

**Request for Proposal
Department of Public Health
Public Health Initiatives Branch
Mental Health Services for HIV/AIDS Affected Children**

RFP # PHI 2010-0902

The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds to provide mental health services to children and youth affected by HIV/AIDS.

Funding

A total of up to \$275,000.00 of State funds are available to support Connecticut. Funding will be available for a three-year period beginning approximately July 1, 2009 through June 30, 2012, subject to the availability of funds and satisfactory program performance.

Eligibility

Applications will be accepted from public and private organizations, community-based agencies, non-profit organizations, child guidance clinics and individual licensed mental health providers. Applicants must provide services in compliance with the State of Connecticut General Statutes Sec. §19a-121g, "Program of Services for AIDS-Affected Children and Youth" by a certified licensed mental health provider. All applicants will be required to install and use CAREWare software to collect data and generate reports.

Closing Date

An original and **five** copies of the completed proposal must be postmarked no later than **February 20, 2009**.

Place Due

Department of Public Health
Public Health Initiatives Branch
410 Capitol Avenue, MS#11APV
Hartford, CT 06134-0308
Attention: Maureen Reault
AIDS and Chronic Diseases Section
Health Care & Support Services Unit
Maureen.Reault@ct.gov

Further Information

Applicants who download the Request for Proposals (RFP) from the DPH web site must send written notice of their intent to apply to DPH by **January 12, 2009**. This notice can be sent using either the postal address or the e-mail address provided under "Place Due" above.

To avoid giving one applicant advantage over others, all questions regarding the preparation of proposals in response to this RFP must be submitted in writing by **January 19, 2009** to Maureen Reault, the DPH Project Coordinator. A copy of all written questions and responses will be provided to all applicants who request the RFP or who send a written request for such information to the DPH Project Manager. Responses to questions will be sent via e-mail to applicants who provide their e-mail address to the contact person listed above.

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I. Statement of Purpose

The Connecticut Department of Public Health (DPH) AIDS and Chronic Diseases Section is in need of contractors to provide culturally appropriate mental health services to children and youth who experience the illness or death of a family member due to HIV/AIDS.

II. Background

The Connecticut Legislature in 1996, in accordance with Senate Bill 72, approved funding for mental health services for children who experience the illness or death of one or more family members who have HIV/AIDS. This legislation is as follows:

Connecticut General Statutes Sec. §19a-121g. Program of Services for AIDS-affected Children and Youth. (a) The Commissioner of Public Health shall establish and administer a program of services for children and youth who experience the illness or death of one or more family members to HIV disease. The commissioner shall, within available appropriations, annually provide funds for pilot projects, for purposes of the program, with local providers of child mental health services and AIDS services in the four areas of greatest AIDS prevalence in the state to establish and provide culturally-appropriate therapeutic support groups and outpatient and in-home mental health services, and to provide transportation to such services for children and youth. Contracts with such providers shall require collaboration between child mental health service providers and local AIDS service providers in the design and delivery of services to AIDS-affected children and their families. Eligibility for such services shall be limited to children who lack private, third-party insurance that covers such services and whose family income is equal or less than two hundred fifty per cent of the federal poverty level, as well as to children eligible for Medicaid to the extent that Medicaid does not wholly cover the services provided through this program. (b) The commissioner shall, within available appropriations, conduct a training and outreach program designed to educate, health, probate and juvenile law, and juvenile justice with regard to the program, the needs of children affected by AIDS and the importance of family-centered, culturally-appropriate services. Such training shall include information about the psychological impacts of parental illness and death from AIDS on children and youth, the epidemiology and clinical course of services that are available within the state to children affected by AIDS. (P.A. 96-238, S. 24, 25.). History: P.A. 96-238 effective June 4, 1996.

