

PROCUREMENT NOTICE

Below is the procurement notice for this RFP.

LEGAL NOTICE

REQUEST FOR PROPOSAL (RFP#2011-0905)

The State of Connecticut, Department of Public Health is seeking proposals to assist local health departments and districts in completing exercises and performance assessment tools to enhance regional public health response to emergencies. Local health departments and districts that employ full-time directors of health as defined by Connecticut General Statutes (CGS) Section 19a-76-1 and regional planning organizations as defined by CGS Sections 4-124c through 4-124q and 8-31 through 8-37b are eligible to submit proposals in response to this RFP.

Funding will be for a three-year period subject to the availability of funds and satisfactory performance. Up to \$125,000 of Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Cooperative Agreement funds are available per year in each of three Department of Emergency Management and Homeland Security (DEMHS) planning and preparedness regions (Regions 1, 4 and 5).

The Request For Proposals is available in electronic format on the State Contracting Portal at http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp or from the Department's Official Contact:

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Address: Department of Public Health, 410 Capitol Avenue, MS#13PWD, Hartford, CT 06134
Phone: 860-509-7544
Fax: 860-509-7160
E-Mail: <mailto:mary.pettigrew@ct.gov>

The RFP is also available on the Department's website at http://www.state.ct.us/dph/agency_news/agency_news_rfps.htm. A printed copy of the RFP can be obtained from the Official Contact upon request. Deadline for submission of proposals is July 1, 2010.

This document is configured for 2-sided printing.

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I. GENERAL INFORMATION

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

■ A. INTRODUCTION

1. **RFP Name or Number.** Regional Public Health Preparedness Advisors RFP #2011-0905
2. **Summary.** The Connecticut Department of Public Health (DPH) is seeking Regional Public Health Preparedness Advisors to assist local health departments and districts in completing exercises and performance assessment tools to enhance regional public health response to emergencies.
3. **Synopsis (Optional).** Funding will be for a three-year period subject to the availability of funds and satisfactory performance. Up to \$125,000 of Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Cooperative Agreement funds are available per year in each of three Department of Emergency Management and Homeland Security (DEMHS) planning and preparedness regions (Regions 1, 4 and 5).
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 1000-019: Public Health Administration

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

AAR	After Action Report
BFO	Best and Final Offer
CDC	Centers for Disease Control and Prevention
C.G.S.	Connecticut General Statutes
CRI	Cities Readiness Initiative
CT	Connecticut
DHHS	Department of Health and Human Services (US)
DPH	Department of Public Health (CT)
DAS	Department of Administrative Services (CT)
DEMHS	Department of Emergency Management and Homeland Security (CT)
FOIA	Freedom of Information Act (CT)
IP	Improvement Plan
LOI	Letter of Intent
MDA	Mass Dispensing Area
NACCHO	National Association of County and City Health Officials
PPHR	Project Public Health Ready
POD	Point of Dispensing
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request For Proposal
SNS	Strategic National Stockpile
TAR	Technical assistance Review
US	United States

- *after action report*: a report that summarizes what happened during a drill, exercise or real event. It analyzes the performance of participants in the activities, the capacity to accomplish specific actions, and recommends improvements; corrective actions to be taken as a result of the exercise or real event are documented in the report's improvement plan
- *cities readiness initiative*: a program funded by the CDC's Public Health Emergency Preparedness Cooperative Agreement to prepare major U.S. cities and metropolitan statistical areas to effectively respond to a large-scale bioterrorism event by dispensing antibiotics to their entire population within 48 hours of the decision to do so
- *contractor*: a local health department/district or regional planning organization that enters into a POS contract with the Department as a result of this RFP
- *drill*: a coordinated, supervised activity usually employed to test a single specific operation or function in a single agency. Drills are commonly used to provide training with new equipment, develop or test new policies or procedures, or practice and maintain current skills
- *exercise*: a coordinated, supervised activity where simulated situations are used to assess plans, policies and procedures; to simulate actions by personnel and equipment that drive further activity; or the actual mobilization of personnel and equipment.
- *local health department or district*: either a Municipal Health Authority or District Department of Health, as defined by C.G.S. Chapters 368e and 368f, respectively
- *mass dispensing*: process of getting prophylactic medications and vaccines to large numbers of affected people
- *mass dispensing area*: jurisdictions of one or more health departments/districts designated and funded by DPH to collaborate on the mass distribution of vaccines or prophylactic medications in response to large-scale outbreaks of infectious disease
- *mass dispensing plan*: identifies public health role, responsibility, operations, and assets to respond to a public health emergency that requires administration of vaccines or prophylactic medications to the public
- *project public health ready*: competency-based assessment and recognition program developed by the National Association of County and City Health Officials (NACCHO), providing a standardized set of criteria to measure public health capabilities in responding to emergencies
- *prophylactic medications*: medications that prevent or protects against disease
- *proposer*: a local health department/district or regional planning organization that has submitted a proposal to the Department in response to this RFP
- *prospective proposer*: a local health department/district or regional planning organization that may submit a proposal to the Department in response to this RFP, but has not yet done so
- *strategic national stockpile*: assets of the Federal Government managed by the CDC to augment local supplies of critical medical items that may be needed after a disaster
- *subcontractor*: an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific service as part of the contract with the Department as a result of this RFP

- *technical assistance review*: tool developed by the CDC SNS Program to assess mass dispensing area plans
- *TRAIN CT*: learning management system that DPH uses to post and track trainings, drills and exercises

■ C. INSTRUCTIONS

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

Name: Mary Pettigrew
 Address: Department of Public Health, 410 Capitol Avenue, MS#13PWD, Hartford, CT 06134-0308
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 Fax: 860-509-7160
 E-Mail: <mailto:mary.pettigrew@ct.gov>

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

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

- Department's RFP Web Page
http://www.state.ct.us/dph/agency_news/agency_news_rfps.htm
- State Contracting Portal
http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp

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

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

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

- Total Funding Available: \$1,125,000 over 3 years
- Number of Awards: 3
- Contract Cost: up to \$125,000 per year
- Contract Term: August 9, 2010 to August 8 2013

4. **Eligibility.** Local health departments and districts that employ full-time directors of health as defined by Connecticut General Statutes (CGS) Section 19a-76-1 and regional planning organizations as defined by CGS Sections 4-124c through 4-124q and 8-31 through 8-37b are eligible to submit proposals in response to this RFP. Proposers with long-standing, significant unresolved issues related to current and/or prior contracts with the Department will be removed from consideration of this RFP.

5. **Minimum Qualifications of Proposers.** To qualify for a contract award, a proposer must have the following minimum qualifications:

The proposer is in good standing with the Department for current and/or prior contracts.

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

- RFP Planning Start Date: January 20, 2009
- RFP Released: May 12, 2010
- Letter of Intent Due: Not Applicable
- Deadline for Questions: May 26, 2010
- Answers Released (Round 1): June 7, 2010
- RFP Conference: Not Applicable
- Answers Released (Round 2): To be determined (if needed)
- Proposals Due: July 1, 2010
- (*) Proposer Selection: July 14, 2010
- (*) Start of Contract Negotiations: July 19, 2010
- (*) Start of Contract: August 16, 2010

7. **Letter of Intent.** A Letter of Intent (LOI) is not required by this RFP.

8. **Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and on the Department's RFP Web Page.

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

10. **Proposal Due Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- Due Date: July 1, 2010
- Time: 4:00 pm

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

An acceptable submission must include the following:

- one (1) original proposal;
- three (3) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal.

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

- 11. Multiple Proposals.** The submission of proposals for more than one region is an option with this procurement as long as a separate proposal is submitted for each region of interest.
- 12. Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).
- 13. Conflict of Interest - Disclosure Statement.** Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
2. **Cover Sheet.** Proposers must complete and use the Cover Sheet form provided by the Department in Section V. – Application Forms.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)
4. **Attachments.** Attachments other than the required Appendices or Forms identified in Sections IV and V are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.
6. **Style Requirements.** Submitted proposals must conform to the following specifications:
 - Binding Type: Use a single binding clip only; do not use staples or other more permanent binding methods
 - Dividers: Blank or title pages only; do not use color or heavier paper or notebook dividers
 - Paper Size: 8.5 X 11 inch
 - Page Limit: Narrative section of the Main Proposal must be limited to 20 pages not including references, appendices and attachments.
 - Print Style: 2-sided
 - Font Size: 12 pitch
 - Font Type: Verdana, Arial or Times New Roman
 - Margins: 1 inch
 - Line Spacing: 1.5 or double spacing
7. **Pagination.** The proposer’s name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered sequentially in the footer.
8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted in a clerical manner, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform to written procedures for procurements (pursuant to C.G.S. § 4-217) and the State’s Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored.

Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.

- 3. Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.
 - Organizational Profile (25)
 - Scope of Services (20)
 - Staffing Plan (30) *see note*
 - Budget and Budget Narrative (25)

Note:

As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

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

II. MANDATORY PROVISIONS

This section of the RFP provides information about the State's mandatory procurement and contracting requirements including proposer assurances, the terms and conditions of this RFP, the rights reserved to the State, and compliance with statutes and regulations. The Department is solely responsible for rendering decisions in matters of interpretation of all mandatory provisions.

■ A. ASSURANCES

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

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

■ B. TERMS AND CONDITIONS

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

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

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

■ C. RIGHTS RESERVED TO THE STATE

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

1. **Timing Sequence.** The Department shall ultimately determine the timing and sequence of events associated with this RFP.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.

3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The rights to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

■ D. STATUTORY AND REGULATORY COMPLIANCE

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

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and

which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.
- 4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.
- 5. Nondiscrimination Certification , C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms
IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

III. PROGRAM INFORMATION

In sections A and B below, the Department provides proposers with background information about the Department and program. Sections C and D below outline the requirements for the proposal.

■ A. DEPARTMENT OVERVIEW

The Connecticut Department of Public Health is the state's lead agency in public health policy and advocacy. The Department is the center of a comprehensive network of public health services, and is a partner to local health departments and districts for which it provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level. It is a source of accurate, up-to-date health information for the Governor, Legislature, federal government and local communities.

Connecticut's public health infrastructure includes 80 local health departments, including 52 full-time departments and districts, and 28 part-time departments. The full-time health departments serve approximately 3,277,258 people or 93% of the State's population residing in 169 municipalities. There are two additional health departments associated with the State's tribal nations. Connecticut does not have county-level government, so the Department of Public Health performs a number of services that would normally be carried out at that level of government.

The Department of Public Health is also the lead administrative and planning agency for public health emergency preparedness and response. Over the past ten years, the Department has collaborated with federal, state, regional, and local partners to improve the state's ability to respond to a wide range of emergencies, including biological, chemical, radiological, and natural disasters that impact the public's health.

For preparedness purposes, local health departments are organized into 41 Mass Dispensing Areas (MDAs) that serve 1 to 3 multiples of 50,000 residents with each multiple requiring at least one point of dispensing (POD). One full-time local health department/district is the planning and operational lead for each MDA. The State is further organized, for homeland security preparedness, into 5 planning regions by the State's Department of Emergency Management and Homeland Security (DEMHS).

Mission Statement for the Department of Public Health

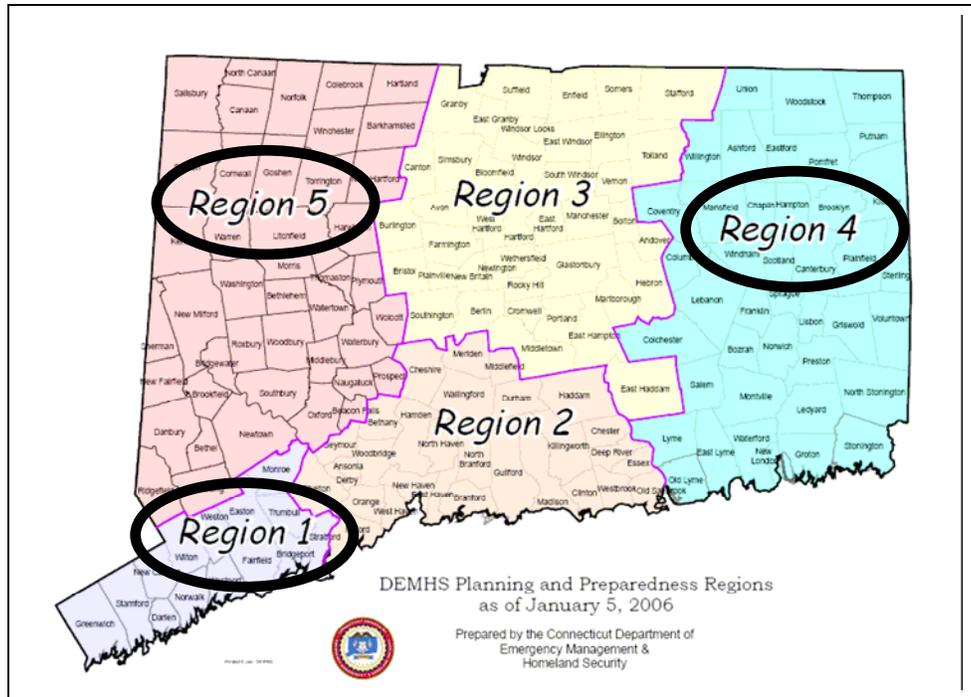
To protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy;
- Promoting physical and mental health, and
- Preventing disease, injury, and disability.

■ B. PROGRAM OVERVIEW

For the past ten years, the Department has managed the Department of Health and Human Services' (DHHS) Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement. These funds are intended to upgrade state and local public health jurisdictions' preparedness and response to bioterrorism, outbreaks of infectious diseases, and other public health threats and emergencies. Funding under this program must also comply with the Pandemic and All-Hazards Preparedness Act (PAHPA) P.L.109-417, requiring each state to meet preparedness goals of the National Health Security Strategy.

The Department is seeking Regional Public Health Preparedness Advisors to assist local health departments and districts in completing performance assessment tools to enhance regional public health response. The project will take place in DEMHS Regions 1, 4 and 5 (see map below).



The Cities Readiness Initiative (CRI) is a programmatic component of the CDC Cooperative Agreement. The program is intended to prepare major US cities and metropolitan areas to effectively respond to a large scale bioterrorist event by dispensing antibiotics to their entire identified population within 48 hours of the decision to do so. Connecticut has two CRI areas: DEMHS Region 2 (New Haven metropolitan area) and DEMHS Region 3 (Hartford metropolitan area). Program requirements include an annual Technical Assistance Review (TAR) of mass dispensing plans and the conduct of exercises related to the plans. Connecticut's goal is to expand CRI initiatives to DEMHS Regions 1, 4, and 5. A copy of the Connecticut TAR is provided in Section VI. For more information about this program, visit the CDC's website at <http://emergency.cdc.gov/cri/>

Project Public Health Ready (PPHR) is a competency-based training and recognition program developed by the National Association of County and City Health Officials (NACCHO). It assesses preparedness and assists local health departments or groups of local health departments working collaboratively as a region to respond to emergencies. The program builds preparedness capacity and capability through a continuous quality improvement model. The PPHR criteria are the only known national standards for public health preparedness and are continuously updated to incorporate the most recent federal initiatives. Each of the three PPHR project goals—all-hazards preparedness planning, workforce capacity development, and demonstration of readiness through exercises or real events—has a comprehensive list of standards that must be met in order to achieve PPHR recognition. Connecticut's goal is to have DEMHS Regions 1, 4 and 5 recognized as Project Public Health Ready by 2012. For more information about Project Public Health Ready and the criteria for recognition, visit NACCHO's website at <http://www.naccho.org/topics/emergency/PPHR/index.cfm>

Services to be Provided

1. Attend regularly scheduled meetings of DPH preparedness planning staff and other Regional Public Health Advisors to discuss and resolve issues, share information on best practices, and ensure consistency in application of performance assessments across the state. Participate on planning team for Project Public Health Ready (PPHR) regional assessments and application.
2. Attend training conducted by DPH, DPH's designee, CDC, and/or NACCHO to learn how to administer the performance assessments, and document and analyze data from the assessments.

3. Conduct assessments of local public health preparedness plans using tools developed by Project Public Health Ready. Analyze information from the assessments to identify strengths and gaps in public health preparedness in the region. Collaborate with local health departments/districts to address gaps in the region and strengthen preparedness plans at the local and regional level.
4. Prepare regional Public Health Ready application. Obtain feedback on application from local health departments/districts in the region. Distribute application to DPH and REPT for review, comment and approval. Submit application to NACCHO and track its progress. Coordinate responses to questions about and additional information needed for the application. If application is approved, collaborate with DPH, REPT, and local health departments/districts to develop public announcements about Project Public Health Ready designation. If application is not approved, develop plan for addressing shortfalls and resubmission of the application.
5. Conduct technical assistance reviews (TARs) of local mass dispensing plans using tools developed by the CDC. Analyze information from the TARs to identify strengths and gaps in mass dispensing in the region. Collaborate with local health departments/districts to address gaps and develop a regional approach to mass dispensing.
6. Collaborate with local health departments/districts to conduct a feasibility study of alternative mass dispensing methods in the region, such as drive-thru, mobile dispensing teams, and distribution to large businesses.
7. Coordinate the participation of local health departments/districts in regional drills and exercises that are required by CRI. Post trainings and exercises on TRAIN CT to provide registration and track attendance.
8. Develop and manage a line item budget.

