

PROCUREMENT NOTICE

State of Connecticut – Department of Public Health
Public Health Initiatives Branch
Community Health and Prevention Section

Tobacco Use Prevention and Control Program

REQUEST FOR PROPOSAL
2013-0907

Evaluation of Tobacco Use Control Programs

The State of Connecticut, Department of Public Health, is seeking proposals from applicants to develop and implement an evaluation of tobacco use prevention and control programs.

The Request for Proposals is available in electronic format on the State Contracting Portal at http://www.biznet.ct.gov/SCP_Search/Default.aspx?AccLast=2 or from the Department's Official Contact:

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

The RFP is also available on the Department of Public Health website at ct.gov/dph.

A printed copy of the RFP can be obtained from the Official Contact upon request.
Deadline for submission of proposals is July 11, 2013.

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I. GENERAL INFORMATION

This section of the RFP provides general information about the Department's procurement and, most importantly, gives instructions to proposers and prospective proposers about how to comply with the RFP process and how to submit an acceptable proposal for review. Failure to comply with the RFP process or instructions may deem a proposal non-responsive and subject to rejection without further consideration.

■ A. INTRODUCTION

1. **RFP Name or Number.** Evaluation of Tobacco Use Programs- RFP# 2013-0907
2. **Summary:** This request for proposals seeks to identify organizations possessing the capacity to develop and implement an evaluation of the Tobacco Use Prevention and Control Program's CT Quitline program, community cessation programs and media campaigns
3. **Synopsis.** This request is seeking proposals from applicants to develop and implement an evaluation of their tobacco use prevention and control programs.
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)

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
DPH	Department of Public Health (CT)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
PSA	Personal Services Agreement
P.A.	Public Act (CT)
RFP	Request For Proposal
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 or applicant:* 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.

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Address: 410 Capitol Avenue, PO Box 340308, MS # 11 HLS,
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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> "Requests for Proposals"
- State Contracting Portal
http://www.biznet.ct.gov/SCP_Search/Default.aspx?Acclast=2

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: \$474,900
- Number of Awards: one (1)
- Contract Cost: \$474,900
- Contract Term: Two Years

4. **Eligibility.** Private provider organizations (defined as nonstate 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 evaluation service delivery, including the following:

- Appropriate range and quality of related services;
- Cost of operations within the limit of available funds;
- Financial integrity/solvency;
- Efficient use of program staff;
- History of compliance with DPH programs.

- 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 14, 2013
▪ RFP Released:	May 8, 2013
▪ Deadline for Questions:	May 30, 2013
▪ Answers Released:	June 6, 2013
▪ Letter of Intent Due:	June 13, 2013
▪ Proposals Due:	July 11, 2013
▪ (*) Proposer Selection:	August 1, 2013
▪ (*) Start of Contract Negotiations:	August 15, 2013
▪ (*) Start of Contract:	November 1, 2013

- 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, and e-mail address. 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.

- 9. RFP Conference.** An RFP conference will not be held to answer questions from prospective proposers.

10. 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: July 11, 2013
- Time: 2:00 P.M., Eastern Daylight Savings 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 DPH 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 the following:

- one (1) original proposal;
- six (6) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal.

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 2007*. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. Multiple Proposals. The submission of multiple proposals is not an option with this procurement.

12. 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).

13. 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. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by DPH in Section V. A. 1. Attachments.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding three (3) pages, of the main proposal and cost proposal.
5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and 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: no spiral bindings
 - Dividers: None specified
 - Paper Size: 8.5" X 11"
 - Page Limit: 15
 - Print Style: 2-sided
 - Font Size: 12
 - Font Type: Times New Roman
 - Margins: 1 inch
 - Line Spacing: single space
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 DPH 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.
 - Scope of Services (40%)
 - Staffing Plan and Subcontractors (20%) see *note*
 - Work Plan (20%)
 - Budget and Budget Narrative (15%)
 - 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. 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. PERSONAL SERVICES AGREEMENT (PSA)

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the following applicable provisions:

A standard template for Personal Services Agreements is maintained by the Department and will include the scope of services, contract performance, reports, terms of payment, budget, and other program-specific provisions of any resulting PSA. The template also includes mandatory terms and conditions.

Note:

Included in the standard template 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.

The PSA may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, 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
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
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
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 department uses current information 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.

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

- To prevent the initiation of tobacco use;
- To promote quitting among young people and adults;
- To eliminate nonsmokers' exposure to second- and third-hand smoke;
- 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 as approved by the State Legislature in December 2012.

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.

In Connecticut, 19.7% of adults [2011 BRFSS Data] and 19.9% of high school students use some form of tobacco [2011 CT Youth Tobacco Survey]. Among the different age groups, the highest rate of tobacco use is among the 18-24 year olds, where 33.7% report using tobacco in the past 30 days.

Comprehensive tobacco 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.

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 an evaluation of the Tobacco Use Prevention and Control Program's CT Quitline, local cessation programs and media campaigns to determine the effectiveness of these program components and assist in future planning.

■ C. MAIN PROPOSAL COMPONENTS (15 page maximum)

1. Applicant Organizational Requirements and Profile:

Applications will be accepted from public or private organizations.

2. Service Requirements – Scope of Services

The contractor must design and implement a process and outcome evaluation that will provide valid, reliable evidence of progress achieved through tobacco use prevention and cessation efforts by all

contractors awarded funding in 2013 and providing cessation services, Quitline services, and media campaign. In addition, the contractor must conduct the final evaluation analysis for cessation contracts awarded in 2011. These 2011 cessation contracts have collected data and have been evaluated mid-grant. Final analysis of program data shall be conducted by the contractor awarded this grant.

The contractor will evaluate program, service and project progress, determine effectiveness, determine if desired results are being obtained, and identify any areas that need improvement. The contractor will make comparisons among population groups to determine the effectiveness for targeting programs.

The contractor shall provide the following services outlined for each project and the contractor's approach must be described in the proposal.

