OUTLINE for Component B**

Proposals submitted in response to the RFP must contain the following components, including a table of contents.

Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.

	Page
<b>A. Cover Sheets (Applicant and Contractor Information)</b> . . . . .	<b>1</b>
<b>B. Table of Contents</b> . . . . .	<b>3</b>
<b>C. Declaration of Confidential Information</b> . . . . .	<b>Etc.</b>
<b>D. Conflict of Interest - Disclosure Statement</b> . . . . .	
<b>E. Executive Summary</b> . . . . .	
<b>F. Main Proposal</b> . . . . .	
<b>1. Organizational Profile</b> . . . . .	
a. Purpose, Mission, Vision, Values . . . . .	
b. Entity Type / Parent Organization / Years of Operation . . . . .	
c. Location of Offices / Facilities . . . . .	
d. Organizational structure, including location of proposed program . . . . .	
e. Current Range of Services / Clients . . . . .	
f. Qualifications . . . . .	
g. Relevant Experience . . . . .	
h. Three (3) Letters of Support and/or Collaboration from Community Partners/ References . . . . .	
<b>2. Scope of Services</b> . . . . .	
e. Catchment Area . . . . .	
f. Contractor approach to providing services . . . . .	
g. Community Needs / Resources . . . . .	
h. Community Collaboration . . . . .	
i. Service Capacity / Delivery Plan / Systems / Processes / Protocols . . . . .	
j. Client Consultation / Evaluation / Treatment Plan . . . . .	
k. Quality Assurance Protocols . . . . .	
l. Administrative Support . . . . .	
m. Contractors approach to providing the services listed in Section C2, 1-15 . . . . .	
n. Any additional tobacco cessation and /or prevention services to be provided to the targeted population . . . . .	
<b>3. Staffing Plan</b> . . . . .	
f. Key Personnel / Managers . . . . .	
g. Staffing Levels & Qualifications . . . . .	
h. Job Descriptions . . . . .	
i. Recruitment, Hiring & Retention Plan . . . . .	
j. Staff Training / Education / Development . . . . .	
<b>4. Data and Technology</b> . . . . .	
a. E-Mail / Internet Capabilities . . . . .	
b. IT Infrastructure / Hardware & Software Quality . . . . .	

- c. Data Collection / Storage / Reporting . . . . .
- d. Assessment of Client Satisfaction and Pre/Post Test. . . . .
- e. Evaluation / Outcome Measures. . . . .

**5. Subcontractors . . . . .**

- a. Legal Name of Agency, Address, FEIN . . . . .
- b. Contact Person, Title, Phone, Fax, E-mail . . . . .
- c. Services Currently Provided. . . . .
- d. Services To Be Provided Under Subcontract . . . . .
- e. Subcontractor Oversight . . . . .
- f. Subcontract Cost and Term . . . . .

**6. Work Plan . . . . .**

- g. Start Date . . . . .
- h. Timetable / Schedule . . . . .
- i. Anticipated Hours of Service Delivery. . . . .
- j. Tasks, Deliverables . . . . .
- k. Methodologies . . . . .
- l. Measurable Objectives (include number of participants to be served) . . . . .

**G. Cost Proposal . . . . .**

**1. Financial Profile . . . . .**

- a. Annual Budget and Revenues . . . . .
- b. Financial Standing . . . . .
- c. Financial Management Systems. . . . .
- d. Revenue Generation / Billing / Third Party Reimbursement
- e. Other DPH Contracts
- f. Any outstanding financial obligation with the Department . . . . .

**2. Budget and Budget Narrative . . . . .**

- a. Narrative . . . . .
- b. Line Item Budget Form . . . . .
- c. Justification and Detail for each Budget Line Item. . . . .
- d. Subcontractor Costs, including line item breakdown of those costs. . . . .