Deliverables

1. Attendance at regularly scheduled meetings of Regional Public Health Advisors and Planning Team for Project Public Health Ready. Attendance at training sessions on use of performance assessment tools.
2. Schedule and status reports related to local assessments for PPHR and TARs of mass dispensing plans.
3. Completed assessments for PPHR and TARs submitted to DPH. Documentation of attendance during assessments and comments made.
4. Completed report of regional strengths and gaps based on results of local assessments for PPHR and TARs, including recommendations for addressing gaps and strengthening public health preparedness in the region.
5. Documented agenda, attendance and minutes from workshops/forums conducted for local health departments/districts and other relevant preparedness partners to discuss regional analysis of PPHR and TAR assessments.
6. Finalized regional application for PPHR presented to and approved by DPH and REPT. Finalized regional application for PPHR submitted to NACCHO.
7. Schedule of regional CRI drills and exercises. Completed metric sheets, attendance records and after action reports for drills and exercises.
8. Provide semi-annual expenditure reports.
9. Provide annual progress report.

■ C. MAIN PROPOSAL REQUIREMENTS

1. Cover Sheet, Contractor Information, Notification to Bidders

The proposal must contain a completed Cover Sheet and Contractor Information form, and a signed Notification to Bidders, which are included in Section V. – Application Forms.

2. Organizational Profile

The proposal must describe the organization, including its purpose, services provided, and length of time in operation.

The proposal must include a description of prior experience the organization has had in carrying out similar projects, including: (1) a working knowledge of public health preparedness in Connecticut; and (2) working relationships with local health departments and districts, and emergency response partners within the DEMHS region you are proposing to provide services. Provide at least two references (with telephone numbers) that may be contacted to support the description of your experience.

The proposal must identify current and previous contracts received from the Department over the last two years, including dollar amounts and status. If the organization does not have current or prior contract experience with the Department, identify grants/contracts from other governmental agencies the organization has managed.

2. Scope of Services

The proposal must include a description of how the organization intends to carry out the scope of services, including the administrative and technology support to be provided.

3. Staffing Plan

The proposal must describe the staff assigned to this project, including an organizational chart that indicates management and supervisory lines. The proposal must describe the extent to which staff has the appropriate training and experience to perform assigned duties. In particular, provide examples of: (1) successful problem solving in groups comprised of multiple disciplines; (2) conducting and analyzing public health performance assessments; (3) planning, executing and reporting drills and exercises; (4) leadership qualities and ability to achieve consensus; and (5) written and verbal communication, and presentation skills.

The proposal must include a completed Workforce Analysis, which is provided in Section V. – Application Forms.

4. Appendices

Resumes must be provided for all professional staff assigned to the project.

D. COST PROPOSAL REQUIREMENTS

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Section V – Application Forms. 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. Applicants must determine the rate for indirect costs. However, indirect costs at or below 15% will be looked upon more favorably during the proposal review process.

Position titles, staff names, hours per week, and hourly rates must be provided in the calculations for all personnel line items. Where subcontractors are proposed, the subcontractor must meet the staffing criteria described in C.3 Staffing Plan above and subcontractor information provided. The selected Contractor must provide the Department with one copy of the subcontract when executed. All information required of the contractor must be applied to the subcontractor as well.

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 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.

E. FORMS

The proposal must be completed using the following application forms, which are provided in Section V.

- Cover Sheet
- Contractor Information
- Notification to Bidders
- Budget Summary
- Budget Justification
- Subcontractor Information
- Workforce Analysis

IV. PROPOSAL OUTLINE

*This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that conforms to the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.*

	Page
Cover Sheet	
Contractor Information	
Notification to Bidders	
Table of Contents	
Main Proposal	1
A. Organizational Profile	Ect.
B. Scope of Services	
C. Staffing Plan	
D. Budget and Budget Justification	
Appendices	
Resumes of Professional Personnel	

V. APPLICATION FORMS

The proposal must be completed using the following application forms and are provided in this section.

- Cover Sheet
- Contractor Information (insert before Organizational Profile Section of proposal)
- Notification to Bidders (insert before Organizational Profile Section of proposal)
- Budget Summary (insert as part of Budget and Budget Narrative section of proposal)
- Budget Justification (insert as part of Budget and Budget Narrative section of proposal)
- Subcontractor Information (insert as part of Staffing Plan section of proposal, if applicable)
- Workforce Analysis (insert as part of Staffing Plan section of proposal)

COVER SHEET

REQUEST FOR PROPOSAL
RFP #2011-0905
Regional Public Health Preparedness Advisors
DEPARTMENT OF PUBLIC HEALTH
PLANNING 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.

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 (WBE): YES NO

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:

BUDGET SUMMARY

Instructions

- I. **Personnel** (lines #1 - #5) each person funded:
- Name of person & Title
 - Hourly rate, # hours working per week, and # of weeks. (calculate)
 - 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. **Multi-Year Contracts:** Please complete a Budget Summary for each year of the contract, clearly indicating the year on each form. Assume level funding for all years.

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

BUDGET SUMMARY

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 Information Form

SUBCONTRACTOR INFORMATION

Instructions

- 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

SUBCONTRACTOR INFORMATION

Category	Amount
Personnel:	
16) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: %	
17) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: %	
18) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: %	
19) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: %	
20) Name & Position: _____ , _____ :	
Calculation:	
Fringe Benefit: %	
21) Travel per mile X miles	
22) Training	
23) Educational Materials	
24) Office Supplies	
25) Medical Materials	
26) Contractual (Subcontracts)***	
27) Telephone	
28) Advertising	
29) Other Expenses (List Below)	
a)	
b)	
c)	
d)	
e)	
f)	
30) Administrative and General Costs	
Total DPH Grant	
Other Program Income:	

WORKFORCE ANALYSIS

Contractor Name:
Address:

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

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

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

1. Have you successfully implemented an Affirmative Action Plan? YES NO
Date of implementation: _____ If the answer is "No", explain.
1. a) Do you promise to develop and implement a successful Affirmative Action?
 YES NO Not Applicable Explanation:
2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive: YES NO Not Applicable Explanation:
3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area? YES NO Explanation:
4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?
 YES NO Explanation:

Contractor's Authorized Signature

Date

VI. CONNECTICUT TECHNICAL ASSISTANCE REVIEW

MSA: _____ **County:** _____

Mass Dispensing Area: _____

Review Date: _____

Name of Person Conducting Review: _____

Other Personnel Present: _____

Baseline Data for Review		Number	Comments
1	Local population covered by MDA plan.		
2	Estimated hourly throughput to provide prophylaxis to 100% of the population in 48 hours.		
3	Total number of Points of Dispensing (PODs) needed to cover 100% of the population.		
4	Number of PODs identified with appropriate authorization.		
5	Number of PODs with documented site-specific plans.		
6	Number of POD sites with identified primary and back-up management teams.		
7	Estimated number of personnel needed to staff 100% of POD functions for a mass prophylaxis campaign and/or medical supplies management and distribution.		
8	Current number of personnel on hand to staff POD functions for a mass prophylaxis campaign and/or medical supplies management and distribution.		

