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| **VI. APPLICATION FORMS** |

**COVER SHEET**

**REQUEST FOR PROPOSAL**

**RFP DPH # 2018\_30878**

**Community Distribution Center**

**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH**

**TB, HIV, STD and Viral Hepatitis Programs**

**Applicant Information**

Applicant Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Legal Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/Town State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone No. FAX No. Email Address

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL PROGRAM COST:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct. The application has been duly authorized by the governing body of the applicant, the applicant has the legal authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and that I am a duly authorized signatory for the applicant.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Authorizing Official: Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Typed Name and Title

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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:

1. Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
2. Mailing address
3. Main telephone number
4. Fax number, and email address, if any
5. Principal contact person for the application (person responsible for developing application)
6. Total program cost

The funding application and all required submittals must include the signature of an officer of the applicant agency who has the legal authority to bind the organization. The signature, typed name and position of the authorized official of the applicant agency must be included as well as the date on which the application is signed.

**Applicant Information Form (continuation)**

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

**Contract and Legal Documents/Forms:**

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

**Program Progress Reports:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  Name |  Title |  Tel. No. |
|  |  |  |
|  Street |  **Town** |  Zip Code |
|  |  |
|  Email |  Fax No. |

**Financial Expenditure Reporting Forms:**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  Name |  Title |  Tel. No. |
|  |  |  |
|  Street |  Town |  Zip Code |
|  |  |
|  Email |  Fax No, |
| **Incorporated:** [ ] YES [ ] NO | **Agency Fiscal Year:** |  |
|  |
| **Type of Agency: [ ]** Public **[ ]** Private  **[ ]** Other, Explain: |  |
|  |  |
|  **[ ]** Profit  **[ ]** Non-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  |

**Instructions Budget Summary 1**

1. **Personnel** (lines #1 - #5) each person funded:
2. Name of person & Title
3. Hourly rate, # hours working per week, and # of weeks. (calculate)
4. 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 |

1. Line #11 **Contractual (Subcontracts)** provide the total of all subcontracts and complete Subcontractor Schedule.
2. Lines #6 - #13 complete categories as appropriate,
3. 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.

1. **\*\*\*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.**
2. 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 note, applicants are allowed a maximum of 15% of the total budget to Administrative and General Costs. Please review the OPM website on Cost Standards for more information at: <http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.
3. **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.
4. **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.
5. **2 Year Contracts:** 2 sets of budget forms have been provided. Please do a full budget for each year of the contract, clearly indicating the year on each form. Assume level funding for the second year.

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

**B. Budget Justification Schedule B**

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

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

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

**Example:**

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

**Budget Summary 1**

|  |  |
| --- | --- |
| **Category** | **Amount** |
| **Personnel:** |  |
| 1. Name & Position:      ,
 |  |
| Calculation:       |       |
| Fringe Benefit:      % |       |
|  |  |
| 1. Name & Position:      ,
 |  |
| Calculation:       |       |
| Fringe Benefit:      % |       |
|  |  |
| 1. Name & Position:      ,
 |  |
| Calculation:       |       |
| Fringe Benefit:      % |       |
|  |  |
| 1. Name & Position:      ,
 |  |
| Calculation:       |       |
| Fringe Benefit:      % |       |
|  |  |
| 1. Name & Position:      ,      :
 |  |
| Calculation:       |       |
| Fringe Benefit:      % |       |
|  |  |
| 1. Travel      per mile X      miles
 |       |
| 1. Training
 |       |
| 1. Educational Materials
 |       |
| 1. Office Supplies
 |       |
| 1. Medical Materials
 |       |
| 1. Contractual (Subcontracts)**\*\*\***
 |       |
| 1. Telephone
 |       |
| 1. Advertising
 |       |
| 1. Other Expenses (List Below)
 |  |
| * 1.
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| * 1.
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| * 1.
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| * 1.
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| 1. Administrative and General Costs
 |       |
| **Total DPH Grant** |  |
|  |  |
| Other Program Income: |       |

\*\*\* Complete Subcontractor Schedule A

**\* Administrative Costs shall not exceed 15% of the direct service costs.**

**Budget Justification Schedule B**

|  |  |  |
| --- | --- | --- |
| **Line Item (Description)** | **Amount** | **Justification including Breakdown of Costs** |
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**C. Instructions: Subcontractor Schedule A--Detail**