**H. Attachments . . . . .**

- a. Résumés of Key Personnel
- b. Letters of Support from active partners
- c. Notification to Bidders Form
- d. Workforce Analysis Form
- e. Consulting Agreement Affidavit (OPM Ethics Form 5)
- f. Tobacco Industry Funding and Partnership Certification

**VI. APPENDICES**

- a. Cover Sheet for RFP Response - Component A
- b. Cover Sheet for RFP Response - Component B
- c. Contractor Information Sheet (Cover Sheet Page 2) for both Components A and B
- d. DPH Budget Justification and Schedule - Template & Forms
- e. Acknowledgment of Contract Compliance / Notification to Bidders (CHRO)
- f. Workforce Analysis Report
- g. Consulting Agreement Affidavit (OPM Ethics Form 5) <sup>1</sup>
- h. Tobacco Industry Funding and Partnership Certification
- i. Sample Data Collection Forms for a Tobacco Use Cessation Program

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<sup>1</sup> Attached when the contract resulting from this RFP has an anticipated value of \$50,000 or more in a calendar or fiscal year. The proposer must submit this certification to the Department with the proposal.



**REQUEST FOR PROPOSAL COVER SHEET  
TOBACCO USE PREVENTION AND CONTROL PROGRAM  
RFP # 2010-0911**

**COMPONENT B**

**Tobacco Use Prevention Programs for School-Aged Youth in Connecticut**

**Applicant Information**

Legal Name

Address

City/Town

State

Zip Code

Telephone No.

FAX No.

E-Mail Address

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_

**TOTAL PROGRAM COST:** \$ \_\_\_\_\_

Number of Students Served: \_\_\_\_\_ Cost per Student Served: \_\_\_\_\_

Number of Students Counseled\*: \_\_\_\_\_ Average Cost per Student Counseled\*: \_\_\_\_\_

Number of Group Sessions\*: \_\_\_\_\_ Average Cost per Group Session\*: \_\_\_\_\_

(\* If providing cessation services)

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

Signature of Authorizing Official:

Date

Typed Name and Title

-----  
The applicant agency is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds. Please provide the following information:

- Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State; Mailing address; Main telephone number; Fax number, if any; Principal contact person for the application (person responsible for developing application); Total program cost

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.

**CONTRACTOR INFORMATION**

**PLEASE LIST THE AGENCY CONTACT PERSONS RESPONSIBLE FOR COMPLETION AND SUBMITTAL OF:**

**Contract and Legal Documents/Forms:**

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**Name Title Tel. No. Fax No.**

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**Street Town Zip Code E-Mail**

**Program Progress Reports:**

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**Name Title Tel. No. Fax No.**

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**Street Town Zip Code E-Mail**

**Financial Expenditure Reporting Forms:**

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**Name Title Tel. No. Fax No.**

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**Street Town Zip Code E-Mail**

**Incorporated:**  Yes  No   
**Agency Fiscal Year**

**Type of Agency:**  Public  Private  Other \_\_\_\_\_  
**Explain**  
 Profit  Non Profit

**Federal Employer I.D. Number:** \_\_\_\_\_   
**Town Code No.**

**Medicaid Provider Status:**  Yes  No   
**Medicaid Number**

**Minority Business Enterprise (MBE):**  Yes  No

**Women Business Enterprise (WBE):**  Yes  No

## DPH Budget Justification and Schedule - Template &amp; Forms (page 1 of 3)

**Budget Justification Schedule A**

- I. Please provide a brief explanation for each line item. This must include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.
- \*\*\* **Please note: If Laboratory Services is a line item or subcontractor, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.**
- II. For contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided. Use additional sheets as necessary.

**Example:**

Line Item (Description)	Amount	Justification including Breakdown of Costs
Travel	\$730	2,000 miles @ .365 = \$730.00 outreach workers going to meetings and site visits.