Baseline Data for Review		Number	Comments
9	Lines 9a-h relate to specific types of alternate dispensing modalities present in the project area. Line 9i relates to the estimated percentage of the population that will be served using alternate methods of dispensing, relieving the burden on traditional POD sites. If no alternate forms of dispensing are identified in project area use N/A in the number column.		
a	Number of Closed PODs with healthcare entities/agencies (e.g., nursing homes, long term care facilities, skilled nursing facilities, retirement homes, hospitals, etc.).		
b	Number of Closed PODs with private business (e.g., local chemical/power plant, grocery stores, newspapers, banks, hardware stores, car companies, etc.).		
c	Number of Closed PODs with governmental agencies (e.g., local IRS offices, jails, juvenile detention programs, county/city departments, tribal, etc.).		
d	Number of Closed PODs with military installations e.g., active duty bases, National Guard units).		
e	Number of Closed PODs with academic institutions (e.g., universities, colleges, high schools, school districts, elementary schools, etc.).		
f	Number of Closed PODs with community-based agencies (e.g., Meals on Wheels, agencies assisting homeless, American Red Cross, United Way, Volunteer Organizations Active in Disaster, etc.).		
g	Number of drive-through PODs.		
h	Number of PODs using other types of alternate dispensing modalities (please explain in comments section)		
i	Percentage (estimated) of local population covered by all alternate dispensing modalities. (9a-h above)		

SECTION ONE: DEVELOPING A PLAN WITH SNS ELEMENTS (3%)		
1.1	The MDA has a NIMS-compliant mass dispensing plan which is incorporated into the all-hazard plans of the towns/cities comprising the MDA.	
1	The MDA has a NIMS-compliant mass dispensing plan which is incorporated into the all-hazard plans of the towns/cities comprising the MDA.	
0	The MDA does not have a NIMS-compliant mass dispensing plan which is incorporated into the all-hazard plans of the towns/cities comprising the MDA.	
1.2	MDA plan is updated annually based on deficiencies revealed during TAR reviews and/or federal, state or local trainings and exercises.	
1	Planners maintain a record of revision for their mass dispensing plan including date, change & rationale.	
0	A record of revisions, including date, change & rationale is not included in the MDA plan.	
1.3	Multi-discipline planning/advisory group meets annually to review and/or update the MDA plan.	
	<input type="checkbox"/> Local Public Health <input type="checkbox"/> Local emergency managers <input type="checkbox"/> Local public works <input type="checkbox"/> Local law enforcement <input type="checkbox"/> Hospitals <input type="checkbox"/> Emergency Medical Services (EMS) <input type="checkbox"/> Community Emergency Response Team (CERT) <input type="checkbox"/> Medical Reserve Corps <input type="checkbox"/> Mental health / crisis professionals <input type="checkbox"/> Local elected / appointed officials	<input type="checkbox"/> Home Health / Visiting Nurse <input type="checkbox"/> Organizations servicing At-Risk Populations <input type="checkbox"/> Private Business Representatives <input type="checkbox"/> Civic Organizations <input type="checkbox"/> Professional Organizations <input type="checkbox"/> Dept of Corrections (if applicable) <input type="checkbox"/> Military Installations (if applicable) <input type="checkbox"/> Tribal Nations (if applicable) <input type="checkbox"/> NDMS Representative (if applicable) <input type="checkbox"/> Dept of Administration/Finance
	OTHER(S): <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	
1	The planning/advisory group includes representatives of at least 50% of the applicable agencies and institutions listed above and meeting documents are available for review.	
0.5	The planning/advisory group includes representatives less than 50% of the applicable agencies and institutions listed above and meeting documents are available for review.	
0	A planning /advisory group has not been formed or meeting documentation is not available for review.	
1.4	The roles and responsibilities of local government agencies and non-governmental agencies are acknowledged and documented in the MDA plan.	
1	MDA planners have supporting documentation of appropriate local government and non-governmental agencies acknowledging their roles and responsibilities concerning the MDA plan.	
0	MDA planners have no verifiable documentation that local governmental and non-governmental agencies have acknowledged their roles/responsibilities in the MDA plan.	
1.5	State and local policies and procedures to support the following issues are outlined in the MDA plan:	

		<input type="checkbox"/> Process for requesting SNS assistance <input type="checkbox"/> Number of regimens that a family member can pick-up at a dispensing site <input type="checkbox"/> Unaccompanied minor (emancipated and non-emancipated people under 18 years of age) <input type="checkbox"/> Minimum identification requirements in order to receive medication <input type="checkbox"/> Use of force guidelines for law enforcement <input type="checkbox"/> Providing prophylaxis to tribal nations (if applicable) <input type="checkbox"/> Providing prophylaxis to military installations within jurisdiction (if applicable)	
	1	All the applicable policy issues cited above have been reviewed, identified and incorporated into the MDA plan.	
	0.5	Four to seven of the applicable policy issues cited above have been reviewed, identified and incorporated into the MDA plan.	
	0	Less than four of the applicable policy issues cited above have been reviewed, identified and incorporated into the MDA plan.	
1.6		The following legal issues to support mass dispensing operations are outlined in the MDA plan. <input type="checkbox"/> Medical practitioners authorized to issue standing orders and protocols for dispensing sites <input type="checkbox"/> Personnel authorized to dispense medications during a state of emergency <input type="checkbox"/> Procurement of private property <input type="checkbox"/> Liability protection <input type="checkbox"/> Workers compensation <input type="checkbox"/> Staff compensation	
	1	Five or more of the legal issues listed above have been reviewed, identified, and addressed in the plan (origin citations should be included).	
	0.5	Two to four of the legal issues listed above have been reviewed, identified, and addressed in the plan (origin citations should be included).	
	0	Less than two of the legal issues listed above have been reviewed, identified, and addressed in the plan.	
SECTION ONE: Points _____ Divided by 6 = _____			

SECTION TWO: MANAGEMENT OF SNS (10%)		
2.1	The MDA SNS Coordinator and backup are identified and POC information is included in the MDA plan.	
	1	The local MDA SNS Coordinator and back-up have been identified and documented and their contact information (more than one phone number for each person) is available.
	0.5	Only the MDA SNS Coordinator has been identified, or no back-up has been identified, or no POC information exists.
	0	No written documentation exists that a MDA SNS Coordinator has been identified.
2.2	The following MDA functions have personnel (primary and backup) identified with documented contact information.	
	<input type="checkbox"/> Tactical communications / IT support <input type="checkbox"/> Hospital / Alternative Care Facilities Leader / Manager (not applicable)	
	<input type="checkbox"/> Security Coordination <input type="checkbox"/> Public Information and Communication	
	<input type="checkbox"/> Distribution Leader/Manager <input type="checkbox"/> Staffing / Volunteer Coordination	
	<input type="checkbox"/> Dispensing Site Supervisor/Leader <input type="checkbox"/> Safety Coordination	
	<input type="checkbox"/> Inventory Management Coordination	
	1	All have been identified with contact information documented.
	0.5	Six have been identified with contact information documented.
	0	Less than six have been identified with contact information documented.
2.3	Call-down rosters for personnel identified in item 2.2 are current and updated quarterly.	
	1	Written call-down lists exist for all listed above and are updated quarterly.
	0.5	Written call-down lists exist for all listed above and are updated less than quarterly.
	0	A call-down list for all listed above does not exist.
2.4	MDA conducts and documents <i>no notice</i> call down drills of all personnel identified in item 2.2 to test response rates quarterly.	
	1	Call-down exercises are conducted quarterly, the results of these drills are documented, and any identified discrepancies corrected and documented.
	0.5	Call-down exercises are conducted less than quarterly.
	0	No documentation exists that quarterly call-down exercises were conducted.
2.5	MDA SNS functions are represented in an Incident Command System (ICS) chart.	
	1	The MDA can produce for review an ICS organizational chart that integrates SNS functions and is NIMS compliant.
	0	The ICS organizational chart is not documented.
2.6	The MDA has a plan to annually test and exercise notification and activation of affiliated volunteers below the level positions identified in item 2.2.	
	1	The MDA has a plan for the notification and activation of affiliated volunteers, has tested/exercised the plan on an annual basis, and has an after action report with a corrective action plan to address identified discrepancies.
	0.5	The MDA has a plan for the notification and activation of affiliated volunteers, has tested/exercised the plan on a less than annual basis and has an after action report with a corrective action plan to address identified discrepancies
	0	The MDA does not have a plan.
SECTION TWO: Points _____ Divided by 6 = _____		

