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**Request for Proposal  
Revised – July 2008  
Department of Public Health**

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**RFP # 2010-0901**

The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds to provide comprehensive, coordinated, culturally sensitive, developmentally appropriate, school based health center (SBHC) services that include primary care, mental health, oral health care, health promotion/education/risk reduction activities and outreach at three schools in the Town of East Hartford. Services are expected to commence July 1, 2009.

**Funding**

A total of up to \$1,168,548 of state funds is available to support this project. Funding will be for a 36-month period beginning approximately July 1, 2009 through June 30, 2012, subject to the availability of funds and satisfactory performance. It is expected that the following funding will be available

<b>Funding Source</b>	<b>July 1, 2009- June 30, 2010</b>	<b>July 1, 2010- June 30, 2011</b>	<b>July 1, 2011-June 30, 2012</b>
<b>State Funding</b>	\$389,516	\$389,516	\$389,516
<b>Total</b>	<b>\$389,516</b>	<b>\$389,516</b>	<b>\$389,516</b>

**Funding Restrictions**

Funds are for SBHC services. Funds may be used for personnel, fringe benefits, staff travel, contractual services, other direct costs, and indirect costs associated with the operations of the centers and allowed in the budget. Other examples of allowable costs include purchase of clinic equipment or supplies.

Funds cannot be used to pay for or replace school personnel (such as school nurses, counselors, social workers), capitol improvement projects, or vehicles.

**Eligibility**

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

Applicants must have a Connecticut address and must conduct business at a physical location in Connecticut before the contract is awarded.

**Closing Date**

An original and **five** copies of the completed proposal must be received at the DPH office no later than 12:00 noon on February 27, 2009.



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410 Capitol Avenue, MS#410  
P.O. Box 340308  
Hartford, CT 06134-0308  
Attention: Meryl Tom, MSW, ACSW, LCSW  
Social Work Consultant, Project Manager  
Meryl.tom@ct.gov  
Public Health Initiatives Branch  
Family Health Section  
School and Adolescent Health Unit

### **Further Information**

Applicants who download the RFP from the DPH web site [http://www.ct.gov/dph/cwp/view.asp?a=3152&q=389676&dphNav\\_GID=1601](http://www.ct.gov/dph/cwp/view.asp?a=3152&q=389676&dphNav_GID=1601) are encouraged to send written notice of their intent to apply to the DPH. 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 February 10, 2009 to the DPH Project Manager. 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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SBHC services at three DPH funded sites in the Town of East Hartford High School (9-12), East Hartford Middle School (K-5).

## II. Background

### School Based Health Centers

School Based Health Centers (SBHC) have served as safety net providers for medical, mental health and dental health care for Connecticut's uninsured and underinsured students and their families dating back to the early 1980s. The Centers are located within schools or on school grounds and are present in elementary, middle, and high schools or in combination schools serving elementary and middle school students or middle and high school students in the same facility. Programs are designed to be accessible and integrated into the schools in which they operate. Education and preventive services are often offered within classrooms to become known entities to the students so that they can be comfortable seeking services at the SBHC. The services offered to students and their families through the SBHCs are provided by a multi-disciplinary team.

SBHCs operate under a variety of organizations representing community health centers, hospitals, municipalities, boards of education and regional education councils, local health departments, and community based organizations. SBHC activities are supported through a mix of funding sources including state, federal, local and private dollars.

### East Hartford Community

East Hartford has a population of 50,010 individuals. Of which, 64% are White, 20% Black and 18% Hispanic of any race. Twenty-six percent of East Hartford's population speaks a language other than English at home. East Hartford's overall poverty rate is 10% compared to 8% for the state. Of the 50,010 residents, 11,346 are children under 18. At 17%, the East Hartford's child poverty rate is well above the state rate of 10%.<sup>1</sup> Given the current economic situation, unemployment, overall poverty and child poverty rates in East Hartford may be expected to increase.