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

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

**[ ]  A.** Budget Basis **[ ]**  **B.** Fee for Service **[ ]**  **C.** Hourly Rate.

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

**Example A. Budget Basis**

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

**Example B. Fee for Service:**

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

**Example C. Hourly Rate:**

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

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

**Subcontractor Schedule A-Detail**

**#1**

Program:

Subcontractor Name:

Address:

Telephone: (     ) (     -     )

Select One: **A** [ ]  Budget Basis **B** [ ]  Fee-for-Service **C** [ ]  Hourly Rate

Indicate One: [ ]  MBE [ ]  WBE [ ]  Neither

|  |  |
| --- | --- |
| Line Item | Amount |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Total Subcontract Amount: |       |

**#2**

Subcontractor Name:

Address:

Telephone: (     ) (     -     )

Select One: **A** [ ]  Budget Basis **B** [ ]  Fee-for-Service **C** [ ]  Hourly Rate

Indicate One: [ ]  MBE [ ]  WBE [ ]  Neither

|  |  |
| --- | --- |
| Line Item | Amount |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Total Subcontract Amount: |       |

**#3**

Subcontractor Name:

Address:

Telephone: (     ) (     -     )

Select One: **A** [ ]  Budget Basis **B** [ ]  Fee-for-Service **C** [ ]  Hourly Rate

Indicate One: [ ]  MBE [ ]  WBE [ ]  Neither

|  |  |
| --- | --- |
| Line Item | Amount |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |
| Total Subcontract Amount: |       |

**Work Plan (make as many blank pages as needed):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Program Category:** | **Activity:** | **Activity Location:** | **Activity Steps:** | **Activity Specific Outcomes:** | **Name of Staff and Position(s) Responsible:** | **Timeframe for Completion:** |
|  |  |  |  |  |  |  |
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**Staffing**

 Profile of staff providing services. Please provide the information requested below.

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

**\*Attach resumes and job descriptions for all Professional Staff in proposal appendix**

|  |  |
| --- | --- |
| armbear | **STATE OF CONNECTICUT****CONSULTING AGREEMENT AFFIDAVIT** |

*Affidavit to accompany a State contract for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)*

**INSTRUCTIONS:**

**If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):**  Complete all sections of the form. If the bidder or vendor 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 vendor 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 the contractor enters into any new consulting agreement(s) during the term of the State contract.

**AFFIDAVIT:** [Number of Affidavits Sworn and Subscribed On This Day: \_\_\_\_\_ ]

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Consultant’s Name and Title Name of Firm (if applicable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date End Date Cost

Description of Services Provided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If YES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Former State Agency Termination Date of Employment

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Bidder or Vendor **Signature of Chief Official or Individual Date**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name (of above) Awarding State Agency

**Sworn and subscribed before me on this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.**

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

|  |
| --- |
| **WORKFORCE ANALYSIS** |
| Contractor Name: | Total Number of CT employees: |
| Address: | 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 withDisabilities |
|  | 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

**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.

1. the bidder’s success in implementing an affirmative action plan;
2. 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;
3. the bidder’s promise to develop and implement a successful affirmative action plan;
4. 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,
5. 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:



**APPLICANT’S MINIMUM REQUIREMENTS CHECKLIST: RFP # 2018\_30878**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant

1. Cover pages (See Section IV. I. Forms) completed and included in proposal \_\_\_\_\_\_\_\_

 (not included in page limit)

2. Executive Summary (1-2 pages maximum) included \_\_\_\_\_\_\_\_

 (not included in page limit)

3. Declaration of Confidential Information referenced or indicated as N/A \_\_\_\_\_\_\_\_

 (not included in page limit)

4. Conflict of Interest Disclosure Statement included \_\_\_\_\_\_\_\_

 (not included in page limit)

5. Main Proposal narrative meets respective page limits (10 pages) \_\_\_\_\_\_\_\_

6. Resumes provided for all professional staff assigned to this project. \_\_\_\_\_\_\_\_

 (not included in page limit)

7. Job descriptions provided for all key personnel assigned to this project

 including new positions being proposed \_\_\_\_\_\_\_\_

 (not included in page limit)

8. Staff Profile form completed and included in proposal \_\_\_\_\_\_\_\_

 (not included in page limit)

9. Budget Summary and Budget Justification Forms completed and included in proposal \_\_\_\_\_\_\_\_

 (not included in page limit)

10. Subcontractor Schedule (if applicable) completed and included in proposal \_\_\_\_\_\_\_\_

 (not included in page limit)