SECTION THREE: REQUESTING SNS (3%)		
3.1	Procedures in place for MDA to communicate with key elected or appointed local officials from the MDA's town/cities to discuss incident and to determine the need to request state assistance.	
	1	MDA has established protocols and procedures to communicate with key elected or appointed local officials from the MDA's towns/cities to discuss incident and to determine the need to request state assistance.
	0	MDA does not have established protocols and procedures to communicate with key elected or appointed local officials from the MDA's towns/cities to discuss incident and to determine the need to request state assistance.
3.2	Person(s) authorized by MDA to request state assistance (deployment of SNS assets) are identified in the plan with contact information.	
	1	Personnel authorized (primary and 2 backup) to request state assistance are documented in MDA plan with contact information.
	0	Personnel authorized to request state assistance and contact information are not documented in the MDA plan.
3.3	MDA plan indicates that CT DPH will decide the initial quantity of SNS assets to deploy to each MDA.	
	1	Plan indicates that CT DPH will decide on the initial quantity of SNS assets to deploy to each MDA.
	0	Plan does not indicate that CT DPH will decide on the initial quantity of SNS assets to deploy to each MDA.
3.4	MDA plans contain the procedures to request re-supply of SNS materiel from CT DPH.	
	1	Plans describe the procedures (including communication pathways, necessary forms, etc.) that the MDA will use to request re-supply of SNS materiel from CT DPH.
	0	Plans do not describe the procedures that the MDA will use to request re-supply of SNS materiel from CT DPH.
3.5	MDA plans contain the procedures for dispensing sites to re-request SNS assets via their local EOC.	
	1	MDA plan describes procedures for dispensing sites to request SNS assets via their local EOC.
	0	MDA plan does not describe procedures for dispensing sites to request SNS assets via their local EOC.
SECTION THREE: Points _____ Divided by 5 = _____		

SECTION FOUR: TACTICAL COMMUNICATIONS PLAN (3%)		
4.1	MDA tactical communications and/or IT support call-down lists are reviewed and updated quarterly.	
	1	The MDA communication/IT support call-down lists are reviewed and updated quarterly.
	0	There is no written documentation substantiating that communication/IT support call-down lists are reviewed and updated quarterly communication/IT support call-down lists are reviewed and updated quarterly.
4.2	MDA communications/IT support personnel have a job action sheet.	
	1	Job action sheets are included in the MDA plan for all communication / IT support personnel.
	0	Job action sheets have not been developed.
4.3	MDA communication pathways are established between command and management locations and support agencies, including	
	<input type="checkbox"/> MDA Lead Health Dept <input type="checkbox"/> DPH Emergency Command Center <input type="checkbox"/> MDA security <input type="checkbox"/> Other local health dept in MDA <input type="checkbox"/> MDA Distribution Site <input type="checkbox"/> Transportation resources within MDA <input type="checkbox"/> MDA EOC <input type="checkbox"/> Dispensing sites <input type="checkbox"/> DEMHS <input type="checkbox"/> Member town/city EOCs <input type="checkbox"/> Hospital/Alternate Care Facilities (Not applicable)	
	1	The MDA has documentation that delineates established communication pathways.
	0	Document(s) delineating communication pathways between command and control and management locations are unavailable for review.
4.4	MDA redundant communications systems are in place and are tested quarterly to ensure communications remain available in the event primary communication systems are unavailable.	
	<input type="checkbox"/> Land-line telephones <input type="checkbox"/> Ham/Amateur radio operators <input type="checkbox"/> Cell phones <input type="checkbox"/> UHF/VHF/800 MHz radio systems <input type="checkbox"/> Satellite phones <input type="checkbox"/> Web-based communications (E-Team, Web EOC, HAN, Workspaces, etc.) <input type="checkbox"/> Email <input type="checkbox"/> Emergency notification systems (reverse 911, 311, 211, code red, etc.) <input type="checkbox"/> Fax	
	1	The MDA has five or more communication systems in place linking management and command locations and support agencies.
	0.5	The MDA has four communication systems in place linking management and command locations and support agencies.
	0	The MDA has less than four communications systems and/or is unable to effectively communicate with all management and command locations and support agencies.
4.5	The equipment and hardware that make up the communication networks (identified in 4.3) between command and management locations and support agencies are tested and exercised quarterly.	
	1	The MDA provides supporting documentation that reflects communication networks are tested and exercised quarterly and has a corrective action plan to address identified discrepancies.
	0.5	The MDA provides documentation that reflects communication networks are tested and exercised within the last 12 months and has a corrective action plan to address identified discrepancies.

	0	The MDA is unable to provide written documentation that supports communication networks have been tested and exercised within the last year.	
4.6	Designated MDA personnel (identified in item 2.2 – primary and backup) are trained in the use of redundant communications equipment.		
	1	The MDA can provide documentation to support that designated personnel have been trained in the use of redundant communication equipment.	
	0	The MDA is unable to document that designated personnel have been trained in the use of redundant communication equipment.	
SECTION FOUR: Points _____ Divided by 6 = _____			

SECTION FIVE: PUBLIC INFORMATION AND COMMUNICATION (PIC) (7%)		
5.1	MDA public information and communication personnel (identified in 2.2) have been trained on responsibilities associated with a mass prophylaxis campaign. <input type="checkbox"/> Training opportunities are documented. <input type="checkbox"/> Job action sheets have been developed.	
	1	All of the above are completed, documented, and verified.
	0.5	One of the above is completed, documented, and verified.
	0	MDA cannot provide verification of any of the above items.
5.2	Written PIC plan <input type="checkbox"/> Is part of the MDA plan. <input type="checkbox"/> Addresses coordination with other MDAs, member towns/cities as well as with state to ensure message consistency. <input type="checkbox"/> Identifies a media policy for dispensing sites.	
	1	All the components regarding a mass prophylaxis campaign mentioned above are included in the comprehensive PIC plan.
	0.5	One to two of the components regarding a mass prophylaxis campaign mentioned above are included in the comprehensive PIC plan.
	0	None of the mass prophylaxis campaign components are present in the comprehensive PIC plan.
5.3	The following PIC responsibilities appear on the job action sheet of the MDA PIC liaison or other designated dispensing site staff: <input type="checkbox"/> Coordinate information with the lead PIO and/or JIC. <input type="checkbox"/> Serve as a point of contact with the media. <input type="checkbox"/> Handle public information message, methods, and materials at the POD.	
	1	All the responsibilities above are included in the MDA plan.
	0.5	One to two of the responsibilities above are included in the MDA plan.
	0	None of the responsibilities above are included in the MDA plan.
5.4	Messages have been developed for dispensing at the MDA level, including messages to: <input type="checkbox"/> Prepare the public before an event. <input type="checkbox"/> Direct people to the dispensing sites. <input type="checkbox"/> Inform people about alternate dispensing methods (if applicable). <input type="checkbox"/> Help people navigate the dispensing sites. <input type="checkbox"/> Provide information to people once they leave the dispensing sites. <input type="checkbox"/> Ensure medication compliance.	
	1	Messages for a mass prophylaxis campaign have been developed, completed, documented, and verified for all of the above. MDA plan should incorporate messages or reference the relevant Mass Dispensing Toolkit document.
	0.5	Messages for a mass prophylaxis campaign have been developed, completed, documented, and verified for three to five of the above. MDA plan should incorporate messages or reference the relevant Mass Dispensing Toolkit document.

	0	Messages for a mass prophylaxis campaign have been developed, completed, documented, and verified for two or less of the above. MDA plan should incorporate messages or reference the relevant Mass Dispensing Toolkit document.	
5.5		Methods to disseminate the messages indicated in item 5.4 above have been developed by the MDA, including: <ul style="list-style-type: none"> <input type="checkbox"/> Methods of communication for the messages that get people to the dispensing sites. <input type="checkbox"/> Methods of communication for the messages that get people through the dispensing sites. <input type="checkbox"/> Alternate methods to disseminate messages in case of electrical outages. <input type="checkbox"/> Development of pre-event media relationships. 	
	1	Methods for disseminating messages during a mass prophylaxis campaign have been developed, completed, documented, and verified for all of the above.	
	0.5	Methods for disseminating messages during a mass prophylaxis campaign have been developed, completed, documented, and verified for two or three of the above.	
	0	Methods for disseminating messages during a mass prophylaxis campaign have been developed, completed, documented, and verified for one or less of the above.	
5.6		Materials (fact sheets, press releases, signs) or templates have been developed and cleared by the MDA: <ul style="list-style-type: none"> <input type="checkbox"/> To direct people to the dispensing sites. <input type="checkbox"/> To help people navigate the dispensing sites. <input type="checkbox"/> To provide information to people after they leave the dispensing site. <input type="checkbox"/> On category A agents. <input type="checkbox"/> On medications used for prophylaxis and treatment. <input type="checkbox"/> A plan for mass reproduction and storage of printed materials. 	
	1	All of the above are completed, documented, and verified.	
	0.5	Three to five of the above are completed, documented, and verified.	
	0	Two or less of the above are documented and verified.	
5.7		The MDA plan addresses the following public information needs of at-risk populations: <ul style="list-style-type: none"> <input type="checkbox"/> Methods of communication to get people to and through dispensing sites. <input type="checkbox"/> Definition and identification of at-risk population groups. <input type="checkbox"/> Development of alternate methods for disseminating information to at-risk populations. <input type="checkbox"/> Development of materials that are easy to read and have been translated to top languages in the community. <input type="checkbox"/> A mechanism to translate information for non-English speaking, hearing impaired, visually impaired, or functionally illiterate individuals. 	
	1	All of the above are completed, documented, and verified.	
	0.5	Two to four of the above are completed, documented, and verified.	
	0	One or less of the above are documented and verified.	
SECTION FIVE: Points _____ Divided by 7 = _____			

