

Attachment V, Addendum Forms

APPLICANT INFORMATION

**REQUEST FOR PROPOSAL
RFP # 2012-0917
WIC Program**

DEPARTMENT OF PUBLIC HEALTH, PUBLIC HEALTH INITIATIVES BRANCH
Health Education, Management, and Surveillance Section

Applicant Agency: _____
Legal Name

_____ Address

_____ City/Town State Zip Code

_____ Telephone No. FAX No.

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____ Year 1 _____ Year 2 _____ Year 3

\$ _____ Year 4 _____ Year 5

SERVICE AREA REQUESTED: _____
(List all towns)

EXPECTED CASELOAD TO BE SERVED: _____ Year 1 _____ Year 2 _____ Year 3

_____ Year 4 _____ Year 5

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 that 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.

APPLICATION FORM 2: CONTRACTOR INFORMATION

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

Contract and Legal Documents/Forms:

Name Title Tel. No.

Street Town Zip Code

Fax No.

Program Progress Reports:

Name Title Tel. No.

Street Town Zip Code

Fax No.

Financial Expenditure Reporting Forms:

Name Title Tel. No.

Street Town Zip Code

Fax No.

Incorporated: [] Yes [] No

Type of Agency: [] Public [] Private [] Other Explain

[] Profit [] Non Profit

Federal Employer I.D. Number: _____

Medicaid Provider Status: [] Yes [] No

Minority Business Enterprise (MBE): [] Yes [] No

Women Business Enterprise (WBE): [] Yes [] No

Agency Fiscal Year

Town Code No.

Medicaid Number

SERVICES TO BE PROVIDED INFORMATION
Work plan

(Duplicate as needed)

Services to be Provided	Activities	Staff Responsible	Expected Outcomes and Measures of Success	Timetable

Proposed Site Description Chart, (Addendum to Attachment H)

Site Name _____

Describe how this site will benefit participants and program services, and include what is located nearby:

PROPOSED HOURS OF OPERATION: Summarize the days and times you expect this site to be open:

SITE	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Number of days per month site will be open:												
Hours site will be open for participants:												
Estimated participants served per day:												

Discuss the suitability of these hours to meet the needs of the participants of this area:

Give the title and working hours for each staff person who will be regularly assigned to this site:

STAFF	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

SERVICES TO BE PROVIDED INFORMATION
Staffing/Resumes

Staff	Name	Title	Hourly Rate	Assigned to Project: # Hrs/wk
*Program Coordinator				
*Program Nutritionist				
*Nutritionist 2				
*Nutritionist 3				
*Nutritionist 4				
Nutrition Aide Staff:				
Position 1				
Position 2				
Position 3				
Clerical Staff:				
Position 1				
Position 2				
Position 3				

****Attach Resumes for all Professional Staff***

TOTAL NUMBER OF SERVICE HOURS PER WEEK:

NOTIFICATION TO BIDDERS

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

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

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

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

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

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

Signature

Date

On behalf of:

4/98

**Gift/Campaign Contribution Affidavit to Accompany Bid or Proposal
for Large State Contracts, Pursuant to Sections 2, 3 and 4 of Public Act 04-245**

I, Type/Print Name and Title, hereby swear that during the two-year period preceding the submission of this bid or proposal that neither myself nor any principals or key personnel of the submitting firm or corporation who participated directly, extensively and substantially in the preparation of this bid or proposal nor any agent of the above gave a gift, as defined in Conn. Gen. Stat. §1-79(e), including a life event gift as defined in Conn. Gen. Stat. §1-79(e)(12), except the gifts listed below:

<u>Name of Benefactor</u>	<u>Name of recipient</u>	<u>Gift Description</u>	<u>Value</u>
<u>Date of Gift</u>			

List information here

to (1) any public official or state employee of the state agency or quasi-public agency soliciting the bids or proposals who participated directly, extensively, and substantially in the preparation of the bid solicitation or preparation of request for proposal or (2) to any public official or state employee who has supervisory or appointing authority over the state agency or quasi-public agency soliciting the bid or proposal.

Further, neither I nor any principals or key personnel of the submitting firm or corporation who participated directly, extensively and substantially in the preparation of this bid or proposal know of any action to circumvent this gift/campaign contribution affidavit.

Further, during the two-year period preceding the submission of this bid or proposal, neither I nor any principals or key personnel of the submitting firm or corporation who participated directly, extensively and substantially in the preparation of this bid or proposal nor any agent of the above gave a contribution to a candidate for statewide public office or the General Assembly, as defined in Conn. Gen. Stat. §9-333b, except as listed below:

<u>Contributor</u>	<u>Recipient</u>	<u>Amount/Value</u>	<u>Date of Contribution</u>
<u>Contribution Description</u>			

List information here

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

_____	_____
Signature	Date

Sworn and subscribed before me on this _____ day of _____, 20____

Commissioner of the Superior Court
Notary Public



STATE OF CONNECTICUT CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:

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

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

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

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

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

Consultant's Name and Title	Name of Firm (if applicable)
Start Date	End Date
Description of Services Provided: _____	

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

If YES: _____

Name of Former State Agency	Termination Date of Employment
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Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

Printed Name of Bidder or Contractor	Signature of Principal or Key Personnel	Date
_____	Printed Name (of above)	Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 20____.