11. Completed Work Plan form included in proposal \_\_\_\_\_\_\_\_

 (not included in page limit)

12. Completed Notification to Bidders form included in proposal. \_\_\_\_\_\_\_\_

 (not included in page limit)

13. Completed Workforce Analysis Questionnaire included in proposal. \_\_\_\_\_\_\_\_

 (not included in page limit)

14. Signed Consulting Agreement Affidavit (OPM Ethics Form 5) included in proposal \_\_\_\_\_\_\_\_

 (not included in page limit)

1. **An original unbound and 6 unbound copies of the completed proposal must be received** \_\_\_\_\_\_\_\_

 at DPH no later than **Tuesday July 3, 2018.**

16. The proposal is signed by an authorized official of the Applicant Organization.\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| armbear | **STATE OF CONNECTICUT** **NONDISCRIMINATION CERTIFICATION — Representation By Entity** **For Contracts Valued at Less Than $50,000** |
|  |  |

*Written representation that complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended*

**INSTRUCTIONS:**

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut **valued at less than $50,000 for each year of the contract**. Complete all sections of the form. Submit to the awarding State agency prior to contract execution.

**REPRESENTATION OF AN ENTITY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I, |  | ,  |  | of |  | , |
|  | Authorized Signatory |  | Title | Name of Entity |

|  |  |  |
| --- | --- | --- |
| an entity duly formed and existing under the laws of |  | , |
|  | Name of State or Commonwealth |  |

represent that I am authorized to execute and deliver this representation on behalf of

|  |  |  |
| --- | --- | --- |
|  |  and that |  |
| Name of Entity |  | Name of Entity |

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut

General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Authorized Signature |  | Date |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Printed Name |  |  |  |
|  |  |  |  |

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| armbear | **STATE OF CONNECTICUT** **NONDISCRIMINATION CERTIFICATION — Affidavit By Entity** **For Contracts Valued at $50,000 or More** |
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*Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended*

**INSTRUCTIONS:**

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut **valued at $50,000 or more for any year of the contract**. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

**AFFIDAVIT:**

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I am |  | of  |  | , an entity  |  |
|  | Signatory’s Title |  | Name of Entity |  |

|  |  |
| --- | --- |
| duly formed and existing under the laws of | . |
|  | Name of State or Commonwealth |

I certify that I am authorized to execute and deliver this affidavit on behalf of

|  |  |  |
| --- | --- | --- |
|  |  and that |  |
| Name of Entity |  | Name of Entity |

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut

General Statutes §§ 4a-60(a)(1)and 4a-60a(a)(1), as amended.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
| Authorized Signature |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Printed Name |  |  |  |
|  |  |  |  |

**Sworn and subscribed to before me on this** \_\_\_\_\_\_ **day of** \_\_\_\_\_\_\_\_\_\_\_\_**, 20\_\_**\_\_**.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Commissioner of the Superior Court/ Commission Expiration Date**

**Notary Public**

 **CODE OF ETHICS**

**BUSINESS COMPLIANCE NOTIFICATION**

All state contracts issued must comply with CGS 1-84(i) which requires that the business entity receiving a non-competitive contract is not associated with a public official or state employee, nor is it associated with a member of the immediate family of a state employee or public official. The following definitions are offered to facilitate compliance with CGS 1-84(i).

1. An associated business is one in which the individual or immediate family member is a director, officer, owner, partner, or holder of 5% or more of the total outstanding stock of any class. (Officer refers only to the positions of president, executive or senior vice-president, or treasurer). Associated business also includes trusts, if a family member has an interest that exceeds 10% of the value of the trust, or $50,000, whichever is less.
2. The term business includes both profit and non-profit undertakings.
3. Immediate family includes any spouse, children, or dependent relatives residing in the individual’s household.

**FALSE CLAIMS ACT**

**COMPLIANCE NOTIFICATION**

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

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

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

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| **APPROVAL SIGNATURES** | **DATE** |
| J. Robert Galvin, M.D., M.P.H. (original signature on file) | Commissioner of Public Health | 05/21/2010 |
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| **REVISION HISTORY** |
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| Revision | Description of Change | Author | Effective Date |
| Basic | Initial Release | Bruce Wallen | 05/21/2010 |
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| **REFERENCE DOCUMENTS** |
| Document  | Title |
| The Deficit Reduction Act (“Act”) of 2005 | Section 6032 |
| United States Code (U.S.C.) | Sections 3729-3733 |
| Connecticut General Statutes (C.G.S.) | Section 53a-290 Vendor Fraud |
| Connecticut General Statutes (C.G.S.) | Section 4-61dd Whistleblower |
| Connecticut General Statutes (C.G.S.) | Section 31-51m Blacklisting |
| Connecticut General Statutes (C.G.S.) | Section 17b-127 General Assistance |