2011 Community Cessation Programs (Six programs to be evaluated)

Conduct the final data analysis of the awarded agencies for their effectiveness in promoting and achieving tobacco use cessation and the efficacy of integrating cessation services into agency operations. Areas to be evaluated include overall system changes, tobacco use reduction, quit rates, cost per quit and overall administration and program effectiveness.

A mid-grant evaluation has already been conducted. The contractor will review all subsequent data in order to complete the effectiveness of these programs, and how well any previous recommendations have been incorporated into program services.

The contractor will examine progress towards reducing tobacco use in the client population and the ability to reach targeted populations. The contractor will identify strengths and weaknesses for use in future planning and implementation, and identify areas in need of additional services and/or programmatic changes.

2013 Community Cessation Programs (Up to 15 programs to be evaluated)

Evaluate the systems operations, services and activities of the awarded agencies for effectiveness in promoting and achieving tobacco use cessation and the efficacy of integrating cessation services into agency operations. Areas to be evaluated include overall system changes, patient satisfaction, program referral processes, tobacco use reduction and tobacco quit rates, costs, and overall administration and program effectiveness.

The contractor will examine progress towards reducing tobacco use in the client population and the ability to reach targeted populations. The contractor will identify strengths and weaknesses for use in future planning and implementation, and identify areas in need of additional services and/or programmatic changes as well as identify a system for comparing standardized quit rates across programs.

Connecticut Telephone Quitline (One contractor to be evaluated)

Evaluate the system operation, services and activities of the Connecticut Quitline for effectiveness in promoting and achieving tobacco use cessation. Areas to be evaluated will include overall system operations, caller satisfaction, fax referral program, quit rates, marketing and outreach activities, program enhancements such as the Text2Quit program and the Web-only program and overall program effectiveness.

The contractor will examine Connecticut Quitline progress towards achieving the goal of establishing and sustaining an evidence-based state-wide telephone counseling service, reducing tobacco use, and the ability to reach targeted high risk populations with messages and services.

The contractor will identify strengths and weaknesses for use in future planning and implementation and identify areas in need of additional services and/or programmatic changes, as well as determine a cost per quit for quitline callers.

The contractor will prepare the required quarterly data reports for the CDC National Data Warehouse, utilizing the monthly data extract that is received from the Quitline.

Media Campaign (One contractor to be evaluated)

Conduct formative, process, and outcome evaluations of the media campaign. Areas to be evaluated include campaign design, ability to reach targeted populations, implementation schedule, exposure of target audiences to intended messages and whether those messages are leading to increased call volume to the CT Quitline.

The contractor will identify strengths and weaknesses for use in future planning and implementation and identify areas in need of additional services and/or programmatic changes, and will make recommendations for campaign adjustments and future efforts.

Sources of additional information regarding these programs and their evaluation 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>

Best Practices for Comprehensive Tobacco Control Programs—2007

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm

Citation: Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2007*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007. *Reprinted with corrections.*

Additional sources of information include:

Guide to Community Preventive Services: Tobacco Use Prevention and Control

<http://www.thecommunityguide.org/tobacco/default.htm>

A task force of experts provides guidance about effective community-based strategies for tobacco control, including cessation.

Citation: A report on recommendations of the Task Force on Community Preventive Services. *MMWR*.

2000: 49 (No. RR-12); 1-11. Also published as: Task Force on Community Preventive Services.

Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *Am J Prev Med*. 2001: 20(2S); 10-15.

Treating Tobacco Use and Dependence: Clinical Practice Guideline:

http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf

Provides updated information about effective strategies for treating tobacco dependence and guidance for clinicians.

Citation: Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

Telephone Quitlines- A Resource for Development, Implementation, and Evaluation:

http://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines

A document prepared by the U.S. Department of Health and Human Services to provide guidance on monitoring and enhancing quitline services.

Citation: Centers for Disease Control and Prevention. Telephone Quitlines: A Resource for Development, Implementation, and Evaluation. Atlanta, GA: U.S. Department of Health and Human Services, Centers for

Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Final Edition, September 2004.

North American Quitline Consortium at: <http://www.naquitline.org>

Designing and Implementing an Effective Tobacco Counter-Marketing Campaign

http://www.cdc.gov/tobacco/media_communications/countermarketing/campaign/index.htm

Citation: Centers for Disease Control and Prevention. *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, First Edition October 2003.

3. Staffing Requirements – Staffing Plan:

The contractor will hire or assign an employee as the Evaluation Coordinator with appropriate experience and sufficient time allocated to provide oversight and management of the evaluations and dedicate staffing levels to appropriately undertake this project. This person shall function as the single point of contact for the program.

Resumes must be provided with the proposal for the management and professional staff assigned to this project.

4. Data and Technology Requirements

The contractor will need to have E-Mail and Internet Capability and be proficient in Microsoft Access and Excel. Data transfers are aggregated and will be sent to the evaluation contractor as a Statistical Analysis System (SAS) dataset.

5. Subcontractors

As this scope of work covers several different areas for evaluation, the use of a subcontractor for portions of these projects may be practical. For instance, the awarded evaluation contractor may want to consider subcontracting for a “specialist” in media evaluation.

If subcontractors are to be used, please provide the following information about each subcontractor:

- Legal Name of Agency, Address,
- Contact Person, Title, Phone, Fax, E-mail
- Services Currently Provided
- Services To Be Provided Under Subcontract
- Subcontractor Oversight
- Subcontract Cost and Term

6. Workplan

A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, staff responsible, deliverables, and timelines, including a project start date, must be provided on the Application Forms included in Section V. The work plan must be consistent with the RFP and the project’s goals and objectives. The project start date will be considered as part of the review criteria for this RFP.

■ **D. COST PROPOSAL COMPONENT**

1. Financial Requirements - Profile

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

2. Budget Requirements – Budget and Budget Narrative

Contractors may choose the way that they want to present the budget. Forms are provided for either Option A: Fee for Service where there is an amount assigned to each deliverable; and for Option B: Budget Basis where line items costs are documented.