HIV/AIDS continues to have a significant impact on the psychological, emotional, social and cognitive development of children. Children with HIV/AIDS (infected), or with HIV/AIDS in their families (affected) may suffer multiple losses, disruptions in attachment, instability, feelings of isolation, and uncertainty and fear about what the future might bring. Children may experience impaired school functioning, or disruption with peer and family relationships. Significant threats to a child's adaptive functioning and emotional development may pose serious problems in the future. Preexisting conditions, such as mental illness, substance abuse, environments of violence, and poverty can exacerbate their difficulties.

In response, mental health services to HIV/AIDS affected/infected children and their families must be culturally appropriate, innovative, multi-modal, and tailored to meet the individual needs of each child and family.

Special Considerations:

Applicants should be aware of the following points related to this State funding:

- ▶ Eligibility for the services shall be limited to children who lack private third party insurance that covers such services and whose family income is equal to or less than two hundred fifty per cent (250%) of the federal poverty level, as well as to children eligible for Medicaid to the extent that Medicaid does not wholly cover the services provided through this program.
- ▶ Applicants should prepare their application based on a three-year budget. Awards will be made based on a one-year contract for contractors new to DPH with the option of a second year and third year based on contractor performance. For prior DPH contractors with positive prior history, contracts will be written for two years with the option of a third year based on contractor performance, area need and availability of funds.
- ▶ Data collection will be through CARE Ware software.
- ▶ Funding received under Connecticut General Statutes Sec. §19a-121g during any previous funding process is not a guarantee of funding under this statute.
- ▶ Successful applicants will be required to participate in the Connecticut HIV Planning Consortium (minimum 3 meetings per year).
- ▶ Compliance with the Health Insurance Portability and Accountability Act (HIPPA) requirements is the sole responsibility of the individual applicant organization.
- ▶ A variety of resources of HIV/AIDS surveillance data is available at the following websites:

www.dph.gov (Connecticut Department of Public Health HIV/AIDS Surveillance Program)
www.cdc.gov (Centers for Disease Control)
www.cdc.gov/mmwr (Morbidity and Mortality Weekly Report)

III. Proposal Content Requirements

Proposals must be submitted on the DPH Application Forms included in Attachment A. All requirements of this RFP must be met. Content requirements not addressed by the DPH Application Forms must be submitted in narrative form with numbered pages.

A. Applicant Information

The application must contain the official name, address and phone number of the applicant, the principal contact person for the application, and the name and signature of the person (or persons) authorized to execute the contract.

B. Contractor Information

In order for DPH to communicate effectively with the contractor, it is necessary to have accurate information about contractor staff that is responsible for certain functions.

Please provide the name, title, address, telephone and FAX number of staff persons responsible for the completion and submittal of:

1. Contract and legal documents/forms
2. Program progress reports

3. Financial expenditure reports

Accurate information is needed by the Branch concerning the applicant's legal status.

Please indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or town code number, and the applicant's Medicaid provider status and Medicaid number, if any. If the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise; please provide a copy of the corresponding certification.

C. Services to be Provided

Funded providers must have training and expertise in child development and psychotherapy focusing on children affected by HIV/AIDS. Services should be based on clinical protocols and criteria that ensure that patients and families receive services according to their unique needs. Standardized measures should be utilized whenever appropriate. This measure should be reliable, valid, clinically relevant, and culturally competent to the population being served, and useful for programmatic evaluation. Services can be provided in homes, schools as well as other facilities as needed to meet the individual needs of the affected child and caregiver. Providers shall attend collaborative meetings with teachers, school psychologist, and other professionals on behalf of the affected child and their caregiver.

A staff consisting of at least one of the following shall provide services:

- Licensed psychiatrist;
- Licensed psychologist or;
- Master's degree level social worker.

The services shall be:

- Specific to the unique needs of children and their families;
- Culturally appropriate;
- Age appropriate;
- Accessible: removing barriers that impede access to services, ensuring services are logistically convenient to the child and family and services extended beyond traditional limitations including home visits when appropriate and;
- Promote family stability in coping with the unique challenges posed by HIV/AIDS enabling child/youth and family members to manage the stress and potential losses associated with HIV.