**Subcontractor Schedule B--Detail**

- I. All subcontractors used by each program must be included, if it is not known who the subcontractor will be, an estimated amount and whatever budget detail is anticipated should be provided. (Submit the actual detail when it is available). A separate subcontractor schedule must be completed for each program included in the contract. For example: The contract is providing both a Needle Exchange program and an AIDS Prevention Education Program and Subcontractor "A" is providing services to both program there must be a separate budget for Subcontractor "A" for each.

**II. Detail of Each Subcontractor:**

Choose a category below for each subcontract using the basis by which it is paid:

- A. Budget Basis       B. Fee for Service       C. Hourly Rate.

Provide the detail for each subcontract referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

**Example A. Budget Basis**

Outreach Educator \$20/hr x 20hrs/wk x 50wks	\$20,000
Travel 1000 miles @ .26 cents/mile	260
Supplies	500
Total	\$20,760

**Example B. Fee for Service:**

Develop and Produce	
500 Videos @ \$10 each	\$5,000
Total	

**Example C. Hourly Rate:**

Quality Assurance Review of 200 Patient Charts	
by Nurse Clinician 200 hours @ \$25/hour	\$5,000
Total	\$5,000

\*\*\* **Please note: If Laboratory Services is a line item or subcontractor, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.**



DPH Budget Justification and Schedule - Template & Forms (page 3 of 3)

**Subcontractor Schedule B-Detail**

**#1**

Program:

Subcontractor Name:

Address:

Telephone: ( ) ( - )

Select One: **A**  Budget Basis **B**  Fee-for-Service **C**  Hourly Rate

Indicate One:  MBE  WBE  Neither

Line Item	Amount
<b>Total Subcontract Amount:</b>	

**#2**

Subcontractor Name:

Address:

Telephone: ( ) ( - )

Select One: **A**  Budget Basis **B**  Fee-for-Service **C**  Hourly Rate

Indicate One:  MBE  WBE  Neither

Line Item	Amount
<b>Total Subcontract Amount:</b>	

**#3**

Subcontractor Name:

Address:

Telephone: ( ) ( - )

Select One: **A**  Budget Basis **B**  Fee-for-Service **C**  Hourly Rate

Indicate One:  MBE  WBE  Neither

Line Item	Amount
<b>Total Subcontract Amount:</b>	

**(Attach resumes for all Professional Staff)**

# STATE OF CONNECTICUT

## DEPARTMENT OF PUBLIC HEALTH



J. Robert Galvin, M.D., M.P.H.  
Commissioner

M. Jodi Rell  
Governor

### AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health is an affirmative action employer, in compliance with all state and federal laws which prohibit discrimination and mandate affirmative action to overcome the present effects of past discrimination. Accordingly, we require that the individuals and organizations with which we do business do not engage in discriminatory practices.

This Department and our contractors shall fully comply with the CONTRACT COMPLIANCE REGULATIONS OF CONNECTICUT STATE AGENCIES, Sections 46a-68j-21 through 46a-68j-43, which establish procedures for evaluating compliance with Connecticut General Statutes, Section 4a-60, the state's nondiscrimination contract provisions. We require our contractors to cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities pertinent to these regulations.

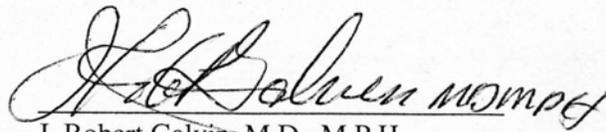
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area may be required to submit evidence of good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.

As part of our contract compliance program, bidders, contractors, subcontractors, and suppliers are encouraged to develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market. The existence and active administration of voluntary plans will be a factor in deciding contract approvals and the continuation of existing contracts, in accordance with Section 46a-68j-30.

This Department also solicits and encourages the participation of minority business enterprises as bidders, awardees, contractors, suppliers, and subcontractors.

All bidders and contractors shall be notified of this policy, must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process.