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

Payments will be made as deliverables are met and accepted by the Department.

Funding cannot be used for capital purchases, for computer equipment, or for indirect costs.

IV. PROPOSAL OUTLINE

This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms to the required proposal outline (below). 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
A. Cover Sheets	1-2
B. Table of Contents	3
C. Declaration of Confidential Information <i>(Per instructions: Section I. C.12.)</i>	Etc.
D. Conflict of Interest - Disclosure Statement <i>(Per instructions: Section I. C.13.)</i>	
E. Executive Summary <i>(Per instructions: Section I. D. 4.)</i>	
F. Main Proposal	
1. Organizational Profile	
2. Scope of Services	
3. Staffing Plan	
a. <i>Narrative</i>	
b. <i>Position Schedule #2a</i>	
4. Data and Technology	
5. Subcontractors	
6. Work Plan	
a. <i>Narrative</i>	
b. <i>Work Plan Form</i>	
G. Cost Proposal	
1. Financial Profile	
2. Budget and Budget Narrative	
a. <i>Narrative</i>	
b. <i>Budget Summary Form</i>	
c. <i>Budget Justification Schedule B Form</i>	
H. Appendices	
a. <i>Job Descriptions</i>	
b. <i>Resumes</i>	
I. Forms	
a. <i>Tobacco Industry Funding and Partnership Certification</i>	
b. <i>Consulting Agreement Affidavit (OPM Ethics Form 5)</i>	
c. <i>Acknowledgment of Contract Compliance.</i>	
d. <i>Notification to Bidders (CHRO)</i>	
e. <i>Workforce Analysis Form</i>	

V. ATTACHMENTS

■ **A. APPLICATION FORMS:** *The information and forms included in this section are required for submission of a proposal. The included forms must be completed and included in the proposal submission as applicable and directed however item numbers 11 and 14 may be submitted to the State of Connecticut Department of Administrative Services (DAS) Document Vault in accordance with existing procedures and within the statutorily required timeframes. If valid forms have been previously submitted they need not be submitted again but the proposal must clearly state that the electronic documents are available for viewing within the DAS Document Vault.*

1. Cover Sheet	20
2. Applicant Information Form (continuation)	21
3. Budget Summary Instructions (Option A Fee for Service).	22
4. Budget Summary Instructions. (Option B Budget Basis)	23
5. Position Schedule #2a Form	25
6. Budget Summary Form A.	26
7. Budget Justification Schedule B Form	27
8. Subcontractor Schedule Detail Form C	28
9. Work Plan Form	29
10. Tobacco Industry Funding and Partnership Certification	30
11. OPM Consulting Agreement Affidavit	31
12. Contract Compliance Policy Statement	32
13. Notification to Bidders.	33
14. Workforce Analysis	34

The remainder of this page is intentionally blank

COVER SHEET

REQUEST FOR PROPOSAL
RFP DPH Log # 2013-0907
Evaluation of Tobacco Control Programs
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

Applicant Information

Applicant Agency: _____

Legal Name

Address

City/Town

State

Zip Code

Telephone No.

FAX No.

Email Address

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____

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, and email address, 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.

Applicant Information Form (continuation)

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

Contract and Legal Documents/Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
Email		Fax No.

Program Progress Reports:

Name	Title	Tel. No.
Street	Town	Zip Code
Email		Fax No.

Financial Expenditure Reporting Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
Email		Fax No.

Incorporated: YES NO

Agency Fiscal Year:

Type of Agency: Public Private Other,
Explain: Profit Non-ProfitFederal Employer I.D.
Number:

Town Code No:

Medicaid Provider Status: YES NO

Medicaid Number:

Minority Business Enterprise (MBE): YES NOWomen Business Enterprise (WBE): YES NO

Budget Summary**BUDGET OPTION A: Fee for Service**

Item		Total per Line Item	Justification (Breakdown of Costs)
Final Report on the 2011 Tobacco Use Cessation Programs			
Interim Report on the 2013 Tobacco Use Cessation Programs			
Final Report on the 2013 Tobacco Use Cessation Programs			
Interim Report on Statewide Quitline Operations			
Interim Report on Statewide Quitline Operations			
Preliminary Report on 2013 Cessation Media Campaign			
Interim Report on 2013 Cessation Media Campaign			
Final Report on 2013 Cessation Media Campaign			
Other: (Identify)			
Consultation Services			
Budget Total:			

Budget Option B: Budget Basis

Budget Summary Instructions**A. Position Schedule #2a**

Complete the schedule for all positions to be funded even if currently vacant.

B. Budget Summary Schedule A**1. Personnel (lines #1 - #2)**

- a. Line #1 **Salary and Wages:** Enter the total salary charged, as listed on Position Schedule 2a.
- b. Line #2 **Fringe Benefits Line:** Enter the total fringe benefits charged, as listed on Position Schedule 2a.

2. Line #8 Contractual (Subcontracts): Provide the total of all subcontracts and complete Subcontractor Schedule B.**3. Lines #3 through #7, #9, and #10:** Complete categories as appropriate,**4. Line #11: Other Expenses** are any other types of expense that do not fit into the categories listed.

For example: Equipment. Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$5,000 or more.

5. Line Item # 12 Administrative and General Costs

- a. Are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at:

http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm.

- b. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.

6. Other Program Income list any other program income, if appropriate, such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.**C. Budget Justification Schedule B**

1. Please provide an 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.

For 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.

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

- For contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided, and include schedule C as well.. Use additional sheets as necessary.

D. Subcontractor Schedule C--Detail

- 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.