Funding under DPH will provide mental health services and should have available expertise in diverse therapeutic modalities for children and families. These include, but are not limited to, the following:

- Cognitive-behavioral and behavioral therapies (individual and group)
- Activity therapies
- Home-based therapies
- Case management
- Non-Traditional Therapies

Activities shall focus on, but are not limited to, grief and loss; coping strategies when a parent and/or loved one is living with HIV/AIDS; anger management; defiant and oppositional behavior, enhanced self-esteem; and concepts and beliefs surrounding death.

Providers will:

- Collect baseline data on the child and caregivers mental health status through the use of a mental health-screening tool.
- Network with funded AIDS service organizations in and around the applicable service delivery area
- Have basic knowledge of HIV/AIDS.

D. Budget

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application in Attachment A. All costs (travel, printing, supplies, etc.) must be included in the contract price. **Competitiveness of the budget will be considered as part of the proposal review process.**

The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in contract prices.

The maximum amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as “not to exceed” quotations against which time and expenses will be charged.

The proposed budget is subject to change during the contract award negotiations.

Copies of state set aside certifications for small and/or minority business must also be provided.

Payments will be negotiated based on time frames and deliverables described in section V of this RFP.

E. Work plan

A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, deliverables and timelines, including a project start date, must be provided on the Application Forms included in Attachment A. 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.**

F. Staffing

The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training and experience to perform assigned duties. Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project on the form included in Attachment A. Resumes must be provided for all professional staff assigned to this project.

G. Contract Compliance

The proposal must include a completed **Notification to Bidders** form (return one and keep one for your records) and a **Workforce Analysis Questionnaire**. In addition, proposals must include a **signed statement of adherence to Assurances**. These forms are included in Attachment A.

IV. Application Procedures

A. Applicants must complete their proposal using the following procedures:

1. An original and five copies of the completed proposal must be addressed to: Maureen Reault, Health Program Associate and must be postmarked no later than **February 20, 2009**.
2. The proposal must be completed on the Application Forms included in Attachment A and meet all requirements of this RFP.
3. The proposal must be signed by an authorized official of the applicant Organization.
4. Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by DPH.
5. Notification of the outcome of proposal review will be mailed to all applicants. A contract will be mailed to the successful applicant on or about **April 6, 2009** with an effective project start date on or about **July 1, 2009**.

V. Deliverables

In the course of providing the required services of this contract, several documents must be produced and delivered immediately upon completion to the DPH Project Manager for approval. These documents, along with the required services, will be the indicators for measuring the performance of the contractor. Development of these deliverables must be included as objectives in the project workplan described in Section III of this RFP (workplan forms are included in Attachment A). A payment schedule will be negotiated based upon the following deliverables:

- A. Quarterly progress reports including program narrative and program expenditure reports
- B. Data reports from CAREWare

VI. Supervision

A designated DPH Project Manager within the Public Health Initiatives Branch will provide supervision.

VII. Review Criteria

Proposals submitted in response to this notice will be reviewed in two steps; first, to determine whether the minimum requirements have been met (see Attachment C, Application Checklist). Second, to determine the technical merit of the proposals and the extent to which they meet the goals and intent of the RFP.

A. Application Checklist

Proposals will be screened for completeness and compliance with the requirements specified in the RFP (see Attachment D, Application Checklist). Applicants who fail to follow instructions or to include all required elements may be removed from further review. In addition, *applicants with long-standing, significant outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.*

B. Technical Requirements (See attachment C for complete requirement language).

Complete proposals will be reviewed for technical merit based on the following criteria:

1. The extent to which applicant has demonstrated experience in performing the proposed activities.
2. The extent to which applicant has demonstrated experience in performing the proposed activities.
3. The extent to which applicant demonstrates knowledge of HIV/AIDS.
4. The incidence of HIV/AIDS in the area(s) to be served.
5. The need for additional services in the area(s) to be served.
6. The extent to which applicant demonstrates the ability to execute the proposed plan.
7. The extent to which the proposal as a whole conforms to the objectives and qualifications of the Department's RFP.