As of October 2007, 5,287 East Hartford children under the age of 19 were enrolled in Husky A.<sup>1</sup>

The public school population in East Hartford is becoming increasingly diverse. According to the Strategic School Profile for the East Hartford School District 2006-07, 7,639 children were enrolled in East Hartford public schools for grades PK-12 of which, 24.5% were White, 34.2% were Hispanic, 35.2% were Black and 5.6% were Asian Americans. The total minority population in East Hartford public schools was 75.5% in 2006-07 compared to 65.3% in 2002-03. Approximately seventeen percent of students had a non-English home language in 2006-07 with the predominate language being Spanish.<sup>1</sup>

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<sup>1</sup> The East Hartford Book of Data, an initiative of East Hartford ChildPlan, sponsored by the Hartford Foundation for Public Giving. [http://www.hfpg.org/matriarch/documents/CP\\_Databook\\_v22%201%20.pdf](http://www.hfpg.org/matriarch/documents/CP_Databook_v22%201%20.pdf) Accessed August 19, 2008.



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behind (NCLB) School Report, the East Hartford School  
Progress (AYP) and was identified as a district in need of

and few resources. It has been federally designated as a:  
Medically Underserved Area (MUA), Health Professional Shortage Area (HPSA) and a Dental  
Provider Shortage Area (DPSA). The Connecticut State Department of Education (SDE) has also  
identified East Hartford as a Priority School District.

### **The East Hartford SBHC Program**

The SBHCs in East Hartford currently adheres to the National Association of School Based Health  
Centers (NASBHC) Principles and Goals for School Based Health Centers (see appendices).

Under the current contract with DPH, Manchester Memorial Hospital (MMH) provides SBHC  
services at East Hartford High School (EHHS), East Hartford Middle School (EHMS) and the Silver  
Lane Elementary School (SLE). In addition to the medical, mental health and health  
promotion/education/risk reduction activities offered at SLE, this site also offers oral health  
services.

East Hartford Public Schools plan to continue to provide in-kind services for the SBHCs to include  
rent, utilities, maintenance, building and property insurance, etc., at each site as done in the past.

The program functions under the overall direction of the SBHC coordinator. Other administrative  
staff includes a billing specialist. (Please refer to Table 1 for details related to the current staffing  
model at each site.)

Each site is open five days at week during the school year. EHHS SBHC hours are Monday-  
Thursday 7:00am-2:30pm and from 7:30 am-2:00 pm on Friday. EHMS hours are Monday - Friday  
8:00am-3:00pm and the SLE SBHC is open Monday-Friday, 8:30am-3:00pm. Manchester  
Memorial Hospital provides back up medical and mental health services when the SBHC is not  
open. Services are not provided at the SBHC during the summer months.

Referrals to the Centers come from numerous sources including, but not limited to: teachers,  
guidance counselors, school nurses, school social workers, other school personnel, parents and in  
some cases the students themselves.

Students/parents of students wishing to enroll in the SBHC are provided a packet of information  
that includes a parental permission slip that must be signed by the parent/guardian.

As is the requirement for all DPH funded SBHC contractors, the East Hartford SBHC program has  
established and maintained an independent community-based SBHC advisory body that meets a  
minimum of twice a year for the purpose of strengthening interagency coordination, community  
support and program enhancement. It is expected that the contractor granted this award will  
maintain an Advisory Board.

Clinical Fusion, a clinical management information system, is used to provide DPH with required  
data and reports. Clinical Fusion is the desired system of its kind and utilized by almost all DPH  
funded SBHC contractors. (The license for the Clinical Fusion software is \$250 per single-user



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includes all upgrades. Provisions will be made by DPH to  
or if they have had no prior experience using this data  
Hartford SBHC program also has billing capacity and  
ed Care Organizations.

The East Hartford SBHC Program serves more than 900 students annually. (Please refer to Table 2 for more specific information).

### 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. The proposal narrative must be double spaced on standard 8 1/2 x 11+paper with 1+ margins and using 12-point Times New Roman or Arial font. Tables and charts may use 10-point font or larger. Each proposal shall contain the following:

##### 1. Background Statement- (Two page limit)

Provide a brief description of your organization as follows:

- a. Describe how the SBHC fits into the mission of your organization.
- b. Describe your experience providing like services (medical, mental health and oral health services) with similar mission to children and adolescents over the past three years.
- c. Describe your experience managing and supervising staff in multiple clinical locations.
- d. Describe your experience providing preventive services (e.g. nutrition, substance abuse, domestic violence, teen pregnancy prevention, etc.) to adolescents individually and in-group settings.
- e. Describe your organization's experience with your community and in collaborative projects in the cities/towns in which you serve. Include your plans to collaborate with other agencies and/or subcontractors to provide comprehensive services.