2. 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 included in a subcontract, please supply a justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.**

Applicant Name

FUNDING PERIOD: 99/99/9999 to 99/99/9999

Position Schedule #2a

Position Description and Staff Person Assigned	Site/ Location	Hours wk/ wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Name:		/			%	
2.Position: Name:		/			%	
3.Position: Name:		/			%	
4.Position: Name:		/			%	
5.Position: Name:		/			%	
6.Position: Name:		/			%	
7.Position: Name:		/			%	
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
11.Position: Name:		/			%	
12.Position: Name:		/			%	
13.Position: Name:		/			%	
14.Position: Name:		/			%	
15.Position: Name:		/			%	
Totals						

*Attach resumes and job descriptions for all Professional Staff

Applicant Name**FUNDING PERIOD: 99/99/9999 to 99/99/9999****Budget Summary Schedule A**

Program:	Name	Name	Total
1. Salaries & Wages			
2. Fringe Benefits			
3. Travel			
4. Training			
5. Educational Materials			
6. Office Supplies			
7. Medical Materials			
8. Contractual (Sub-Contracts)**			
9. Telephone			
10. Advertising			
11. Other Expenses (list)			
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
12. Administrative and General Costs			
Total DPH Grant			
Other Program Income			

**Complete Subcontractor Schedule C

Applicant Name

BUDGET PERIOD: 99/99/9999 to 99/99/9999

Subcontractor Schedule C-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
Total Subcontract Amount:	

#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
Total Subcontract Amount:	

#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
Total Subcontract Amount:	

(Attach resumes for all Professional Staff)

Work Plan (make as many blank pages as needed)

Services to be Provided	Activities	Staff Position(s) Responsible	Timeframe for Completion

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

Tobacco Industry Funding and Partnership Certification

I, _____ certify that _____ has not
(Agency)
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



**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 contractor 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 contractor 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 there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), 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)

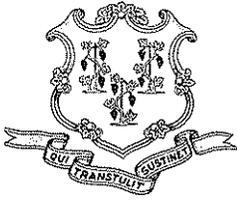
Dept. of Public Health
Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, _____.

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

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



OFFICE OF COMMISSIONER

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health (DPH) is an Affirmative Action/Equal Employment Opportunity employer, in compliance with all state and federal laws and shall comply with the Contract Compliance Regulations *and* CGS 4a-60 Nondiscrimination and affirmative action provisions in contracts of the state and political subdivisions other than municipalities. Consistent with the Contract Compliance Regulations of Connecticut State Agencies, Sections 46a-68j-21 through 46a-68j-43, DPH encourages bidders, contractors, subcontractors, and suppliers to:

- Develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market
- Develop and follow an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive
- Submit employment statistics contained in the "Employment Information Form", indicating that the composition of its workforce is at or near parity when compared to the race/sex composition of the workforce in the relevant labor market area
- Develop and follow a plan to set aside a portion of the contract for legitimate minority business enterprises per Section 46a-68j-30(10)(E) of the Contract Compliance Regulations

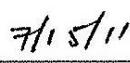
DPH considers bidders success in these factors in reviewing the bidder's qualifications under the Contract Compliance requirements. Accordingly, any individual or organization that desires to do business with DPH shall:

- Not discriminate or permit discrimination against any protected class person or protected group in the performance of contracts
- Not engage in discriminatory practices *or* permit discriminatory practices in their workplace
- Cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities
- In all contract solicitations or advertisements, state that they are an "affirmative action-equal opportunity employer"
- Sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process

DPH notifies bidders, contractors, subcontractors, and suppliers of this policy and 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 show good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.



Jewel Mullen, MD, MPH, MPA
Commissioner, DPH



Date

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

VI. INFORMATIONAL APPENDICES

*The information and forms in this section are for your reference only. The information contained herein will be required of applicants awarded funding and will be requested during the contract development process. Some of the indicated information may be submitted electronically. **Do not include any of the forms included here with your proposal.***

1. Nondiscrimination Certification Instructions	36
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3. False Claims Act Notification	38
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5. False Claims Act Procedure	42
6. SEEC Form 11	45
7. Data Collection Forms,.	47
(utilized by tobacco use cessation programs to collect program data)	
8. Review Score Sheet	53
(utilized by proposal evaluation team when reviewing proposals)	

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Nondiscrimination Certification Instructions

The governing body of your **corporation, company, or entity** must adopt policies and/or pass a resolution adopting and supporting nondiscrimination agreements and warranties as indicated in the *attached* Certification form.

If an **individual**, you must certify that you will adhere to the required nondiscrimination agreements and warranties, as indicated in the *attached* Certification form.

Individual Use FORM A	Corporation, Company or Entity <i>Use FORM B (under \$50,000) or FORM C (\$50,000 or more)</i>
For an individual, enter your full legal name and address of residence.	Enter the legal Name and Title of the Authorized Signatory if not already included on the form. This is the person <u>named</u> in the Secretarial Certification as authorized to sign. Alternately, the person authorized to certify the authorized signatory may sign this certification. If this option is chosen, the individual signing the secretarial certification and the nondiscrimination certification should be the same individual.
This does not apply for contracts with individuals.	Enter Corporation / Contractor Name with no abbreviations unless it is legally abbreviated in the charter if not already included on the form. Exception: Corp. is a legal abbreviation.
This does not apply for contracts with individuals.	Enter State or Commonwealth of Incorporation where required if not already included on the form
Enter the <u>Day, Month, Year</u> on which the certification is signed. This date <u>must be the same or later</u> than the date the Contract is signed	Enter the <u>Day, Month, Year</u> on which the certification is signed. This date <u>must be the same or later</u> than the date the Contract is signed
Enter the Signer's Signature.	Enter the Signer's Signature.

IMPORTANT

Name of Signer must be typed **exactly** the same at the beginning of Document as at the end of the Document. Signature must match typed name **exactly**.

It is **not** necessary to have the form notarized unless an area for such appears on the form. Notarization is required, however, if so indicated on the form.

The requirement for notarization exists for contracts including funding in excess of \$50,000 per year.

The enclosed form is an official document approved by the Connecticut Office of Attorney General. Substitute documents are not acceptable.