SECTION SIX: SECURITY (10%)		
6.1	<input type="checkbox"/> MDA level position (identified in 2.2) that coordinates the overall security issues has been trained on the specific security requirements for medical supplies management and distribution operations. <input type="checkbox"/> Agencies providing security support to the MDA identified and oriented. <input type="checkbox"/> Contact information is available for security support agencies.	
	1	The primary and back-up have been trained, security support agencies have been identified and contact information is available for security support agencies.
	0.5	The primary and back-up have been trained, support agencies have been identified but contact information is not available for security support agencies.
	0	Primary and back-ups have not been trained.
6.2	Security plans for transportation of medical materiel within the MDA have been developed. <input type="checkbox"/> Escort plans for materials leaving the MDA Distribution Site. <input type="checkbox"/> Escort plans for transport of materials from dispensing sites to dispensing sites and other sites that may need materiel. <input type="checkbox"/> Escort of personnel to and from site venues.	
	1	All applicable security escort plans have been documented in MDA plan.
	0	All applicable security escort plans have not been addressed.
6.3	Site-specific security plans have been developed for dispensing site(s) and/or the MDA Distribution Site (if applicable) and include: 1) Security and vulnerability assessment of location and facility strengths/weaknesses 2) Interior physical security of location <input type="checkbox"/> Security sweep prior to facility use/occupancy by staff or product <input type="checkbox"/> Establishment of law enforcement officer posts <input type="checkbox"/> Access control to locations within the facility <input type="checkbox"/> Crowd control inside the facility 3) Exterior physical security of location <input type="checkbox"/> Specialized unit needs (canine, explosive ordinance disposal, tactical, traffic, etc.) <input type="checkbox"/> Additional physical barriers (necessity and/or identification of source) <input type="checkbox"/> Additional lighting (necessity and/or identification of source) <input type="checkbox"/> Staging area for personnel and vehicles. <input type="checkbox"/> Vehicular traffic control (ingress and egress) <input type="checkbox"/> Crowd control outside the facility <input type="checkbox"/> Access control to facility 4) Command and management <input type="checkbox"/> Establish command center for law enforcement. <input type="checkbox"/> Determine radio channels. <input type="checkbox"/> Ensure communication and coordination between law enforcement organizations. <input type="checkbox"/> Establish shifts. <input type="checkbox"/> Establish sufficient number of law enforcement officer assignments. 5) Evacuation plans 6) Security breach plans	

	1	All of the above numbered items have been addressed and documented in a security plan and the agency(ies) responsible for security functions at the PODs has been consulted in the planning.	
	0.5	Two to five of the six numbered items from above have been addressed in a security plan and documented and the agency(ies) responsible for security functions at the PODs have been consulted in the planning process.	
	0	Less than two of the numbered items above have been addressed in a security plan or the agency(ies) responsible for security functions at the PODs has not been consulted in the planning.	
6.4	Badging procedures are in place for all personnel responding to a public health event involving medical materiel and resources.		
	<input type="checkbox"/> Badging procedures identify by: <input type="checkbox"/> Name <input type="checkbox"/> Role <input type="checkbox"/> Venue <input type="checkbox"/> Access <input type="checkbox"/> Just-in-time training on badging procedures. <input type="checkbox"/> Handling of spontaneous (non-pre-event identified) volunteers.		
	1	The MDA has documented procedures that address both pre-event and spontaneous volunteers and has developed just-in-time training on badging procedures.	
	0	The MDA does not have the above badging procedures documented.	
6.5	Site-specific security plans have been developed for dispensing sites and/or regional distribution sites.		
	1	All dispensing sites and the MDA Distribution Site have site-specific security plans.	
	0.5	At least 50% of the dispensing sites and/or the MDA Distribution Site have a site-specific security plan.	
	0	Less than 50% of the dispensing sites and/or the regional distribution sites have a site-specific security plan.	
SECTION SIX: Points _____ Divided by 5 = _____			

SECTION SEVEN: MDA DISTRIBUTION SITE (14%)		
7.1	MDA has a distribution site strategy that expedites the movement of materiel to (and between) MDA PODs. <input type="checkbox"/> An adequate MDA distribution facility has been identified to ensure rapid delivery of material by the State. <input type="checkbox"/> Primary and back up location(s) has been identified. <input type="checkbox"/> Consideration was given to time and distance. <input type="checkbox"/> Population-based locations	
	1	Strategically located MDA Distribution Site (show sites plotted on a local map) have been secured and feasible timelines for rapid movement of medical materials have been established.
	0.5	An MDA Distribution Site plan is being developed but incomplete.
	0	There is not a MDA Distribution Site plan that accounts for the movement of medical materiel.
7.2	The MDA Distribution Site has been reviewed using the MDA Distribution Site Survey Tool and has been validated by CT DPH.	
	1	The MDA Distribution Site has been reviewed using the MDA Distribution Site Survey Tool and any necessary corrective action has been taken and documented.
	0.5	The MDA Distribution Site has been reviewed using the MDA Distribution Site Survey Tool but necessary corrective action has not been taken and documented.
	0	The MDA Distribution Site has not been reviewed using the MDA Distribution Site Survey Tool.
7.3	MOAs are in place for reviewed and validated for primary and back up MDA Distribution Sites if necessary.	
	1	The MDA has a signed MOA for the primary and backup sites.
	0.5	A signed MOA is presented for primary but not backup site.
	0	The MDA does not have a signed MOA for the MDA Distribution Site.
7.4	The following MDA Distribution Site managers/staff have been identified with back-up and POC information for each RDS facility identified: (1 point is awarded for each lead position when a primary and a backup person along with redundant contact information is documented in the plan.) (0.5 points for each position for a total of 8 points – includes both primary and back-up).	
	PRIMARY	BACK-UP
	<input type="checkbox"/> MDA Distribution Site Manager/Leader <input type="checkbox"/> Security Manager/Leader <input type="checkbox"/> Safety Manager/Leader <input type="checkbox"/> Communications/IT Manager/Leader <input type="checkbox"/> Inventory Control Manager/Leader <input type="checkbox"/> Shipping/Receiving Manager/Leader <input type="checkbox"/> Pick Team Manager/Leader <input type="checkbox"/> Quality Control Manager/Leader	<input type="checkbox"/> MDA Distribution Site Manager/Leader <input type="checkbox"/> Security Manager/Leader <input type="checkbox"/> Safety Manager/Leader <input type="checkbox"/> Communications/IT Manager/Leader <input type="checkbox"/> Inventory Control Manager/Leader <input type="checkbox"/> Shipping/Receiving Manager/Leader <input type="checkbox"/> Pick Team Manager/Leader <input type="checkbox"/> Quality Control Manager/Leader
7.5	MDA Distribution Site Manager / Leader and back-up a job action sheet and have been trained in MDA Distribution Site operations.	
	1	MDA Distribution Site Manager / Leader and backup have a job action sheet, are trained in distribution operations, and have documentation of distribution operations training.