17 Sep 04  
Date

  
J. Robert Galvin, M.D., M.P.H.  
Commissioner of Public Health



PHONE: (860) 509-7101 FAX: (860) 509-7111  
410 CAPITOL AVENUE - MS#13COM, P.O. Box 340308, HARTFORD, CONNECTICUT 06134-0308  
Affirmative Action/Equal Employment Opportunity Employer

### **NOTIFICATION TO BIDDERS**

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71 (d) and 46a-81i (d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 46a-68j-43 of the Regulations of Connecticut State agencies, which establish a procedure for the awarding of all contracts covered by Sections 4a-60 and 46a-71 (d) of the Connecticut General Statutes.

According to Section 46a-68j-30 (9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to "aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials." "Minority Business Enterprise" is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: "(1) Who are active in the daily affairs of the enterprise; (2) Who have the power to direct the management and policies of the enterprise; and, (3) Who are members of a minority, as such term is defined in subsection (a) of Section 32-9n." "Minority" groups are defined in Section 32-9n of the Connecticut General Statutes as "(1) Black Americans ... (2) Hispanic Americans ... (3) Women ... (4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians." The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21 (11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the bidder's qualifications under the contract compliance requirements.

- a) the bidder's success in implementing an affirmative action plan;
- b) the bidder's success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-18 of the Connecticut General Statutes, inclusive;
- c) the bidder's promise to develop and implement a successful affirmative action plan;
- d) the bidder's submission of EEO-1 data indicating the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and,
- e) the bidder's promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30 (10) (E) of the Contract Compliance Regulations.

**INSTRUCTION:** Bidder must sign acknowledgment below line and return acknowledgment to Awarding Agency along with the bid proposal.

---

The undersigned acknowledges receiving and reading a copy of the "Notification to Bidders" form.

---

Signature

---

Date

On behalf of:

---

**WORKFORCE ANALYSIS**

Contractor Name:  
Address:

Total Number of CT employees:  
Full Time: Part Time:

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

Job Categories	Overall Totals (Sum of all cols. male & female)	White (Not of Hispanic Origin)		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		People with Disabilities	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers													
Professionals													
Technicians													
Office & Clerical													
Craft Workers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
Totals Above													
Totals 1 year Ago													
FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)													
Apprentices													
Trainees													
EMPLOYMENT FIGURES WERE OBTAINED FROM:								Visual Check:		Employment Records		Other:	

1. Have you successfully implemented an Affirmative Action Plan?  YES  NO  
Date of implementation: \_\_\_\_\_ If the answer is "No", explain.

1. a) Do you promise to develop and implement a successful Affirmative Action?  
 YES  NO  Not Applicable Explanation:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive:  YES  NO  Not Applicable  
Explanation:

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area?  YES  NO  
Explanation:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?  
 YES  NO Explanation:

\_\_\_\_\_  
Contractor's Authorized Signature

\_\_\_\_\_  
Date

## OPM ETHICS FORM 5


**STATE OF CONNECTICUT  
CONSULTING AGREEMENT AFFIDAVIT**

*Affidavit to accompany a State contract for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)*

**INSTRUCTIONS:**

**If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

**AFFIDAVIT:** [ Number of Affidavits Sworn and Subscribed On This Day: \_\_\_\_\_ ]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes § 4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

Consultant's Name and Title	Name of Firm (if applicable)
_____	_____
Start Date	End Date
_____	_____
	Cost
	_____

Description of Services Provided:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the consultant a former State employee or former public official?  YES  NO

If YES: \_\_\_\_\_  
Name of Former State Agency Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Name of Bidder or Vendor **Signature of Chief Official or Individual** **Date**

\_\_\_\_\_  
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**Commissioner of the Superior Court  
or Notary Public**

State of Connecticut  
Department of Public Health  
Tobacco Use Prevention and Control Program

**Tobacco Industry Funding and Partnership Certification**

I, \_\_\_\_\_ certify that \_\_\_\_\_ has not  
(Company)  
received funding or engaged in partnerships, either formal or informal, with any  
Tobacco Company within the last three (3) years.