C. Review Process

A panel of appropriate staff and outside experts will review proposals, which meet the minimum requirements. This panel will make recommendations concerning the selection of a proposal for funding. Recommendations to the Commissioner will be submitted in rank order based on Team Scores for each proposal. The final selection is at the discretion of the DPH Commissioner.

All Review Panel members must sign an Ethics and Confidentiality Agreement which states they have no conflict of interest with any of the applicants, agree that they will not have any ex parte communications with any applicants, and agree to maintain the confidentiality of all RFP information and materials.

Panel Members review the proposals prior to the Review Panel and complete **ATTACHMENT B PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET** for each proposal. Then meeting as a group, the Review Panel discusses the strengths and weaknesses of each proposal and finalizes their individual scores. After the group discussion, the Review Panel determines the

Team Score for each proposal by averaging individual ratings, and then ranking proposals from highest to lowest.

Following the final selection, a Personal Service or Human Services Agreement will be developed between the applicant and the Department that details services to be provided, budget and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.

VIII. Regulatory Compliance

The applicant is required to be in compliance with any applicable provisions of the Regulations of Connecticut State Agencies, if a current recipient of funding from DPH and with State Non-discrimination and Affirmative Action laws, rules and regulations.

Moreover, in accordance with Section 4a-60 of the Connecticut General Statutes, the awardee shall agree and warrant that in the performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, sexual orientation, mental retardation, mental or physical disability, unless it is shown by the awardee that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States and the State of Connecticut.

The awardee shall further agree to provide the Commission on Human Rights and Opportunities with such information requested by the Commission concerning the employment practices and procedures of the awardee as they relate to the provisions of Section 4a-60 and Regulations of Connecticut State Agencies, Sections 46a-68J-2 to 46a-68K-8.

Further, in accordance with the Contract Compliance Regulations of Connecticut State Agencies, the applicant will be required to **complete the Notification To Bidders form and the Workforce Analysis Questionnaire as part of the application process (included in Attachment A).**

IX. Affirmative Action Notice

DPH strongly supports the concept and implementation of affirmative action to overcome the present effects of past discrimination. DPH urges its bidders, suppliers, contractors and awardees to implement affirmative action plans and programs of their own, and hereby notifies all DPH bidders, suppliers, contractors and awardees that DPH will not knowingly do business with, or make awards to, any individual or organization excluded from participation in any federal or state contract program, or found to be in violation of any state or federal anti-discrimination law.

X. Rights Reserved to the State

The State reserves the right to reject any and all proposals, in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.

XI. ATTACHMENTS

REQUEST FOR PROPOSAL
RFP # PHI 2010-0902
Mental Health Services for HIV/AIDS Affected Children

DEPARTMENT OF PUBLIC HEALTH
Public Health Initiatives BRANCH

A. Applicant Information

Applicant Agency: _____
Legal Name _____
Address _____
City/Town _____ State _____ Zip Code _____
Telephone No. _____ FAX No. _____ E-Mail 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, 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.

B. CONTRACTOR INFORMATION

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-Profit

Federal Employer I.D. Number:

Town Code No:

Medicaid Provider Status: YES NO

Medicaid Number:

Minority Business Enterprise (MBE) : YES NO

Women Business Enterprise (MBE) : YES NO

C. Services to be Provided:**1. Demonstrate your experience in performing the proposed activities.**

- Provide a brief history and description of the agency and its resources, services it offers and the community and population(s) it serves.
- Describe how the proposed program will fit into your overall organizational mission and services
- Provide at least two references (with their telephone numbers) who may be contacted to support the description of your experience in providing these services. **Please note that DPH AIDS and Chronic Diseases Section staff cannot serve as references.**

2. Demonstrate your knowledge of the community.

- Describe your knowledge and linkages with programs that provide HIV/AIDS Services
- Describe your linkages with mental health services and/or how you would develop them should you be a recipient of this funding.

3. Demonstrate your knowledge of HIV/AIDS.

- Describe your knowledge of mental health issues presented by children affected by HIV/AIDS.
- Describe the approach to be used in providing mental health services to HIV/AIDS affected children.