#### B. Contractor Information

*In order for the Branch 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, e-mail address and FAX number of staff persons responsible for the completion and submittal of:

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

the Branch concerning the applicant's legal status.

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, the applicant's Medicaid provider status and Medicaid number, if any, and if the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.

### C. Services to be provided

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

1. Service/Program Coordination (Three page limit per site)
  - a. Types of services offered may vary by site. The plan for services should also address the cultural, linguistic, and ethnic needs of the targeted population. (See [http://discovery.wcgmf.org/resources/sps\\_resource\\_1064.pdf](http://discovery.wcgmf.org/resources/sps_resource_1064.pdf) for details related to the needs of the students in the City of East Hartford.) The applicant must describe the level of services to be offered at each and address the following areas:
    1. Access: Describe hours of operation proposed for each site. The proposal must include the capacity to ensure services are available during the summer for children in need of services.
    2. Proposals must include service models that include primary care, mental health and delivery of preventive oral health services at each site. Please refer to Attachment F: Staffing Guidelines for reference. The proposal should clearly identify the staffing pattern that will best meet the need of services at each site, taking into consideration the applicant's own resources and available funding for this program.
    3. Describe how you will coordinate SBHC activities with other school health programs, including other health and support services for students.
    4. Describe how you will coordinate with the school nurse, school health coordinator and/or other school personnel such as social workers, school psychologist or counselors) in the SBHC or planning process.
    5. Describe how you will conduct community outreach and include methods to be used in marketing services to youth and families.
2. Implementation Plan
  - a. The applicant must include a reasonable and thorough implementation plan including the following:
    1. Describe your capacity to serve a similar number of students at the three city schools. (Please refer to Table 2 in the Attachment E Section of the RFP)
    2. Obtaining licensure as outlined in the public health code for each site to meet the established timeline.
    3. Complying with HIPAA regulations.
    4. Describe your staffing plan including personnel and support staff to be funded at each site and identification of staff who will provide supervision, oversight, and coordination of services. Identify and describe roles of staff

to provide services in your proposed model (Medical  
ctitioner, Physician Assistant, Coordinator, Medical  
orker, Outreach worker, Dental hygienist, etc). Include  
describing how staff will be hired and trained to meet the  
program plan. Include appropriate job descriptions

and resumes of key personnel.

6. Describe and state the education, expertise and experience of all staff positions.
7. Describe your plan for staff training and maintaining clinical competencies.
8. Describe your plan for contracting with MCOs.
9. Provide your plan for a timetable that encompasses the contract period of July 1, 2009 through June 30, 2012, and specifically outlines your planned services/activities for the implementation of the proposed services/activities for the implementation of the proposed program.

### 3. Data/Information Management

- a. Health records: Describe policies and procedures developed to ensure confidentiality and privacy in the storage and transfer of health records, communicating health information related to referring students to other providers including the child's primary care provider, or for additional services, and regular collaboration with a physician advisor.
- b. Describe your ability and experience with collecting and managing data that will manage patient information. Include a work plan for implementing the Clinical Fusion data management system in all three sites.

### 4. Billing- The selected contractor shall bill appropriate public programs and other third-party insurers. The selected contractor shall operate as a not-for-profit provider.

- a. Provide a description of your organization's billing capacity, existing contracts with State health insurance serving the East Hartford community and your plan for reinvesting reimbursements in the SBHC program.
- b. Include policies and procedures that minimize or eliminate co-pays.
- c. Any revenue received as a result of billing must be re-invested in the SBHC program and must be identified on the end of year report.