The above-mentioned agency will not accept funding nor engage in partnerships with  
any Tobacco Company during the contract period, should we be awarded funds from  
the CT Department of Public Health, Tobacco Use Prevention and Control Program.

\_\_\_\_\_  
Contractor's Authorized Signature

\_\_\_\_\_  
Date

**WORK PLAN TEMPLATE**

<b>Activity</b>	<b>Methodology</b>	<b>Hours of Service Delivery</b>	<b>Staff Responsible</b>	<b>Start Date</b>	<b>Completion Date</b>	<b>Outcome (measurable)</b>

**SAMPLE DATA COLLECTION FORMS**

The attached forms are the anticipated data fields that will need to be collected and entered into an ACCESS database for any tobacco use cessation program. The client and program staff completes these forms, and client confidentiality must be maintained.



*Connecticut DPH/Tobacco Use Prevention and Control Program  
Tobacco Cessation Program  
Intake Form  
(To be completed at the beginning of program participation)*

FOR AGENCY USE ONLY	
<b>Agency Name:</b> _____ <b>Site Name:</b> _____ <b>Contract Log#:</b> _____ <b>Client ID#:</b> _____ <b>Enrollment #:</b> _____	<b>Type of counseling service assigned to the client:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Both  If "Group" or "Both", assign Group ID#: _____  <input type="checkbox"/> Check if client participated in this program in the past

**Date (mm/dd/yyyy):** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Sex:**  Male (go to question #1)  Female  Other, please specify: \_\_\_\_\_

If female, are you currently pregnant?  Yes (go to question #1)  No

If not pregnant, are you planning on becoming pregnant in the next 3 months?  Yes  No  Don't know

**1. Do you currently smoke cigarettes?**  Yes  No (go to question #2)

If yes, on average, how many days per week do you currently smoke cigarettes?  
\_\_\_\_\_ Days per week

If yes, on average, on the days that you smoke, how many cigarettes do you smoke?  
\_\_\_\_\_ Cigarettes per day

**2. Do you currently use any other tobacco products?**  Yes  No (go to question #3)

If yes, what types? (Check all that apply)

- Cigars  Pipes  Chewing tobacco or snuff  
 Other product, please specify: \_\_\_\_\_

If yes, on average, on the days you use other tobacco products, how many times per day do you use products other than cigarettes? \_\_\_\_\_ Times per day

**3. When was the last time you smoked or used tobacco?**

- Less than 1 month ago  1 month to less than 3 months ago  3 months to less than 6 months ago  6 months to less than 12 months ago  1 or more years ago

**4. Have you ever tried to quit using tobacco?**  Yes  No (go to question #5)

If yes, how many times have you tried to quit? \_\_\_\_\_ Times

## SAMPLE DATA COLLECTION FORMS

Page 2 of 7

If yes, what method(s) have you used to quit using tobacco? *(Check all that apply)*

- Nicotine Gum       Nicotine Patch       Nicotine Spray       Nicotine Lozenge  
 Zyban       Wellbutrin       Chantix       Group Counseling  
 Individual Counseling       Cold Turkey       Other method, specify: \_\_\_\_\_

5. Does anyone who lives with you now smoke cigarettes?  Yes  No

6. What health insurance do you currently have?

- I have no insurance       SAGA       HUSKY/Medicaid       Medicare  
 Private Insurance       Other insurance, please specify: \_\_\_\_\_

7. How were you referred to this program (source of referral)?

- Primary Care Provider       OBGYN       Dental Care Provider       Friend       QuitLine  
 Brochure/Flyer       Other, please specify: \_\_\_\_\_

8. How old are you? \_\_\_\_\_ Years

9. Are you Hispanic or Latino?  Yes, Hispanic or Latino  No, Not Hispanic or Latino

10. What is your race?

- White       Black or African American       Asian       American Indian or Alaskan Native  
 Native Hawaiian or Pacific Islander       Other, please specify: \_\_\_\_\_