Any type of correction fluid or tape is not acceptable! ***

*** We can supply additional forms if necessary.

cert.instr. 7/10/09

FALSE CLAIMS ACT
COMPLIANCE NOTIFICATION

This Contract requires compliance with The Deficit Reduction Act (“Act”) of 2005, which requires that the contractor or “qualified provider” receiving the contract comply with the Department’s False Claims Act Policy and Procedure as follows:

1. Review, print, and maintain on file the following Department’s False Claims Act Policy and False Claims Act Procedure.
2. Provide appropriate notice of the requirements of the Policy and Procedure by providing copies of the Department’s False Claims Policy and False Claims Procedure to all employees of your organization, including officers and officials as well as subcontractors providing services funded by this Contract, in accordance with the requirements of Section 4.3.3 of the Department’s False Claims Act Procedure.

Do not return the False Claims Policy or False Claims Procedure to the Department. Your signature on the executed Contract confirms your receipt and compliance with the Department’s False Claims Act compliance requirement.

	False Claims Act (Policy)	PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010
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APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

REFERENCE DOCUMENTS	
Document	Title
The Deficit Reduction Act ("Act") of 2005	Section 6032
United States Code (U.S.C.)	Sections 3729-3733
Connecticut General Statutes (C.G.S.)	Section 53a-290 Vendor Fraud
Connecticut General Statutes (C.G.S.)	Section 4-61dd Whistleblower
Connecticut General Statutes (C.G.S.)	Section 31-51m Blacklisting
Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

 <p>Keeping Connecticut Healthy DPH Connecticut Department of Public Health</p>	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

The Deficit Reduction Act (“Act”) of 2005 is the federal government’s legislative effort to control spending for entitlement programs, such as Medicaid. The Act seeks to control spending by reducing federal overpayments for prescription drugs and medical services, thereby improving the integrity of federally funded entitlement programs.

2.0 Scope

Section 6032 of the Act states that any entity, such as the Department of Public Health (Department), which receives or makes payments under a state plan approved under Title XIX or under a waiver of such plan, totaling at least \$5,000,000 annually, is required to establish written policies providing detailed information about the False Claims Act (“FCA”) and any state false claims laws to all Department employees, contractors and agents. The Department is also required to establish and inform all employees, contractors, qualified providers and agents about the Department’s policies and procedures for the detection and prevention of fraud, waste and abuse, the protection afforded to any person who reports an incident of a false claim to a regulatory body (e.g., Whistleblower Protection) and any civil or criminal penalties for false claims.

3.0 Definitions and Acronyms

Specialized acronyms and definitions identified in this contract procedure are defined below.

3.1 Acronyms

“ <u>CGMS</u> ”	The Connecticut Department of Public Health, Contracts & Grants Management Section
“ <u>Department</u> ”	The State of Connecticut Department of Public Health
“ <u>FCA</u> ”	False Claims Act
“ <u>PFCRA</u> ”	Program Fraud Civil Remedies Act

3.2 Definitions

Claim - means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer or family member who act as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

Employee - means any officer or employee of the entity, contractor, or agent.

Entity - means a governmental agency, organization, unit, corporation, partnership or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

Knowing and Knowingly - means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falseness of the information.

	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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4.0 Compliance

4.1 False Claim Act

The FCA prohibits any person, firm, corporation or entity from knowingly presenting, or causing to be presented, a false claim or statement to a federally funded program, including Medicaid, or conspiring to defraud the federal government. Any person, company or entity that acts in deliberate ignorance of or with reckless disregard of the truth of such information is considered to have acted knowingly.

The civil penalty for violating the FCA is a fine of not less than \$5,000 and not more than \$10,000 per violation. The person, company or entity may also be fined an additional three times the amount of damages sustained by the federal government. The PFCRA also provides that any person or company that commits fraud by making a false statement or claim can be assessed a penalty of \$5,000 per false claim or statement in addition to the penalties available under the FCA.

A person may bring a civil action for violating the FCA on behalf of said person and the United States government. If the federal government proceeds with an action brought by such person then that person shall receive at least 15 percent but not more than 25 percent of the proceeds of the action or settlement. If the federal government does not proceed with the action and the person initiating the action proceeds, then the person bringing the action shall receive a reasonable amount, to be determined by the court, but not less than 25% and not more than 30% of the proceeds of the action or settlement.

The FCA prohibits retaliation by an employer against an employee for bringing a false claim action or participating in such action (Whistleblower Protection). Any employee subject to retaliation by an entity, contractor or agent shall be entitled to all relief necessary to make the employee whole, including but not limited to reinstatement, two times the amount of back pay, interest on back pay and special damages.

4.2 State False Claim Related Acts

Under Connecticut's Vendor Fraud statute it is illegal for a person on his own behalf or on the behalf of an entity, with intent, to fraudulently provide goods or services to a beneficiary or recipient under Title XIX or to fraudulently receive goods or services. Connecticut law also prohibits any vendor from fraudulently providing services or goods for any recipient of General Assistance. The State Whistleblower law provides any employee who reports a suspected violation of state or federal law with protection against retaliation by the employer. State law also prohibits any person, corporation, state or political subdivision from blacklisting any employee.

4.3 Compliance Reporting

All DPH employees, contractors and agents, are required to report fraud, waste and abuse to: The Department of Public Health, Contracts & Grants Management Section, 410 Capitol Avenue, MS#13GCT, P.O. Box 340308, Hartford, CT 06134-0308.

	False Claims Act (Procedure)	PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010
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APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
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Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

	<h2>False Claims Act (Procedure)</h2>	<p>PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

This procedure provides guidance to the Department of Public Health on informing all employees, contractors and agents about the Department of Public Health False Claims Policy, PL-CGMS C-001.

2.0 Scope

This procedure applies to all Department of Public Health staff, and officers and employees of contractors, agents, qualified providers and subcontractors funded by the department.

3.0 Definitions and Acronyms

Specialized acronyms and definitions identified in this contract procedure are defined below.