### 5. Collaborations/Community Linkages

- a. Identify health care providers in the community willing to offer services to students and their families in the SBHC clinic setting and from those who agree to accept referral from the SBHC. (The list should include providers to address acute or complex problems as well as after-hours care needs such as acute care, mental health professionals, family/social services, oral health professionals, specialists, other.) Provide letters of commitment from each provider willing to collaborate on this project that demonstrate past collaboration and intent to provide resources.
- b. Describe your plan to establish and maintain cooperative working relationships with school personnel, community-based providers, parents, and the community.
- c. Describe your plan to establish and maintain a broad based diverse SBHC Advisory Committee to advise and assist in the development and operation of the SBHC program.

ensure quality, including benchmarks for participation and not be limited to, addressing school personnel, student and practice standards in all clinical disciplines and reflect opportunities for improvement. The plan should also reflect actions taken to resolve identified problems and improve quality of care provided.

## 7. Funding

SBHC contractors are currently required to provide at least 25% matching funds to support activities to be provided. The applicant awarded this contract will be required to provide at least 25% in-kind support to operate their center(s). This must be clearly identified in the submitted budget.

### D. Budget

Payments will be negotiated based on time frames and deliverables described in section V of this RFP. 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. Please submit a separate budget for the contract periods 7/1/09-6/30/12 for each site.**

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.

The selected Contractor must provide DPH with four copies of any subcontract. All information required of the contractor must be applied to subcontractors as well. \*

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

### 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. SMART objectives that are Specific, Measurable, Achievable, Realistic, and Time-bound must be used. 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.**

the staff assigned to this project, including the extent to  
the 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:  
the Project Manager: Meryl Tom, Social Work Consultant, Public Health Initiatives  
Branch, Family Health Section and must be received at DPH no later than, 12:00  
noon on February 27, 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 after May 15, 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 work plan described in Section III of this RFP (work  
plan forms are included in Attachment A). A payment schedule will be negotiated based  
upon the following deliverables:



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with signatures from the appropriate authorized persons  
 ment of Public Health and the contractor's authorized

uments: quarterly progress and expenditure reports,  
 budget revisions, and annual reports.

- C. A letter of assurance or subcontract with a community-based provider stating their agreement to provide patient coverage and back up when the SBHC is not in operation. (Written agreements for provision of after-hours care and care during the summer and other vacation periods must be submitted annually.)
- D. Timely reporting of all contractual reporting documents.
- E. Evidence of meeting all contractual agreements under this contract.
- F. Evidence of a fully executed Access Agreement negotiated between the selected Applicant and the Town of East Hartford and Board of Education.

**VI. Supervision**

The 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 D, Minimum Requirements 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. Minimum Requirements**

Proposals will be screened for completeness and compliance with the requirements specified in the RFP (see Attachment D, Minimum Requirements Checklist). Applicants who fail to follow instructions or to include all required elements may be deemed incomplete and 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.*

reviewed for technical merit based on the following criteria:

1. The applicant has demonstrated successful experience providing services. Preference will be given to applicants who have experience providing primary care, mental health services and oral health in a SBHC setting.
2. The extent to which references provided support to the applicant's success in providing similar services.
  3. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.
  4. The extent to which adequate time is allocated to manage the services to be provided.
  5. 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.
  6. The extent to which a thorough work plan is presented, with measurable (SMART) objectives and specific, appropriate timelines.
  7. The extent to which a cost effective budget is presented which follows budget instructions in Appendix A and clearly identifies a minimum of a 25% in-kind match in service delivery or financial support.
  8. The extent to which the applicant provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract.
  9. The **FISCAL COMPETITIVENESS OF THE PROPOSAL**. Preference will be given to applicants whose plan provides medical, mental health and oral health services and includes health promotion and prevention activities.

### 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.

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.

compliance with any applicable provisions of the Connecticut State Agencies, if a current recipient of funding from DPH and Connecticut State Agencies, with State Non-discrimination and Affirmative Action laws, rules and regulations.

Moreover, in accordance with Section 4a-60 of the Connecticut General Statutes, as amended by Public Act 07-142, Section 9, 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 (including civil unions, per Public Act 07-245, Section 2), national origin, ancestry, sex, mental retardation, mental or physical disability, but not limited to, blindness 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 or the State of Connecticut.

Also, in accordance with Section 4a-60a of the Connecticut General Statutes, as amended by Public Act 07-142, Section 10, the awardee shall agree and warrant that in performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation.