	0.5	The MDA Distribution Site Manager / Leader and back-up have a job action sheet.	
	0	The MDA Distribution Site Manager / Leader or back-up have not been trained in distribution operations.	
7.6	Safety Manager / Leader and back-up have a job action sheet and have been trained in their MDA Distribution Site function.		
	1	Safety Manager / Leader and backup have a job action sheet, are trained in distribution operations, and proof of their training is documented.	
	0.5	The Safety Manager / Leader and back-up have a job action sheet.	
	0	The Safety Manager / Leader or back-up have not been trained in distribution operations.	
7.7	Communication/IT Support and back-up have job action sheets and have been trained in their MDA Distribution Site function.		
	1	Communication / IT Support and backup have a job action sheet, are trained in distribution operations, and proof of their training is documented.	
	0.5	The Communication / IT Support and back-up have a job action sheet.	
	0	The Communication / IT support or back-up have not been trained in distribution operations.	
7.8	Inventory Manager / Leader and back-up have job action sheets and have been trained in their MDA Distribution Site function.		
	1	Inventory Manager / Leader and backup have a job action sheet, are trained in distribution operations, and proof of their training is documented.	
	0.5	The Inventory Manager / Leader and back-up have a job action sheet.	
	0	The Inventory Manager / Leader or back-up have not been trained in distribution operations.	
7.9	Shipping / Receiving Manager / Leader and back-up have job action sheets and have been in their MDA Distribution Site function.		
	1	Shipping / Receiving Manager / Leader and backup have a job action sheet, are trained in distribution operations, and proof of their training is documented.	
	0.5	The Shipping / Receiving Manager / Leader and back-up have a job action sheet.	
	0	The Shipping / Receiving Manager / Leader or back-up have not been trained in distribution operations.	
7.10	Pick Team Manager / Leader and back-up have job action sheets and have been in their MDA Distribution Site function.		
	1	Pick Team Manager / Leader and backup have a job action sheet, are trained in distribution operations, and proof of their training is documented.	
	0.5	The Pick Team Manager / Leader and back-up have a job action sheet.	
	0	The Pick Team Manager / Leader or back-up have not been trained in distribution operations.	
7.11	Quality Control Manager / Leader and back-up have job action sheets and have been trained in their MDA Distribution Site function		
	1	Quality Control Manager / Leader and backup have a job action sheet, are trained in distribution operations, and proof of their training is documented.	
	0.5	The Quality Control Manager / Leader and back-up have a job action sheet.	
	0	The Quality Control Manager / Leader or back-up have not been trained in distribution operations.	
7.12	Call-down lists for 24/7 operations for all MDA Distribution Site Managers and staff/volunteers are reviewed for accuracy and tested quarterly.		
	1	Documented call-down lists are reviewed for accuracy and tested quarterly and corrections to call-down lists are documented.	
	0.5	Documented call-down lists are reviewed for accuracy quarterly.	

	0	No written documentation that verifies staff call-down lists are reviewed quarterly.	
7.13	Just-in-time (JIT) training materials have been developed for each of the MDA Distribution Site functions to familiarize personnel working within those functions:		
	<input type="checkbox"/> Safety <input type="checkbox"/> Pick Teams <input type="checkbox"/> Other functions, as appropriate		
	<input type="checkbox"/> Shipping/Receiving <input type="checkbox"/> Quality Control		
	<input type="checkbox"/> Communications/IT <input type="checkbox"/> Inventory Management		
	1	Training materials have been developed for each of the MDA Distribution Site functions listed above.	
	0.5	Training materials are presented for at least 50% of the MDA Distribution Site functions listed above.	
	0	Less than 50% of the training material has been developed for the MDA Distribution Site functions.	
7.14	An inventory of material handling equipment (MHE) for the MDA Distribution Site should be documented along with a list of materials/supplies that need to be procured and/or delivered at the time of event.		
	1	An inventory listing containing appropriate material handling equipment is available for the MDA Distribution Sites.	
	0	An inventory listing containing appropriate material handling equipment is available for the MDA Distribution Sites.	
7.15	An inventory of office equipment for the MDA Distribution Site should be documented along with a list of materials/supplies that will need to be delivered and/or procured at time of event.		
	1	An inventory listing containing appropriate office equipment is available for the MDA Distribution Site.	
	0	An inventory listing containing appropriate office equipment is not available for the MDA Distribution Site.	
7.16	The MDA plan lists individuals who are authorized to sign for SNS materiel received from the State RSS.		
	1	The MDA plan identifies and documents individuals who are authorized to sign for SNS materiel.	
	0	The MDA plan does not identify and document individuals who are authorized to sign for SNS materiel.	
7.17	The MDA plan addresses staff/volunteer management (e.g., work breaks, shift schedules, meals/snacks, lodging, family care, etc.).		
	1	The MDA plan addresses staff/volunteer management and has written agreements with organizations providing services.	
	0	The MDA plan does not address staff/volunteer management.	
SECTION SEVEN: Points _____ Divided by 24 = _____			

SECTION EIGHT: CONTROLLING SNS INVENTORY (3%)		
8.1	MDA plan for Inventory Management System (IMS) in place with back-up: <input type="checkbox"/> Inventory Management Software System <input type="checkbox"/> Electronic Spread Sheet <input type="checkbox"/> Paper System	
	1	The MDA has more than one functional inventory management system in place.
	0.5	The MDA has one functional inventory management system in place.
	0	The MDA does not have any functional inventory management systems in place.
8.2	All inventory staff are trained in IMS functions.	
	1	Inventory management staff are identified and training in IMS functions is documented.
	0.5	Inventory management staff are identified but not trained in IMS functions.
	0	Inventory management staff have not been identified and trained.
8.3	Chain of custody procedures are outlined in plan, including the ability to track pharmaceutical lot numbers.	
	1	Written procedures are in place.
	0	No written procedures are in place.
8.4	Procedure for chain of custody involving controlled substances received from the State is outlined in the MDA plan.	
	1	Written procedures are documented in plan for the chain of custody of controlled substances from the SNS.
	0	Written procedures are documented in plan for the chain of custody of controlled substances from the SNS.
	NA	Controlled substances will not be distributed to MDAs at this point.
8.5	MDA plan lists DEA Registrant(s) to receive materiel from the State requiring DEA Form 222.	
	1	The local jurisdiction has identified and documented more than one DEA Registrant (primary and backup) to issue DEA Form 222.
	.5	The local jurisdiction has identified and documented one DEA Registrant (primary and backup) to issue DEA Form 222.
	0	The local jurisdiction has not identified and documented a DEA Registrant (primary and backup) to issue DEA Form 222.
	NA	Controlled substances will not be distributed to MDAs at this point.
SECTION EIGHT: Points _____ Divided by 5 = _____		

SECTION NINE: DISTRIBUTION (10%)		
9.1	MDA Distribution Manager and back-up have job action sheets and have been trained in their functions.	
	1	The MDA has identified a distribution manager and back-up, has a written job action sheet regarding distribution functions, and the distribution manager and back-up have received documented training in distribution functions.
	0.5	The MDA has identified a distribution manager and back-up and has a written job action sheet regarding distribution functions.
	0	The MDA has not identified a distribution manager and back-up.
9.2	The MDA plan includes distribution strategy for delivery of medical materiel (such as delivery locations, routes, delivery schedule/frequency, fueling, repair, recovery, etc).	
	1	The MDA plan includes a detailed strategy (mapping, frequency, routing, scheduling, etc.).
	0.5	The MDA plan includes general strategy for distributing materiel.
	0	The MDA does not have a distribution strategy in place.
9.3	Primary agency/organization has been assigned to distribute medical materiel and a written agreement is in place.	
	1	Written agreements describing arrangements with agencies/organizations that will distribute materiel are in place and available for review or if not because the MDA Drop off site and POD are the same facility and the MDA will not be distributing to external sites
	0	The MDA does not have the above in place.
9.4	Back-up agency/organization has been assigned to distribute medical materiel and a written agreement is in place.	
	1	Written agreements describing arrangements with agencies/organizations that will distribute materiel are in place and available for review.
	0	The MDA does not have the above in place.
9.5	Resource needs have been identified and are accessible to perform distribution activities including:	
		<input type="checkbox"/> Number of vehicles needed <input type="checkbox"/> Number of drivers needed <input type="checkbox"/> Types of vehicles needed <input type="checkbox"/> Type and number of support personnel needed
	1	The MDA has identified all the applicable resources needed to perform distribution activities.
	0.5	The MDA has identified at least 50% of the applicable resources needed to perform distribution.
	0	The MDA has identified less than 50% of the applicable resources needed to perform distribution activities.
9.6	Dispensing sites have been inventoried to determine what, if any, Material Handling Equipment (MHE) is available for sites that are designated to receive materiel (off-loading and loading as needed such as pallet jacks, hand carts/dollies, and forklifts).	
	1	All dispensing sites designated to receive material have been inventoried and plans are in place to support MHE needs.
	0.5	50% of all dispensing sites designated to receive material have been inventoried and plans are in place to support MHE needs.
	0	Steps have not been taken to identify the MHE needs at dispensing sites designated to receive materiel.