11. What is your highest level of education?

- Less than 9th grade       Some high school       GED       High school graduate  
 Some college       College graduate or higher

12. What is your approximate yearly household income?

- Less than \$10,000 (<\$200/wk)       \$10,000 to less than \$15,000 (\$200 to <\$300/wk)  
 \$15,000 to less than \$20,000 (\$300 to <\$400/wk)       \$20,000 to less than \$25,000 (\$400 to <\$500/wk)  
 \$25,000 to less than \$35,000 (\$500 to <\$700/wk)       \$35,000 to less than \$50,000 (\$700 to <\$1,000/wk)  
 \$50,000 to less than \$75,000 (\$1,000 to <\$1,500/wk)       \$75,000 or more (>=\$1,500/wk)  
 Refused/Don't Know

13. How would you describe your sexual identity or orientation?

- Bisexual       Gay Man       Gay Woman/Lesbian       Heterosexual/Straight  
 Other, please specify: \_\_\_\_\_       Refused/Prefer not to say

Comments:

**SAMPLE DATA COLLECTION FORMS**



*Connecticut DPH/Tobacco Use Prevention and Control Program  
Tobacco Cessation Program*

**Graduation/Completion Form**

*(To be completed at the end of program participation or dropout)*

<b>FOR AGENCY USE ONLY</b>	
<b>Agency Name:</b> _____ <b>Site Name:</b> _____ <b>Client ID#:</b> _____ <b>Enrollment #:</b> _____	<b>Type of counseling service attended by the client:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Both  If "Group" or "Both", assign Group ID#: _____  <b>Name of Counselor:</b> _____

**Date (mm/dd/yyyy):** \_\_\_\_\_

**First Name:** \_\_\_\_\_     **Last Name:** \_\_\_\_\_     **Date of Birth:** \_\_\_\_\_

**1. Did you complete this program?**    Yes (go to question #2)    No  
 If no, why not? \_\_\_\_\_

**2. How many individual and/or group sessions did you attend?**   \_\_\_ Individual sessions  
 \_\_\_ group sessions

**3. Do you currently smoke cigarettes?**    Yes    No (go to question #4)  
  
 If yes, on average, how many days per week do you currently smoke cigarettes?   \_\_\_\_\_ Days per week  
  
 If yes, on average, on the days that you smoke, how many cigarettes do you smoke?  
 \_\_\_\_\_ Cigarettes per day

**4. Do you currently use any other tobacco products?**    Yes    No (go to question #5)  
 If yes, what types? (Check all that apply)  
 Cigars    Pipes    Chewing tobacco or snuff    Other product, please specify: \_\_\_\_\_

If yes, on average, on the days you use other tobacco products, how many times per day do you use products other than cigarettes?   \_\_\_\_\_ Times per day

**5. When was the last time you smoked/used tobacco?**  
 Less than 1 month ago    1 month to less than 3 months ago    3 months to less than 6 months ago  
 6 months to less than 12 months ago    1 or more years ago

**6. Did you try to quit using tobacco while participating in this program?**    Yes    No (go to question #7)  
 If yes, what method(s) did you use? (Check all that apply)  
 Nicotine Gum    Nicotine Patch    Nicotine Spray    Nicotine Lozenge  
 Zyban    Wellbutrin    Chantix    Group Counseling  
 Individual Counseling    Cold Turkey    Other method, specify: \_\_\_\_\_

**7. Were you able to make any changes in your smoking habits?**    Yes    No (stop)  
 If yes, what change(s) did you make? (Check all that apply)  
 Reduced or no longer smoke in home    Reduced or no longer smoke in public  
 Reduced or no longer smoke at work    Only smoke outside  
 Reduced or no longer smoke in my car    Stopped smoking completely  
 Other changes, please specify: \_\_\_\_\_