3.1 Acronyms

<u>"CGMS"</u>	The Connecticut Department of Public Health, Contracts & Grants Management Section
<u>"Department"</u>	The State of Connecticut Department of Public Health
<u>"FCA"</u>	False Claims Act
<u>"PFCRA"</u>	Program Fraud Civil Remedies Act
<u>"POS"</u>	Purchase of Service Contract

3.2 Definitions

Claim - means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded, or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer or family member who act as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

Employee - means any officer or employee of the entity, contractor or agent.

Entity - means a governmental agency, organization, unit, corporation, partnership or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

Knowing and Knowingly - means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falseness of the information.

Purchase of Service Contract - Previously Human Service Contract, a contract document used to procure direct client services to populations served by the Department over a defined period and for an agreed upon maximum price.

Subcontractor – See "Contractor or Agent" above.

	<h2>False Claims Act (Procedure)</h2>	<p>PR-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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4.0 Process

4.1 Dissemination to the Department's New Employees

- 4.1.1** The Department's Human Resources staff shall present and provide all newly hired Department employees with a copy of the False Claims Act Policy and Procedure during the new employee orientation.
- 4.1.2** Each new Department employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing an acknowledgement that they received it. The acknowledgement shall be maintained in their personnel file.

4.2 Dissemination to the Department's Existing Employees

Each existing Department employee shall receive a copy of the Department's False Claims Act Policy and Procedure and must sign an acknowledgement that they have received it. The acknowledgement shall be maintained in their personnel file.

4.3 Dissemination to Contractors and Qualified Providers

- 4.3.1** CGMS shall include the Department's False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.
- 4.3.2** Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.
- 4.3.3** Execution of the contract by a contractor or agent, via authorized signature, shall indicate acceptance of and compliance with the Department's False Claims Policy and Procedure in accordance with Part II, Section C.4, (Terms and Conditions, Contractor Obligations, Federal Funds) of the POS Contract.
- 4.3.4** Contractors and agents under contract with the Department shall inform all subcontractors, providing services funded by the contract, of the policy and procedure and obtain acknowledgement of receipt either via inclusion of a contract term/condition in the sub-contractual agreement as in 4.3.3 above, and execution of such subcontract, or via separate acknowledgement.

5.0 Records

- 5.1** The following records shall be maintained, generated, or updated, and filed by the Department in accordance with this procedure and CGMS record retention requirements and schedules. Contractors shall maintain records according to their established record retention schedules.

Record Name	Responsible	Retention Req.	Location
Employee acknowledgement of receipt of False Claims Policy and Procedure	Human Resources Office	Until employee termination	Employee File
Fully Executed Contract Document	CGMS	3 Yrs. From end date of contract(s)	CGMS Contract File

Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations

This notice is provided under the authority of Connecticut General Statutes §9-612(g)(2), as amended by P.A. 10-1, and is for the purpose of informing state contractors and prospective state contractors of the following law (*italicized words are defined on the reverse side of this page*).

CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

No *state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor*, with regard to a *state contract* or *state contract solicitation* with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee (which includes town committees).

In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

On and after January 1, 2011, no state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or a

quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall **knowingly solicit** contributions from the state contractor's or prospective state contractor's employees or from a *subcontractor* or *principals of the subcontractor* on behalf of (i)

an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

DUTY TO INFORM

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

PENALTIES FOR VIOLATIONS

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties—Up to \$2,000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of up to \$2,000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or not more than \$5,000 in fines, or both.

CONTRACT CONSEQUENCES

In the case of a state contractor, contributions made or solicited in violation of the above prohibitions may result in the contract being voided.

In the case of a prospective state contractor, contributions made or solicited in violation of the above prohibitions shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The State shall not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Additional information may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to "Lobbyist/Contractor Limitations."

DEFINITIONS

“State contractor” means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. “State contractor” does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person’s capacity as a state or quasi-public agency employee.

“Prospective state contractor” means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid prequalification certificate issued by the Commissioner of Administrative Services under section 4a-100. “Prospective state contractor” does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person’s capacity as a state or quasi-public agency employee.

“Principal of a state contractor or prospective state contractor” means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has *managerial or discretionary responsibilities with respect to a state contract*, (v) the spouse or a *dependent child* who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

“State contract” means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. “State contract” does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan, a loan to an individual for other than commercial purposes or any agreement or contract between the state or any state agency and the United States Department of the Navy or the United States Department of Defense.

“State contract solicitation” means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

“Managerial or discretionary responsibilities with respect to a state contract” means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

“Dependent child” means a child residing in an individual’s household who may legally be claimed as a dependent on the federal income tax of such individual.

“Solicit” means (A) requesting that a contribution be made, (B) participating in any fund-raising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (iv) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

“Subcontractor” means any person, business entity or nonprofit organization that contracts to perform part or all of the obligations of a state contractor’s state contract. Such person, business entity or nonprofit organization shall be deemed to be a subcontractor until December thirty first of the year in which the subcontract terminates. “Subcontractor” does not include (i) a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or (ii) an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person’s capacity as a state or quasi-public agency employee.

“Principal of a subcontractor” means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a subcontractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a subcontractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a subcontractor, which is not a business entity, or if a subcontractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any subcontractor who has managerial or discretionary responsibilities with respect to a subcontract with a state contractor, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the subcontractor.

DATA COLLECTION FORMS

Page 1 of 6

The attached forms are the data fields that will be collected and entered into an ACCESS database by the cessation programs. The data is then submitted to DPH who will clean and package the data to in turn submit to the evaluation contractor.