9.7	Just-in-time (JIT) training materials have been developed for the distribution functions:	
	<input type="checkbox"/> Chain of custody protocol <input type="checkbox"/> Routing information <input type="checkbox"/> Security/communication procedures	<input type="checkbox"/> Appropriate use of material handling equipment <input type="checkbox"/> Loading and off-loading materials
	1	All of the above just-in-time training materials have been developed.
	0.5	JITT materials developed for 2-4 of the items listed above.
0	JITT materials developed for less than 2 of the items listed above.	
SECTION NINE: Points _____ Divided by 7 = _____		

SECTION TEN: DISPENSING PROPHYLAXIS (24%)		
10.1	The MDA mass prophylaxis/dispensing plan addresses procedures for the following operational issues: <ul style="list-style-type: none"> <input type="checkbox"/> Number of regimens of medication that can be dispensed to an individual <input type="checkbox"/> Minimum data elements that need to be collected for each unit of medication dispensed <input type="checkbox"/> Handling of symptomatic individuals <input type="checkbox"/> Handling of unaccompanied minors (emancipated and non-emancipated) <input type="checkbox"/> Handling of non-English speakers/hearing impaired/visually impaired/functionally illiterate <input type="checkbox"/> Procedures for crowd control, traffic management, and security <input type="checkbox"/> Procedures for shift hours and shift change <input type="checkbox"/> Established hotline/call-bank procedures or other mechanisms to address questions/concerns from the public <input type="checkbox"/> Established mechanisms to monitor adverse events 	
	1	All of the elements listed are included in the MDA mass prophylaxis/dispensing plan.
	0.5	Six to eight of the elements listed are included in the MDA mass prophylaxis/dispensing plan.
	0	Less than six of the elements listed are in the MDA mass prophylaxis/dispensing plan.
10.2	Modified clinical involvement: The MDA mass prophylaxis/dispensing plan includes a rapid dispensing strategy for dispensing at dispensing/POD sites.	
	1	Rapid dispensing methods and procedures are documented in the plan.
	0.5	Rapid dispensing methods have been identified but plans and procedures are not documented.
	0	Rapid dispensing methods have not been identified.
10.3	The implementation of, or the assessment of alternate dispensing modalities is included in the MDA plan.	
	1	MDA can demonstrate full consideration of alternate dispensing modes.
	0.5	Alternate dispensing modes have been identified but plans and procedures are not documented.
	0	Alternate dispensing modes have not been identified.
10.4	The MDA mass prophylaxis/dispensing plan includes established criteria, authorization, and procedures to alter dispensing model to increase client throughput.	
	1	Plans are in place.
	0	Plans are not in place.
10.5	The MDA plan specifies procedures for providing prophylaxis to first responders and critical infrastructure personnel.	
	1	First responder and critical infrastructure prophylaxis plans are in place.
	0	First responder and critical infrastructure prophylaxis plans are not in place.
10.6	The MDA plan specifies procedures for providing prophylaxis to homebound and other at-risk populations.	
	1	Homebound and at-risk population prophylaxis plans are in place.
	0	Homebound and at-risk population prophylaxis plans are not in place.
10.7	There are site-specific plans for each of the dispensing/POD sites within the MDA that include the following information: <ul style="list-style-type: none"> <input type="checkbox"/> MOU for use of the facility. <input type="checkbox"/> Facility manager with contact information and procedures for accessing the site. <input type="checkbox"/> Address and telephone numbers at the facility. <input type="checkbox"/> Inventory of available office equipment on site. 	

		<input type="checkbox"/> Inventory of available material handling equipment on site. <input type="checkbox"/> Written floor plans/clinic flow charts (traditional and streamlined). <input type="checkbox"/> Specific delivery location identified w/plans to ensure 24/7 unblocked access by delivery trucks. <input type="checkbox"/> Crowd control, traffic management, and security plans. <input type="checkbox"/> Parking plan.
	1	All dispensing sites have a site-specific plan covering the items above.
	0.5	50% of dispensing sites have a site-specific plan covering the items above.
	0	Site specific-plans covering the items above are not available.
10.8		The MDA plan specifies how the following items will be made available at every dispensing/POD site before dispensing starts: <input type="checkbox"/> Drug fact sheets <input type="checkbox"/> Agent fact sheets <input type="checkbox"/> Dispensing/medical supplies <input type="checkbox"/> Name/Address/Patient History (NAPH) forms <input type="checkbox"/> Office supplies <input type="checkbox"/> Office equipment <input type="checkbox"/> Command and Control vests or other identifiers <input type="checkbox"/> Communication equipment <input type="checkbox"/> Signs (interior and exterior) <input type="checkbox"/> Crowd and traffic control equipment
	1	Plans are in place to ensure that all of the items listed above are available at each dispensing site at time of event.
	0.5	Plans are in place to ensure at least 75% of the items listed above are available at each dispensing site at time of event.
	0	No plan exists.
10.9		Core management teams with back-ups have been identified and trained for each dispensing/POD site within the MDA.
	1	Core management teams have been identified and trained for each dispensing/POD sites.
	0.5	Core management teams have been identified and trained for at least 50% of the dispensing/POD sites.
	0	Core management teams have been identified for less than 50% of the dispensing/POD sites.
10.10		Personnel available to staff MDA dispensing/POD sites.
	1	Personnel are available to staff 100% of the dispensing/POD sites.
	0.5	Personnel are available to staff for at least 50% of the dispensing/POD sites.
	0	Personnel are available to staff less than 50% of the dispensing/POD sites.
10.11		Volunteer/staff database is maintained by the MDA and current: <input type="checkbox"/> There are enough staff in the database to run each of the POD sites, including shift changes. <input type="checkbox"/> The database includes enough back up command staff to compensate for absent individuals.
	1	Database is in place that includes enough staff, with backups, to run each of the POD sites.
	0.5	Volunteers have been identified but not included in a database.
	0	Database is not in place.
10.12		The MDA plan includes Job Action Sheets and Just-In-Time training materials for all dispensing/POD roles identified in the plan.

	<p>May include common POD roles, such as:</p> <ul style="list-style-type: none"> <input type="checkbox"/> POD Manager <input type="checkbox"/> IT/Communications <input type="checkbox"/> Health & Safety Officer <input type="checkbox"/> Logistics Section Chief <input type="checkbox"/> Greeter <input type="checkbox"/> Triage <input type="checkbox"/> Public Data Entry Team <input type="checkbox"/> Antibiotic Administration/ Vaccination <input type="checkbox"/> Inventory Control <input type="checkbox"/> Runner 	<p>OTHER(S):</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____
1	Job action sheets and just-in-time training materials for all POD roles are documented and available for review.	
0.5	Job action sheets for all POD roles are documented and available for review.	
0	Job action sheets have not been developed.	
10.13	The MDA plan addresses staff/volunteer management (for example, work breaks, shift schedules, meals/snacks, lodging, family care, etc.).	
1	The MDA plan addresses staff/volunteer management and has written agreements with organizations providing services.	
0	The MDA plan does not address staff/volunteer management.	
SECTION TEN: Points _____ Divided by 13 = _____		

This section is not evaluated. MDAs will not be scored.

SECTION ELEVEN: HOSPITALS AND ALTERNATE CARE FACILITIES COORDINATION (3%)
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SECTION TWELVE: TRAINING, EXERCISE, AND EVALUATION (10%)		
12.1		MDA personnel have been assigned to lead, plan, and oversee public health emergency preparedness related training, exercise, and evaluation (to include SNS-specific topics).
	1	Personnel have been assigned.
	0	Personnel have not been assigned.
12.2		MDA has a training plan that incorporates mass prophylaxis, medical supplies management and distribution, and other SNS-specific topics to include course objectives, schedule, and targeted audience for each, including volunteers.
	1	The MDA has a written training plan in place that incorporates mass prophylaxis, medical supplies management and distribution, and other SNS-specific topics.
	0	The MDA does not have a written training plan in place that incorporates mass prophylaxis, medical supplies management and distribution, and other SNS-specific topics.
12.3		Training plan components that are specific to mass prophylaxis and/or medical supplies management and distribution are implemented.
	1	The MDA has sign-in sheets and supporting documentation as evidence of training participation.
	0	The MDA does not have documentation to support training participation.
12.4		The MDA has an exercise plan developed in accordance with the HSEEP guidance that tests and evaluates the MDA plan.
	1	The MDA has a written exercise plan in place that test and evaluates the MDA plan.
	0	The MDA does not have a written exercise plan that test and evaluates the MDA plan.
12.5		Exercise plan components that are specific to mass prophylaxis and/or medical supplies management and distribution.
	1	The MDA maintains after action reports, corrective action plans, and follows up on those corrective action plans.
	0.5	The MDA maintains after action reports and corrective action plans.
	0	The MDA does not maintain after action reports and corrective action plans.