Also, in accordance with Section 46a-81c(1) of the Connecticut General Statutes, as amended by Public Act 07-245, Section 3, the awardee shall agree and warrant that in performance of this award, he/she by him/herself or her/his agent, except in the case of a *bona fide* occupational qualification or need, will not refuse to hire or employ or bar or discharge from employment any individual or discriminate against such person in compensation or in terms, conditions, or privileges of employment, because of the person's sexual orientation or civil union status.

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



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gram, or found to be in violation of any state or federal

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.



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## XI. ATTACHMENTS



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EST FOR PROPOSAL RFP # 2010-0901

(School Based Health Center Program-Town of East Hartford)

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.

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**AGENCY 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





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to the services you will provide as outlined in the %Services  
RFP. Use the Workplan form to elaborate (see Section E

4. Briefly state the hours of operation of your organization and indicate the suitability of these hours to the Services and Deliverables required in this proposal. Include agreements/plans for backup coverage for medical and mental health care when SBHCs are not in operation.

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on 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.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.
- 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.
- 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. **2 Year Contracts:** 2 sets of budget forms have been provided. Please do a full budget for each year of the contract, clearly indicating the year on each form. Assume level funding for the second year.

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

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each line item listed on the Budget Summary. This must include all 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.**

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Category	Amount
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	
<b>Total DPH Grant</b>	
Other Program Income:	

\*\*\* Complete Subcontractor Schedule A



**Contractor Schedule A-Detail #1**

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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:	

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(as needed)

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

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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**

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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.

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**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

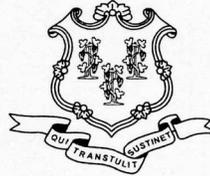
On behalf of:  
  
\_\_\_\_\_

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## 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



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### NOTIFICATION TO BIDDERS

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

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

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

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

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

---

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

---

Signature

---

Date

On behalf of:

---

**WORKFORCE ANALYSIS**

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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:			

- Have you successfully implemented an Affirmative Action Plan?  YES  NO  
Date of implementation: \_\_\_\_\_ If the answer is ~~NO~~, explain.
- a) Do you promise to develop and implement a successful Affirmative Action?  
 YES  NO  Not Applicable Explanation:
- 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:
- 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:
- 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



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[contract development process.](#)

## Provisions for State of Connecticut Contracts\*

information only. The forms in this Appendix do not need to be used for applicants awarded funding and requested during the

The Office of the Attorney General has approved the following nondiscrimination certification forms to assist executive branch agencies in complying with the State of Connecticut's contracting requirements, pursuant to the Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended by Public Act 07-245 and Sections 9 and 10 of Public Act 07-142.

By law, a contractor must provide the State with documentation in the form of a company or corporate policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of such contractor to support the nondiscrimination agreement and warranty under C.G.S. §§ 4a-60a and 46a-68h.

The first of these forms is designed to be used by corporate or other business entities; the **second is to be used only by individuals** who are to sign and perform contracts with the State in their individual capacity. One or the other of these certifications is required for all State contracts, regardless of type, term, cost, or value.

Pursuant to C.G.S. § 46a-56(b), State agencies may apply to the Commission on Human Rights and Opportunities (CHRO) for a waiver from this requirement when entering into contracts with the entities listed below:

- municipalities or other political subdivisions of the State;
- quasi-public State agencies;
- other state governments (including the District of Columbia);
- the federal government;
- U.S. territories and possessions;
- federally recognized Indian tribal governments; and
- foreign governments.

The appropriate certification must be signed by an authorized signatory of the contractor (or, in the case of an individual contractor, by the individual) and submitted to the awarding State agency at the time of contract execution.

The appropriate form is required for all contracts signed on and after June 25, 2007.

**Non-discrimination Regarding Sexual Orientation.** Unless otherwise provided by Conn. Gen. Stat. § 46a-81p, the Contractor agrees to the following provisions required pursuant to § 4a-60a of the Connecticut General Statutes:

- (a)(1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation;
- (2) the Contractor agrees to provide each labor union or representatives of workers with which such Contractor has a collective bargaining agreement or other Contract or understanding and each vendor with which such Contractor has a Contract or understanding a notice to be provided by the commission on human rights and opportunities advising the labor union or workers representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

each provision of this section and with each regulation or  
provision pursuant to § 46a-56 of the Connecticut General Statutes;

the commission on human rights and opportunities with such  
information requested by the commission, and permit access to pertinent books, records and  
accounts concerning the employment practices and procedures of the Contractor which relate to  
provisions of this section and § 46a-56 of the Connecticut General Statutes.