1. **Purpose**

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

1. **Scope**

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

1. **Definitions and Acronyms**

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

* 1. **Acronyms**

“CGMS” The Connecticut Department of Public Health, Contracts & Grants Management Section

“Department” The State of Connecticut Department of Public Health

“FCA” False Claims Act

“PFCRA” Program Fraud Civil Remedies Act

* 1. **Definitions**

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

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

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

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

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

1. **Compliance**
	1. **False Claim Act**

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

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

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

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

* 1. **State False Claim Related Acts**

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

* 1. **Compliance Reporting**

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

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| --- | --- |
| **APPROVAL SIGNATURES** | **DATE** |
| J. Robert Galvin, M.D., M.P.H. (original signature on file) | Commissioner of Public Health | 05/21/2010 |
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| **REVISION HISTORY** |
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| Basic | Initial Release | Bruce Wallen | 05/21/2010 |
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1. **Purpose**

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

1. **Scope**

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

1. **Definitions and Acronyms**

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

* 1. **Acronyms**

“CGMS” The Connecticut Department of Public Health, Contracts & Grants Management Section

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“PFCRA” Program Fraud Civil Remedies Act

“POS” Purchase of Service Contract

* 1. **Definitions**

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

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

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

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

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

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

Subcontractor – See “Contractor or Agent” above.

1. **Process**
	1. **Dissemination to the Department’s New Employees**
		1. The Department’s Human Resources staff shall present and provide all newly hired Department employees with a copy of the False Claims Act Policy and Procedure during the new employee orientation.
		2. Each new Department employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing an acknowledgement that they received it. The acknowledgement shall be maintained in their personnel file.
	2. **Dissemination to the Department’s Existing Employees**

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

* 1. **Dissemination to Contractors and Qualified Providers**
		1. CGMS shall include the Department’s False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.
		2. Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.
		3. Execution of the contract by a contractor or agent, via authorized signature, shall indicate acceptance of and compliance with the Department’s False Claims Policy and Procedure in accordance with Part II, Section C.4, (Terms and Conditions, Contractor Obligations, Federal Funds) of the POS Contract.
		4. Contractors and agents under contract with the Department shall inform all subcontractors, providing services funded by the contract, of the policy and procedure and obtain acknowledgement of receipt either via inclusion of a contract term/condition in the sub-contractual agreement as in 4.3.3 above, and execution of such subcontract, or via separate acknowledgement.
1. **Records**
	1. The following records shall be maintained, generated, or updated, and filed by the Department in accordance with this procedure and CGMS record retention requirements and schedules. Contractors shall maintain records according to their established record retention schedules.

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

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| J. Robert Galvin, M.D., M.P.H. (original signature on file) | Commissioner of Public Health | 05/21/2010 |
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Employee - means any officer or employee of the entity, contractor, or agent.

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

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1. **Purpose**

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1. **Process**
	1. **Dissemination to the Department’s New Employees**
		1. The Department’s Human Resources staff shall present and provide all newly hired Department employees with a copy of the False Claims Act Policy and Procedure during the new employee orientation.
		2. Each new Department employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing an acknowledgement that they received it. The acknowledgement shall be maintained in their personnel file.
	2. **Dissemination to the Department’s Existing Employees**

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		2. Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.
		3. Execution of the contract by a contractor or agent, via authorized signature, shall indicate acceptance of and compliance with the Department’s False Claims Policy and Procedure in accordance with Part II, Section C.4, (Terms and Conditions, Contractor Obligations, Federal Funds) of the POS Contract.
		4. Contractors and agents under contract with the Department shall inform all subcontractors, providing services funded by the contract, of the policy and procedure and obtain acknowledgement of receipt either via inclusion of a contract term/condition in the sub-contractual agreement as in 4.3.3 above, and execution of such subcontract, or via separate acknowledgement.
1. **Records**
	1. The following records shall be maintained, generated, or updated, and filed by the Department in accordance with this procedure and CGMS record retention requirements and schedules. Contractors shall maintain records according to their established record retention schedules.

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

SEEC Form 11 Definitions:

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

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

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

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

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

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

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

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