4. Describe the incidence of HIV/AIDS in the area(s) to be served.

- Describe the population that you will provide services to, including age range, race/ethnicity, city/town.
- Describe the incidence of HIV/AIDS in your service delivery area.
- Provide your best estimate of the number of HIV/AIDS affected children in your area, and indicate how many you intend to serve.

5. Describe the need for additional services in the area(s) to be served.

- Describe how Mental Health Services for HIV/AIDS affected children will complement existing services and/or fill a need for additional services in the area of HIV/AIDS.
- Please answer one of the following:
 1. For a **new (start-up)** program, explain the need for the program, citing specific sources.
 2. For a **program continuation**, explain how current utilization of the program as reflected in quarterly reports represents the need and demand for this service.

6. Demonstrate your ability to execute the proposed plan.

- Based on the approach described in #3, include measurable objectives and the timeline. Use the workplan form to elaborate.
- Provide a cost effective budget that follows eligibility guidelines using the forms in Attachment A.

7. Demonstrate how your proposal as a whole conforms to the objectives and qualifications of the Department's RFP.

- Using Section C **Services to be Provided on page 5** clearly describe how you will execute your program. Include the overall goals of the project, and how they will be measured. If this is an existing program, include the numbers of participants currently served by your program and any proposed change to the target number. If this is a new program, include the numbers of participants that you plan on serving.
- Briefly state the organization's hours of operation and indicate the suitability of these hours to the services required in this proposal. Explain how the extent to which the profile of staff that will be working on this project is clear and adequate to manage the services to be provided.
- Describe how the proposal is fiscally competitive. Include how staffing costs are competitive with similar occupations in order to attract and maintain qualified staff. Include how the contractor will utilize small and minority businesses, whenever feasible. If small and minority businesses are not used, describe how goods and services are cost efficient.

A. Instructions Budget Summary 1

I. Personnel (lines #1 - #5) each person funded:

- a) Name of person & Title
- b) Hourly rate, # hours working per week, and # of weeks. (calculate)
- c) Fringe benefit rate. (calculate)

Example:

1. Name & Position: John Smith, Coordinator	
Calculation: \$25.00 hr X 35hrs X 45wks	\$39,375
Fringe Benefit: 26%	\$10,238

II. Line #11 **Contractual (Subcontracts)** provide the total of all subcontracts and complete Subcontractor Schedule.

III. Lines #6 - #13 complete categories as appropriate,

IV. Line # 14: Other Expenses are any other types of expense that do not fit into the categories listed.

For example: Equipment (purchasing a computer at a cost of \$1,500). 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 \$2,500 or more.

V. *****Audit Costs**, the cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**

VI. Line Item #15 **Administrative and General Costs**, these 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.

VII. **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. **Administrative and General costs cannot exceed 15% of total costs.**

VIII. **Other Income** list any other program income such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.

IX. Please complete a full budget for each year of the RFP, clearly indicating the year on each form. Assume level funding for each year.

Note: If space allowed is not sufficient for large or complex subcontract budgets, the Budget Summary format may be copied and used instead.

B. Budget Justification Schedule B

- I. Please provide a brief explanation for each line item listed on the Budget Summary. This must include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.

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

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

Example:

Line Item (Description)	Amount	Justification - Breakdown of Costs
Travel	\$730	1,659 miles @ .44 = \$730.00 outreach workers going to meetings and site visits.

C. Subcontractor Schedule A--Detail

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

II. Detail of Each Subcontractor:

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

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

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

Example A. Budget Basis

Outreach Educator \$20/hr x 20hrs/wk x 50wks	\$20,000
Travel 590 miles @ .44 cents/mile	260
Supplies	500
Total	\$20,760

Example B. Fee for Service:

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

Example C. Hourly Rate:

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

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

Category	Amount
Personnel:	
1) Name & Position: _____ ,	
Calculation:	
Fringe Benefit: _____ %	
2) Name & Position: _____ ,	
Calculation:	
Fringe Benefit: _____ %	
3) Name & Position: _____ ,	
Calculation:	
Fringe Benefit: _____ %	
4) Name & Position: _____ ,	
Calculation:	
Fringe Benefit: _____ %	
5) Name & Position: _____ , _____ :	
Calculation:	
Fringe Benefit: _____ %	
6) Travel _____ per mile X _____ miles	
7) Training	
8) Educational Materials	
9) Office Supplies	
10) Medical Materials	
11) Contractual (Subcontracts)***	
12) Telephone	
13) Advertising	
14) Other Expenses (List Below)	
a)	
b)	
c)	
d)	
e)	
f)	
15) Administrative and General Costs	
Total DPH Grant	
Other Program Income:	

*** Complete Subcontractor Schedule A

**Subcontractor Schedule A-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:	

E. Workplan (make as many blank pages as needed)

Goals and Objectives	Services to be Provided	Activities	Staff Position(s) Responsible	Expected Outcomes and Measures of Success	Timetable

F. Staffing

Profile of Staff Providing Services (see Section E of this RFP). Please provide the information requested below.

Professional Staff*	Name	Title	Hourly Rate	Assigned to Project: # hrs/wk
Position 1				
Position 2				
Position 3				
Position 4				
Clerical/ Support Staff:				
Position 1				
Position 2				

***Attach Resumes for all Professional Staff or Job Descriptions for unfilled professional positions.**

G. Assurances

Any prospective contractor must agree to adhere to the following conditions and **must positively state such in the proposal. Please read, sign, date and return this statement with your proposal.**

- A. **Conformance with Statutes** - Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the Federal Government.
- B. **Ownership of Proposals** - All proposals in response to this RFP are to be the sole property of the State, and subject to the provisions of Sections 1-19 of the Connecticut General Statutes (Re: Freedom of Information).
- C. **Reports and Information** - The contractor shall agree to supply any information required by DPH: including evaluation and billing information in the time, manner and format directed by DPH.

The contractor shall permit access by properly authorized DPH staff to the contractor's premises, staff and participant and financial records, at any reasonable time.

The right to publish, distribute or disseminate any and all information or reports, or any part thereof, shall accrue to DPH without recourse. The contractor shall maintain written records to substantiate costs incurred under the contract.

- D. **Timing and Sequence** - Timing and sequence of events resulting from this RFP will ultimately be determined by the State.
- E. **Stability of Proposed Prices** - Any price offerings from applicants must be valid for a period of 120 days from the due date of applicant proposals.
- F. **Oral Agreements** - Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.
- G. **Amending or Canceling Requests** - The State reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point to the issuance of the written agreement, if it is in the best interests of the agency and the State.
- H. **Rejection for Default or Misrepresentation** - The State reserves the right to reject the proposal of any applicant which is in default of any prior contract or for misrepresentation.

- I. **State’s Clerical Errors in Awards** - The State reserves the right to correct inaccurate awards resulting from its clerical errors.
- J. **Rejection of Proposals** - Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
- K. **Applicant Presentation of Supporting Evidence** - An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.
- L. **Changes to Proposals** - No additions or changes to the original proposal will be allowed after submittal, unless specifically requested by DPH.
- M. **Collusion** - By responding, the applicant implicitly states that the proposal is not made in connection with any competing applicant submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the applicant’s proposal preparation.
- N. **Subcontracting** - In a multi-contractor situation, DPH requires a single point of responsibility and accountability.

The undersigned acknowledges receiving and reading the aforementioned assurances and agrees to these terms and conditions as set forth by the Department of Public Health.

Signature

Date

On behalf of:

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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



M. Jodi Rell
Governor

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

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

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

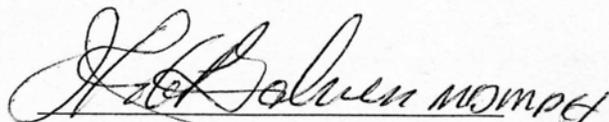
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area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

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

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

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

17 Sep 04
Date


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



NOTIFICATION TO BIDDERS

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

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

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

- a) the bidder’s success in implementing an affirmative action plan;
- b) the bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- c) the bidder’s promise to develop and implement a successful affirmative action plan;
- d) the bidder’s submission of EEO-1 data indicating the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and,
- e) the bidder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30 (10) (E) of the Contract Compliance Regulations.