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

Referral/Enrollment Form (To be completed at the beginning of program participation)	
FOR AGENCY USE ONLY	
Agency Name: _____ Site Name: _____ Contract Log#: _____ Client ID#: _____ Enrollment #: _____	Type of counseling service assigned to the client: (Choose only one option) <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

Referral Date of Referral (mm/dd/yyyy): _____

Client Contact #s:

First Name: _____ Last Name: _____

Date of Birth: _____ Current Residence: Town: _____ Zip code: _____

Sex: Male Female Other, please specify: _____

If female, are you currently pregnant? Yes No

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

Primary source of referral:

- Primary Care Provider OBGYN Dental Care Provider Friend/Family Quitline
 Brochure/Flyer Counselor/Therapist Employer
 Other, please specify: _____

In general, which primary language do you usually speak/use at home?

- English Spanish Portuguese French Armenian Serbo-Croatian
 Polish Russian Persian Chinese Korean Vietnamese
 Laotian Gujarthi Khmer Creole Other, please specify: _____

Enrollment Date of Enrollment (mm/dd/yyyy): _____

1. Do you smoke cigarettes now or have you smoked in the past 30 days? Yes No (go to question #2)
If yes, on average, how many days per week do you or did you smoke cigarettes? _____ days per week

If yes, on average, on the days that you smoked, how many cigarettes did you smoke?
_____ cigarettes per day

2. Now or in the past 30 days have you used 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 used other tobacco products, how many times per day did/do you use products other than cigarettes? _____ times per day

DATA COLLECTION FORMS

3. When was the last date you smoked or used tobacco? (mm/dd/yyyy): _____
 (enter "15" for DAY if client cannot recall exactly)

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

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. Have you ever received counseling, treatment or medication for mental health, emotional, or behavioral problems?
 Yes No

7. Have you ever received counseling, treatment or medication for alcohol or other drug problems?
 Yes No

8. Are you currently receiving or have received treatment in the past for the following conditions?

Condition	Treatment			Condition	Treatment		
	Current	Past	None		Current	Past	None
Heart disease (coronary disease, heart attack)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Schizophrenia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gambling problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lung disease (asthma, emphysema, COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug problems (other than alcohol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. What health insurance do you currently have?

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

10. How old are you? _____ years

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

12. What is your race?

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

13. What is your highest level of education?

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

14. 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

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

- Bisexual Gay Man Gay Women/Lesbian Heterosexual/Straight
 Other, please specify: _____ Refused/Prefer not to say

Comments:

DATA COLLECTION FORMS



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

Attendance Tracking/Program Completion Form <i>(To be completed during and at the end of program participation or dropout)</i>	
FOR AGENCY USE ONLY	
Agency Name: _____ Site Name: _____ Client ID#: _____ Enrollment#: _____	Type of counseling service attended by the client: <i>(Choose only one option)</i> <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Both If "Group" or "Both", assign Group ID#: _____ Name of Counselor: _____

First Name: _____ Last Name: _____ Date of Birth: _____

Attendance Tracking: N: Intensive Individual Session I: Individual Session G: Group Session

Please keep track of attendance by checking off each session:

(If attending individual and group session on the same day, record them as two separate sessions)

	Date	N	I	G	Session	Date	N	I	G	Session	Date	N	I	G
1	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Nicotine Replacement / Pharmacotherapy:

1. Was nicotine replacement therapy / pharmacotherapy given during the client's participation in this program?
 Yes (go to question #2) No

2. If Yes, fill out the Dispensing Log each time client is given NRT (add another page if necessary).

Date	NRT type (enter one NRT type per row, even if dispensed on the same day)	Strength	#Weeks dispensed
	<input type="checkbox"/> Nicotine gum <input type="checkbox"/> patch <input type="checkbox"/> spray or lozenge <input type="checkbox"/> Zyban <input type="checkbox"/> Wellbutrin <input type="checkbox"/> Chantix <input type="checkbox"/> Other NRT, specify _____		
	<input type="checkbox"/> Nicotine gum <input type="checkbox"/> patch <input type="checkbox"/> spray or lozenge <input type="checkbox"/> Zyban <input type="checkbox"/> Wellbutrin <input type="checkbox"/> Chantix <input type="checkbox"/> Other NRT, specify _____		
	<input type="checkbox"/> Nicotine gum <input type="checkbox"/> patch <input type="checkbox"/> spray or lozenge <input type="checkbox"/> Zyban <input type="checkbox"/> Wellbutrin <input type="checkbox"/> Chantix <input type="checkbox"/> Other NRT, specify _____		
	<input type="checkbox"/> Nicotine gum <input type="checkbox"/> patch <input type="checkbox"/> spray or lozenge <input type="checkbox"/> Zyban <input type="checkbox"/> Wellbutrin <input type="checkbox"/> Chantix <input type="checkbox"/> Other NRT, specify _____		
	<input type="checkbox"/> Nicotine gum <input type="checkbox"/> patch <input type="checkbox"/> spray or lozenge <input type="checkbox"/> Zyban <input type="checkbox"/> Wellbutrin <input type="checkbox"/> Chantix <input type="checkbox"/> Other NRT, specify _____		
	<input type="checkbox"/> Nicotine gum <input type="checkbox"/> patch <input type="checkbox"/> spray or lozenge <input type="checkbox"/> Zyban <input type="checkbox"/> Wellbutrin <input type="checkbox"/> Chantix <input type="checkbox"/> Other NRT, specify _____		
	<input type="checkbox"/> Nicotine gum <input type="checkbox"/> patch <input type="checkbox"/> spray or lozenge <input type="checkbox"/> Zyban <input type="checkbox"/> Wellbutrin <input type="checkbox"/> Chantix <input type="checkbox"/> Other NRT, specify _____		
	<input type="checkbox"/> Nicotine gum <input type="checkbox"/> patch <input type="checkbox"/> spray or lozenge <input type="checkbox"/> Zyban <input type="checkbox"/> Wellbutrin <input type="checkbox"/> Chantix <input type="checkbox"/> Other NRT, specify _____		

DATA COLLECTION FORMS

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Completion/Drop Out: If possible, all information should be filled out for everyone, including those who dropped out.