**8. Have any of the smokers who live with you now reduced their smoking, tried to quit smoking, or quit smoking since you started this cessation program?**  
 I have not lived with any smokers since I started this cessation program  
 Yes    No    Don't know/Not sure

**SAMPLE DATA COLLECTION FORMS**



*Connecticut DPH/Tobacco Use Prevention and Control Program  
Tobacco Cessation Program*

**Pregnancy Outcome Form**  
*(To be completed for female clients who were pregnant at any time during her participation in the program)  
(To be completed when the pregnancy outcome is known)  
(May be completed based on client's medical record)*

<b>FOR AGENCY USE ONLY</b>	
<b>Agency Name:</b> _____	<b>Client ID#:</b> _____
<b>Site Name:</b> _____	<b>Enrollment #:</b> _____

**Date (mm/dd/yyyy):** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Check here if unable to determine pregnancy outcome *(Stop)*

**Was the client pregnant at any time during her participation in the program?**  Yes  No *(stop)*

**Did the client give birth?**  Yes  No ==> **Still pregnant?**  Yes  No ==> **Had a miscarriage?**  Yes  No

↳ Repeat this form when the client

- **What was the birth weight of your baby?** \_\_\_\_\_ lb \_\_\_\_\_ oz
- **How many weeks were you pregnant with your baby (gestational age)?** \_\_\_\_\_ Weeks
- **Did you or your baby have any problems (adverse maternal or neonatal outcomes)?**  Yes  No *(stop)*

If yes, what kind of problem? *(Check all that apply; may need to explain terms to the client)*

- NICU admission     Stillbirth     Pre-eclampsia     Chorioamnionitis
- Prolonged length of hospital stay     Other, please specify: \_\_\_\_\_

**SAMPLE DATA COLLECTION FORMS**



*Connecticut DPH/Tobacco Use Prevention and Control Program  
Tobacco Cessation Program*

Additional Data Fields  (May be completed based on client's medical record)
---

FOR AGENCY USE ONLY	
Agency Name: _____ Site Name: _____	Client ID#: _____ Enrollment #: _____

Date (mm/dd/yyyy): \_\_\_\_\_

1. Have you ever received counseling, treatment, or medication for mental health, emotional, or behavioral problems? **Yes No**
2. Have you ever received counseling, treatment, or medication for alcohol or other drug problems? **Yes No**
3. Please check the following boxes if you are currently receiving or have received treatment for the conditions listed:

CONDITION	CURRENT TREATMENT	PAST TREATMENT
Heart Disease (coronary disease, heart attack)		
High Blood Pressure		
Diabetes		
High Cholesterol		
Stroke		
Cancer		
Lung Disease (asthma, emphysema, COPD)		
Depression		
Anxiety		
Schizophrenia		
Bipolar Disorder		
Gambling Problems		
Alcohol Problems		
Drug Problems (other than alcohol)		

## SAMPLE DATA COLLECTION FORMS

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*Connecticut DPH/Tobacco Use Prevention and Control Program  
Tobacco Cessation Program*

<b>Follow-up Form (#1)</b>	
<i>(Recommended to be completed at 3 months after the end of program participation or dropout)</i>	
<b>FOR AGENCY USE ONLY</b>	
<b>Agency Name:</b> _____	<b>Client ID#:</b> _____
<b>Site Name:</b> _____	<b>Enrollment #:</b> _____

**Date (mm/dd/yyyy):** \_\_\_\_\_ **Month of follow-up:** 3 6 9 12

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Check here if unable to contact the client for this follow-up (*Stop*)

**1. Do you currently smoke cigarettes?**  Yes  No (*go to question #2*)

If yes, on average, how many days per week do you currently smoke cigarettes? \_\_\_\_\_ Days per week

If yes, on average, on the days that you smoke, how many cigarettes do you smoke? \_\_\_\_\_  
Cigarettes per day