- (b) The Contractor shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a Contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with § 46a-56 of the Connecticut General Statutes provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

**Nondiscrimination and Affirmative Action Provisions in Contracts of the State and Political Subdivisions Other Than Municipalities.** The Contractor agrees to comply with provisions of § 4a-60 of the Connecticut General Statutes:

- (a) Every Contract to which the state or any political subdivision of the state other than a municipality is a party shall contain the following provisions:
- (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor 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, mental retardation or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved;
  - (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that is an affirmative action-equal opportunity employer in accordance with regulations adopted by the commission;
  - (3) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other Contract or understanding and each vendor with which such Contractor has a Contract or understanding, a notice to be provided by the commission advising the labor union or workers representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;
  - (4) the Contractor agrees to comply with each provision of this section and Conn. Gen. Stat. §§ 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to Conn. Gen. Stat. §§ 46a-56, 46a-68e and 46a-68f;

the commission of human rights and opportunities with such commission, and permit access to pertinent books, records and practices and procedures of the Contractor as relate to the provisions of this section and Conn. Gen. Stat. § 46a-56. If the Contract is a public works Contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works project.

- (b) For the purposes of this section, **minority business enterprise** means any small Contractor or supplier of materials fifty-one per cent or more of capital stock, if any, or assets of which is owned by 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 Conn. Gen. Stat. § 49-60g.
- (c) For the purposes of this section, **good faith** means that degree of diligence, which a reasonable person would exercise in the performance of legal duties and obligations. **Good faith efforts** shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements. Determinations of the Contractor's good faith efforts shall include but shall not be limited to the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative action advertising; recruitment and training; technical assistance activities and such other reasonable activities or efforts as the commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- (d) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the commission, of its good faith efforts.
- (e) Contractor shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a Contract with the state and such provision shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Conn. Gen. Stat. § 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.



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MINATION CERTIFICATION

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...ing support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)

I, Non-Discrimination Provisions for State of CT Contract signer's name, signer's title, of name of entity, an entity lawfully organized and existing under the laws of name of state or commonwealth, do hereby certify that the following is a true and correct copy of a resolution adopted on the \_\_\_\_ day of \_\_\_\_, 20\_\_ by the governing body of name of entity, in accordance with all of its documents of governance and management and the laws of name of state or commonwealth, and further certify that such resolution has not been modified, rescinded or revoked, and is, at present, in full force and effect.

RESOLVED: That name of entity hereby adopts as its policy to support the nondiscrimination agreements and warranties required under Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, the undersigned has executed this certificate this \_\_\_\_ day of \_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

Effective June 25, 2007



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# NONDISCRIMINATION CERTIFICATION

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of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)

I, signer's name, of business address, am entering into a contract (or an extension or other modification of an existing contract) with the State of Connecticut (the ~~%State+~~) in my individual capacity for if available, insert %Contract No. \_\_\_\_\_; otherwise generally describe goods or services to be provided. I hereby certify that I support the nondiscrimination agreements and warranties required under Connecticut General Statutes Sections 4a-60(a)(1) and 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, I, the undersigned, have executed this certificate this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

Effective June 25, 2007



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**REVIEW TEAM TECHNICAL CRITERIA WORKSHEET**

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Applicant

<u>Criteria:</u>	<u>Maximum Points</u>	<u>Bidders Points</u>
1. The extent to which applicant has demonstrated successful experience providing similar services. Priority will be given to applicants who have experience providing primary care, mental health services and oral health in a SBHC setting.	(10)	( )
2. The extent to which references support the applicant's success providing similar services.	( 5 )	( )
3. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.	(10)	( )
4. The extent to which adequate time is allocated to manage the services to be provided.	(15)	( )
5. The extent to which the profile of staff who will be working on this project is clear and adequate to manage the services to be provided.	(10)	( )
6. The extent to which a thorough workplan is presented with measurable (SMART) objectives and specific, and appropriate timelines.	(10)	( )
7. The extent to which a cost effective budget is presented which follows eligibility guidelines, separate budgets for each site, and clearly identifies a minimum of a 25% in-kind match in service delivery or financial support.	(15)	( )
8. The extent to which contractor provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract.	( 5 )	( )
9. The fiscal competitiveness of the proposal. Preference will be given to applicants whose plan provides medical, mental health and oral health services and includes health promotion and prevention activities.	( 20 )	( )
TOTAL	(100)	( )