Date of program completion or last session attended (mm/dd/yyyy): _____

Date the Completion or Dropout form was filled out. (mm/dd/yyyy): _____

1. Did you complete this program? Yes (go to question #2) No

If no, why not? (check all that apply)

- Time of sessions was inconvenient
 Location of sessions was inconvenient
 Lack of transportation
 Patient was dissatisfied with program
 Program was not provided in patient's primary language making it difficult to fully participate
 Patient was ill/on bed rest and unable to complete program
 Unknown
 Other reason, please specify: _____

2. How many individual and/or group sessions did you attend? _____ individual sessions _____ group sessions

3. Do you smoke cigarettes now or have you smoked in the past 30 days ? Yes No (go to question #4)

If yes, on average, how many days per week do you or did you smoke cigarettes? _____ days per week

If yes, on average, on the days that you smoked, how many cigarettes do/did you smoke? _____ cigarettes per day

4. Now or in the past 30 days have you used 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 did/do you use products other than cigarettes? _____ times per day

5. When was the last date you smoked or used tobacco? (mm/dd/yyyy): _____
 (enter "15" for DAY if client cannot recall exactly)

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

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

9. What Relapse Prevention Services were you referred to? (check all that apply)

- Quitline Support Group Individual Counseling Community Program
 Other, please specify: _____

DATA COLLECTION FORMS

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To track attendance of Relapse Prevention Services, please use the following:

I: Individual Relapse Prevention Session G: Group Relapse Prevention Session

(If attending individual and group session on the same day, record them as two separate sessions)

Session	Date	I	G	Session	Date	I	G	Session	Date	I	G
1	_____	<input type="checkbox"/>	<input type="checkbox"/>	6	_____	<input type="checkbox"/>	<input type="checkbox"/>	11	_____	<input type="checkbox"/>	<input type="checkbox"/>
2	_____	<input type="checkbox"/>	<input type="checkbox"/>	7	_____	<input type="checkbox"/>	<input type="checkbox"/>	12	_____	<input type="checkbox"/>	<input type="checkbox"/>
3	_____	<input type="checkbox"/>	<input type="checkbox"/>	8	_____	<input type="checkbox"/>	<input type="checkbox"/>	13	_____	<input type="checkbox"/>	<input type="checkbox"/>
4	_____	<input type="checkbox"/>	<input type="checkbox"/>	9	_____	<input type="checkbox"/>	<input type="checkbox"/>	14	_____	<input type="checkbox"/>	<input type="checkbox"/>
5	_____	<input type="checkbox"/>	<input type="checkbox"/>	10	_____	<input type="checkbox"/>	<input type="checkbox"/>	15	_____	<input type="checkbox"/>	<input type="checkbox"/>

DATA COLLECTION FORMS



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

Follow-up Form <i>(Please complete at 4 and 7 months after cessation program enrollment)</i> FOR AGENCY USE ONLY	
Agency Name: _____	Client ID#: _____
Site Name: _____	Enrollment #: _____

Date of follow-up contact (mm/dd/yyyy): _____ **Month of follow-up:** 4 7

First Name: _____ **Last Name:** _____ **Date of Birth:** _____

Check ONE box to indicate the status at 4 or 7 months from enrollment.

- Unable to contact (6 + attempts)** **Contact made, go to item #1**
 Contact made, client refused follow-up

1. Do you smoke cigarettes now or have you smoked in the past 30 days ? Yes No *(go to question #2)*

If yes, on average, how many days per week do you or did you smoke cigarettes? _____ days per week

If yes, on average, on the days that you smoked, how many cigarettes do/did you smoke? _____ cigarettes per day

2. Now or in the past 30 days, have you used any other tobacco products? Yes No *(go to question #3)*

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

- Cigars Pipe 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 date you smoked or used tobacco? (mm/dd/yyyy): _____
(enter "15" for DAY if client cannot recall exactly)

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

7. Have you attended any individual and/or group relapse prevention sessions? Yes No

If yes, how many sessions? _____ individual sessions _____ group sessions

Review Score Sheet

Page 1 of 1

PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET
Program Evaluation

 Applicant

Criteria:	Max Points	Reviewer Score	Comments
1. SCOPE OF SERVICES: The extent to which the applicant has demonstrated that services to be provided cover requirements outlined in RFP:			
a) Has effectively described their approach to designing and implementing a process and outcome evaluation of cessation programs. Evaluating the following: <ul style="list-style-type: none"> ◆ Program, Service, and Project progress; ◆ Systems changes; Patient Satisfaction; ◆ Program Training; Quit rates; ◆ Marketing and outreach activities; ◆ Overall program effectiveness. 	(50)		
b) Has effectively described their approach to designing and implementing a process and outcome evaluation of the CT Quitline. Evaluating the following: <ul style="list-style-type: none"> ◆ Overall system operations; Caller satisfaction; ◆ Fax referral program; Quit rates; ◆ Marketing and outreach activities; ◆ Program enhancements; and ◆ Overall program effectiveness. 	(50)		
c) Has effectively described their approach to designing and implementing a formative, process and outcome evaluation of the media campaign. Evaluating the following: <ul style="list-style-type: none"> ◆ Campaign design; Ability to reach targeted populations; ◆ Implementation schedule; Exposure of target audiences to intended messages, and ◆ Effectiveness of message delivery.; 	(50)		
d) The applicant describes methods to identify strengths and weaknesses of each program area and to identify areas in need of additional services and programmatic changes.	(50)		
2. The extent to which the profile of staff who will be working on this project is clear and that adequate time is allocated to manage the services to be provided, including the appropriate use of subcontractors.	(100)		
3. The extent to which a thorough work plan is presented with measurable objectives and specific, appropriate timelines.	(100)		
4. The extent to which a cost effective budget is presented, following cost standard guidelines and the fiscal competitiveness of the proposal.	(75)		
5. The extent to which references support the applicant's success providing similar services	(25)		
TOTAL:	500		

*Numerical values for each criterion are established as part of the RFP development process to allow for weighting of criteria important to the goals of the RFP.