**2. Do you currently use any other tobacco products?**  Yes  No (*go to question #3*)

If yes, what types? (*Check all that apply*)

Cigars  Pipes  Chewing tobacco or snuff  
 Other product, please specify: \_\_\_\_\_

If yes, on average, on the days you use other tobacco products, how many times per day do you use products other than cigarettes? \_\_\_\_\_ Times per day

**3. When was the last time you smoked/used tobacco?**

Less than 1 month ago  1 month to less than 3 months ago  3 months to less than 6 months ago  
 6 months to less than 12 months ago  1 or more years ago

**4. Did you try to quit using tobacco since participating in this program?**  Yes  No (*go to question #5*)

If yes, what method(s) did you use? (*Check all that apply*)

Nicotine Gum  Nicotine Patch  Nicotine Spray  Nicotine Lozenge  
 Zyban  Wellbutrin  Chantix  Group Counseling  
 Individual Counseling  Cold Turkey  Other method, specify: \_\_\_\_\_

**5. Were you able to make any changes in your smoking habits?**  Yes  No (*go to question #6*)

If yes, what change(s) did you make? (*Check all that apply*)

Reduced or no longer smoke at home  Reduced or no longer smoke in public  
 Reduced or no longer smoke at work  Only smoke outside  
 Reduced or no longer smoke in my car  Stopped smoking completely  
 Other changes, please specify: \_\_\_\_\_

**6. Have any of the smokers who live with you now reduced their smoking, tried to quit smoking, or quit smoking since you started this cessation program?**

I have not lived with any smokers since I started this cessation program  
 Yes  No  Don't know/Not sure

## SAMPLE DATA COLLECTION FORMS

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## Follow-up Form (#2)

*(Recommended to be completed at **9 months** after the end of program participation or dropout)*

Date (mm/dd/yyyy): \_\_\_\_\_ Month of follow-up: 3 6 9 12

Check here if unable to contact participant for this follow-up (*Stop*)

**1. Do you currently smoke cigarettes?**  Yes  No (*go to question #2*)

If yes, on average, how many days per week do you currently smoke cigarettes? \_\_\_\_\_ Days per week

If yes, on average, on the days that you smoke, how many cigarettes do you smoke?  
\_\_\_\_\_ Cigarettes per day

**2. Do you currently use any other tobacco products?**  Yes  No (*go to question #3*)

If yes, what types? (*Check all that apply*)

Cigars  Pipes  Chewing tobacco or snuff  
 Other product, please specify: \_\_\_\_\_

If yes, on average, on the days you use other tobacco products, how many times per day do you use products other than cigarettes? \_\_\_\_\_ Times per day

**3. When was the last time you smoked/used tobacco?**

Less than 1 month ago  1 month to less than 3 months ago  3 months to less than 6 months ago  
 6 months to less than 12 months ago  1 or more years ago

**4. Did you try to quit using tobacco since participating in this program?**  Yes  No (*go to question #5*)

If yes, what method(s) did you use? (*Check all that apply*)

Nicotine Gum  Nicotine Patch  Nicotine Spray  Nicotine Lozenge  
 Zyban  Wellbutrin  Chantix  Group Counseling  
 Individual Counseling  Cold Turkey  Other method, specify: \_\_\_\_\_

**5. Were you able to make any changes in your smoking habits?**  Yes  No (*stop*)

If yes, what change(s) did you make? (*Check all that apply*)

Reduced or no longer smoke at home  Reduced or no longer smoke in public  
 Reduced or no longer smoke at work  Only smoke outside  
 Reduced or no longer smoke in my car  Stopped smoking completely  
 Other changes, please specify: \_\_\_\_\_

**6. Have any of the smokers who live with you now reduced their smoking, tried to quit smoking, or quit smoking since you started this cessation program?**

I have not lived with any smokers since I started this cessation program  
 Yes  No  Don't know/Not sure