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## MINIMUM REQUIREMENTS CHECKLIST

\_\_\_\_\_  
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 must be postmarked and received at DPH no later than noon on February 27, 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. \_\_\_\_\_
8. Job descriptions provided for all staff assigned to this project. \_\_\_\_\_

**Town of East Hartford  
School Based Health Centers 2006-2007  
Table 1**

School Name	Services Offered	Current DPH Funded Positions	# Clinic Visits	Collateral Contacts	Total Contacts
East Hartford High School	Medical Mental Health Services	Nurse Practitioner Social Worker 1 FTE-Adm. Assistant	Clinic-2115	317	2432
East Hartford Middle School	Medical Mental Health Services	Nurse Practitioner Social Worker Adm. Assistant	Clinic-2320	683	3003
Silver Lane Elementary School	Medical Mental Health Oral Health Services	Nurse Practitioner Social Worker Dental Hyienist	Clinic-2021	2137	4158

Clinic Visit = face-to-face visit with a clinician

Collateral Contact= contact made by provider/clinic staff for referrals, calls etc on a student's behalf

Total Contacts = Clinic Visits + Collateral Contacts

**Town of East Hartford  
School Based Health Centers 2006-2007  
Table 2**

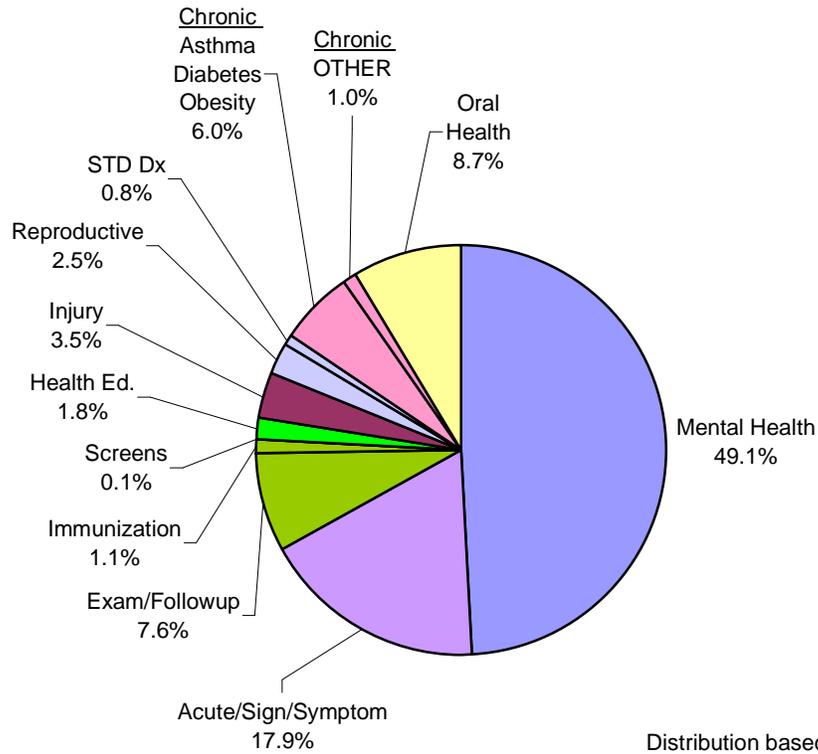
School Name	Hours of Operation	Users	Clinic (unique) Visits	Medicaid	Insurance Private	None
East Hartford High School	7am-2pm (M-Thursday) 7:30 am – 2:00 pm (Friday)	450	2115	45.6%	32.4%	8.7%
East Hartford Middle School	8:00 am – 3:00 pm (Monday-Friday)	221	2320	43.0%	33.5%	9.5%
Silver Lane Elementary School	8:00 am – 3:00 pm (Monday-Friday)	317	2021	63.4%	23.7%	5.7%
<b>Total</b>		<b>988</b>	<b>6,456</b>			

Users having at least one visit record; n= 988

The number enrollees not provided because archiving issues overestimate yearly enrollee numbers.