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

Contractor:

Contract Period: October 1, 2013 through September 30, 2017

Name of DPH Contact Person: Contracts Management Unit

DPH Contract Log:

Certification Regarding Anti-Lobbying Activities for DPH Contracts and Subcontracts Exceeding \$100,000 of Federal Funds

The undersigned certifies to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit the attached Standard Form-LLL. "Disclosure of Lobbying Activities," in accordance with its instructions.
3. The undersigned shall require that the language of this certification(1. and 2. above) be included in the award documents for all subawards at all tiers (including subcontractors, subgrants and contracts under federal grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.
4. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352 title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for such failure.

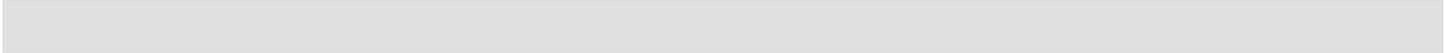
Contractor Authorized Signature

Date

Typed Name and Title

NOTE: THIS CERTIFICATION MUST BE SIGNED AND RETURNED TO THE DPH INDIVIDUAL DESIGNATED BEFORE A CONTRACT EXCEEDING \$100,000 IN FEDERAL FUNDS WILL BE EXECUTED.

Rev. 1/5/96



DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

1. Type of Federal Action

- a. contract
- b. grant
- c. cooperative agreement
- d. loan
- e. loan guarantee
- f. loan insurance

2. Status of Federal Action

- a. bid/offer/application
- b. initial award
- c. post award

3. Report Type

- a. initial filing
 - b. material change
- for material change only**
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:

- Prime Subawardee
Tier _____, if known:

Congressional District, if known: _____

6. Federal Department/Agency:

5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:

Congressional District, if known: _____

7. Federal Program Name/Description:

CFDA Number, if applicable: _____

8. Federal Action Number, if known _____:

9. Award Amount, (if Known):

\$ _____

10. a. Name and Address of Lobbying Entity (of individual, last name, first name, MI):

(attach Continuation Sheet(s) SF-LLL-A if necessary)

10. b. Individuals Performing Services (including address of different from No.10a) (last name, first name, MI):

11. Amount of Payment (check all that apply):

\$ _____ actual planned

13. Type of Payment (check all that apply):

12. Form of Payment (check all that apply):

- a. Cash
- b. in-kind; specify: nature _____
value _____

- a. retainer
- b. one-time fee
- c. commission
- d. deferred
- e. other, specify _____

14. Brief Description of Services Performed or to be Performed or to be performed and Date(s) of Service, Including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:

15. Continuation Sheet(s) SF-LLL-A attached: Yes No

16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for such failure.

Federal Use Only

Signature: _____

Print Name: _____

Title: _____

Telephone #: _____ Date: _____

Authorized Local Reproduction
Standard Form-LLL

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Reporting Entity

Page ___ of ___



STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

OFFICE OF COMMISSIONER

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

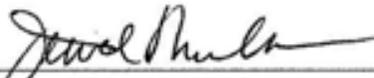
The Department of Public Health (DPH) is an Affirmative Action/Equal Employment Opportunity employer, in compliance with all state and federal laws and shall comply with the Contract Compliance Regulations and CGS 4a-60 Nondiscrimination and affirmative action provisions in contracts of the state and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

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

DPH considers bidders success in these factors in reviewing the bidder's qualifications under the Contract Compliance requirements. Accordingly, any individual or organization that desires to do business with DPH shall not:

- Discriminate or permit discrimination against any protected class person or protected group in the performance of contracts
- Engage in discriminatory practices or permit discriminatory practices in their workplace
- Cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities
- In all contract solicitations or advertisements state that they are an "affirmative action-equal opportunity employer"
- Must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process

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



Jewel Mullen, MD, MPH, MPA
Commissioner, DPH

7/15/11

Date



MINIMUM SUBMISSION REQUIREMENTS CHECKLIST

Applicant

Number all pages submitted with the application. Identify below the page numbers on which each of the following is located:

Proposal is completed on Application Forms included	Page #
Applicant Information Form	_____
Contractor Information Form	_____
Services to be Provided Information Including:	
Services to be Provided Information (Workplan)	_____
Proposed Site Description Chart included for each site to be operated.	_____
Staffing	_____
Resumes provided for all professional staff assigned to project, or job descriptions for those not already hired Exceptions to Staffing Pattern noted.	_____
Completed Workforce Analysis Questionnaire	_____
Notification to Bidders	_____
Gift/Campaign Contribution Affidavit	_____
Budget Summary, Justification, and Subcontractor Schedule	_____
Consulting Agreement Affidavit (OPM Ethics Form 5)	_____
Certification Regarding Lobbying	_____
Affirmative Action Contract Compliance Policy Statement	_____
Letters of Support from three references included	_____
Proof of good financial status is provided	_____
An original and seven copies of the completed proposal received by HEMS staff at DPH no later than 4:00pm on April 19, 2012	_____
The proposal is signed by an authorized official of the applicant Organization	_____