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

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

Signature

Date

On behalf of:

WORKFORCE ANALYSIS

Contractor Name:
Address:

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

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

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

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

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

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-17 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

ATTACHMENT C PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET

Applicant

Criteria:

Maximum Points Review Panel Score

1)	<p>The extent to which applicant has demonstrated experience in performing the proposed activities.</p> <ul style="list-style-type: none"> • Brief history and description of the agency and its resources, services it offers and the community and population(s) it serves. • Description of how the proposed program will fit into your overall organizational mission and services. • Two references (with their telephone numbers) who may be contacted to support the description of your experience in providing these services. <u>Note: DPH AIDS and Chronic Diseases staff cannot serve as references.</u> 	(10)	()
2)	<p>The extent to which applicant has demonstrated knowledge of the community.</p> <ul style="list-style-type: none"> • Description of knowledge and linkages with programs the provide HIV/AIDS services. • Description of linkages with mental health services and/or how the applicant would develop them should it be a recipient of this funding. 	(10) 5 5	()
3)	<p>The extent to which applicant demonstrates knowledge of HIV/AIDS Prevention.</p> <ul style="list-style-type: none"> • Description of your knowledge of mental health issues with children affected by HIV/AIDS. • Description of the approach to be used in providing mental health services to HIV/AIDS affected children. 	(15)	()
4)	<p>The incidence of HIV/AIDS and injection drug use in the area(s) to be served by the applicant, including:</p> <ul style="list-style-type: none"> • Description of the population to provide services to, including age range, race/ethnicity, city/town. • Description the incidence of HIV/AIDS in the service delivery area. • Best estimate of the number of HIV/AIDS affected children in the area, and indicate how many are intended to be served. 	(25)	()
5)	<p>The need for additional services in the area(s) to be served, including:</p> <ul style="list-style-type: none"> • Description of the mental health program for HIV/AIDS affected children will complement existing services and/or fill a need for additional services in the area of HIV/AIDS. 	(15)	()
6)	<p>The extent to which applicant demonstrates the ability to execute the proposed plan, including:</p> <ul style="list-style-type: none"> • Based on the approach described in #3, measurable objectives and the timeline are included. Applicant used the work plan to elaborate. • Cost effective budget that follows eligibility guidelines using the forms in Attachment A. 	(10)	()

7)	<p>The extent to which the proposal as a whole conforms to the objectives and qualifications of the Department's RFP.</p> <ul style="list-style-type: none"> • Using Section C, Services to be Provided on page 5, description of how the applicant will execute the program. Included are overall goals of the project, and how they will be measured. If this is an existing program, the numbers of participants currently served by the program and any proposal change to the target number are included. • Organization's hours of operation and the suitability of these hours to the services required in this proposal. The extent to which the profile of staff that will be working on this project is clear and adequate to manage the services to be provided. • Description of how the proposal is fiscally competitive. Staffing costs are competitive with similar occupations in order to attract and maintain qualified staff. Description of how the contractor will utilize small and minority businesses, whenever feasible. If small and minority businesses are not used, description of how goods and services are cost efficient is included. <p>Total Points/Score (115)</p>	(30)	()
		10	
		10	
		10	()

Applicant

- 1. Resumes provided for all professional staff assigned to this project. _____
- 2. Completed Notification to Bidders form included in proposal. _____
- 3. Completed Workforce Analysis Questionnaire included in proposal. _____
- 4. Signed Statement of Adherence to Assurances included in proposal. _____
- 5. An original and 5 copies of the completed proposal postmarked no later than **February 20, 2009**. _____
- 6. Proposal is completed on Application Forms included in Attachment A. _____
- 7. The proposal is signed by an authorized official of the Applicant Organization. _____