User= current enrollee with at least one record in the Contacts table.

## East Hartford SBHCs Visits 2006-2007



Distribution based on primary code for 6,456 unique visit records, excluding collateral contacts

## Based Health Center affing Guidelines Attachment F

- A. A center coordinator/manager with training and experience in health/mental health systems management, supervision and administration.
  - B. At least one masters-prepared advanced practice registered nurse (APRN) with experience serving the target population (including age and ethnicity), with appropriate clinical consultation and back-up or a certified physician assistant (PA) with appropriate physician supervision.
  - C. At least one clinically trained masters level social worker (MSW), licensed clinical social worker (LCSW) preferred, or Licensed Professional Counselor (LPC) with expertise in working with the target population (including age and ethnicity) with LCSW supervision/consultation and back up. A Marriage and Family Therapist (MFT) may be considered with clearly demonstrated expertise in working with the target population, with LMFT clinical supervision/consultation and back up.
  - D. A Medical Director who must be a licensed physician with experience serving the target population and working with mid-level practitioners.
  - E. Support staff as needed, (i.e., clerical, receptionist, data entry professionals, etc.)
  - F. Additional health and/or allied health professionals as needed (i.e. nutritionist, substance prevention specialist, health educator, outreach worker, parent aid, medical assistant, psychologist, etc.)
  - G. If oral health/dental services are to be provided (optional), a licensed Dental Director and additional licensed dental providers, as needed.
- V. **MINIMUM PRIMARY CARE SERVICES TO BE PROVIDED: (UTILIZATION OF CENTER SERVICES REQUIRES WRITTEN PARENTAL PERMISSION).**
- A. Physical Health/Medical Services: Services must be provided in accordance with nationally recognized and accepted standards such as the American Academy of Pediatrics, "Guidelines for Health Supervision" or the Maternal Child and Health Bureau, (Health Resources & Services Administration (HRSA) and Health Care Financing Administration (HCFA)) "Bright Futures, Guidelines for Health Supervision of Infants, Children and Adolescents". Other nationally recognized and accepted standards may be utilized as a framework for professional practice with prior Department approval.
    - 1. Primary health care including:
      - a. Physical exams/health assessments/screenings for health problems.
      - b. Diagnosis and treatment of acute illness and injury
      - c. Diagnosis and management of chronic illness
      - d. Immunizations
      - e. Health promotion and risk reduction
      - f. Nutrition and weight management

2. Referral and follow-up for specialty care that is beyond the scope of services provided in the SBHC.

**B. Mental Health/Social Services:** Services must be provided in accordance with nationally recognized and accepted standards such as the Child Welfare League of America or the National Association of Social Workers, Inc. Other nationally recognized and accepted standards may be utilized as a framework for professional practice with prior Department approval.

1. Services:

- a) Assessment, diagnosis and treatment of psychological, social and emotional problems
- b) Crisis intervention
- c) Individual, family and group counseling or referral for same if indicated
- d) Substance abuse and HIV/AIDS prevention
- e) Risk reduction and early intervention services
- f) Outreach to students at risk
- g) Support and/or psycho-educational groups focusing on topics of importance to the target population
- h) Advocacy and referral for such services as day care, housing, employment, job training, etc.
- i) Consultation to school staff and parents regarding issues of child and adolescent growth and development

2. Referral and follow-up for care that is beyond the scope of services provided in the SBHC

**C. Health Education Services:** Services should be supportive of existing (Local Education Agency) health education activities:

1. Consultation to school staff regarding issues of child and adolescent growth and development
2. School staff and parent training regarding issues of importance in target populations
3. Individual and group health education
4. Classroom presentations

**D. Oral Health Services:**

1. Preventive services may include:



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- d. Fluoride application
  - e. Sealant placement
  - f. Education
2. Referral and follow-up for care that is beyond the scope of services provided in the SBHC.