**Request for Proposal**

**Department of Public Health-Public Health Initiatives Branch**

**Tobacco Control Program**

**Connecticut Quitline Services**

**RFP # 2020-0902**

**APPLICATION FORMS**

**REQUEST FOR PROPOSAL COVER SHEET**

**State of Connecticut – Department of Public Health**

**Tobacco Control Program**

**RFP DPH LOG # 2020-0902**

**CONNECTICUT QUITLINE SERVICES**

**Applicant Information Form**

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

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:

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**  |

**OUTLINE for Project Narrative**

Provided as a courtesy to facilitate Table of Contents and clarify proposal organization.

**Organizational Profile**

Purpose, Mission, Vision, Values

Entity Type / Parent Organization / Years of Operation

Location of Offices / Facilities

Functional Organization

Current Range of Services /Clients

Qualifications

Relevant Experience

Accreditation / Certification / Licensure

Governance System

References

**Scope of Services**

Community Collaboration and Engagement

 Service Capacity / Delivery Plan/Systems / Processes / Protocols

Client Engagement/Consultation /Evaluation/Treatment Plan

Quality Assurance Protocols

Administrative Support

Special Health or Safety Requirements

**Staffing Plan**

Key Personnel / Managers

Staffing Levels & Qualifications

Job Descriptions

Personnel Organization Chart

Point of Contact Identified

Recruitment, Hiring & Retention Plan

Staff Training / Education / Development

Hours of Operation & Hours of Service Provision

**Data and Technology**

E-Mail / Internet Capabilities

IT Infrastructure / Hardware/Software Quality

Data Collection / Storage

Reporting Capability

Methods of Communication

Assessment of Client Satisfaction

Evaluation / Outcome Measures

**Subcontractors**

Legal Name of Agency, Address, FEIN

Contact Person, Title, Phone, Fax, E-mail

Services Currently Provided

Services to Be Provided Under Subcontract

Subcontractor Oversight

Subcontract Cost and Term

**Work Plan\***

\*For Project Narrative in the Main Proposal, a summary paragraph of the Work Plan should be included, but the full plan is to be included as an attachment and does not count towards the 25-page limit.

**Cost Proposal**

 **Financial Profile**

Annual Budget and Revenues

 Financial Standing

 Financial Management Systems

 Revenue Generation

 Billing

 Third Party Reimbursement

 **Budget and Budget Narrative**

 Narrative

 Forms: Line Item Budget Form (Fee for Service)

 Subcontractor Costs/Subcontractor Schedule Detail

 Staffing Profile

 Resumes of Key Personnel

**Department Forms**

Applicant Capability Chart

Tobacco Industry Funding and Partnership Certification (DPH)

**Additional Requested Appendices**

Sample Participant Materials

Sample Reports provided weekly/monthly/quarterly/annually

Call recordings (3) for intake/registration, initial assessment/counseling, and follow up counseling calls

Audited Financial Statements

Three references with contact information

Organizational chart

**Other State Forms**

Acknowledgment of Contract Compliance / Notification to Bidders (CHRO)

Consulting Agreement Affidavit

Workforce Analysis

1. **BUDGET SUMMARY AND JUSTIFICATION: Fee for Service Budget**

Please provide an explanation for each line item listed on the budget summary form and include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.

|  |  |  |  |
| --- | --- | --- | --- |
| **Line Item (Description)** | **Amount per Unit** | **Total for Line Item** | **Justification including Breakdown of Costs** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| **Total Budget:** |       |  |

1. **Budget Justification – Subcontractor Schedule Instructions**
	1. For contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided. 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.*

* 1. Detail of Each Subcontractor:
		1. 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.

* + 1. Choose whether the subcontractor is a minority or woman owned business:

[ ]  MBE [ ]  WBE [ ]  Neither

* + 1. Provide the detail for each subcontract just as for the primary contract budget referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

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

1. **Budget Justification – Subcontractor Schedule Detail Form**

**#1**

Subcontractor Name:

Address:

Telephone: (     ) (     -     )

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

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

|  |  |
| --- | --- |
| **Description of Services to be Provided** | **Total** |
| Line Item(s) |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **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

|  |  |
| --- | --- |
| **Description of Services to be Provided** | **Total** |
| Line Item(s) |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **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

|  |  |
| --- | --- |
| **Description of Services to be Provided** | **Total** |
| Line Item(s) |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Subcontract Amount:** |  |

1. **Budget Justification – Staffing Profile**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position Description**  | **Staff Person Assigned** | **Site/ Location** | **Assigned to Project****# Hours wk./** **# wks. per Year** |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |
| 1. Position:
 | Name:       |       |      /      |

**\*Attach resumes and job descriptions for all Professional Staff**

**Work Plan**

**(Make as many blank pages as needed, and form may be set up in either portrait or landscape mode)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Services to be Provided****(Provide specifics)** | **Activities****(Tasks/Deliverables)** | **Staff Position(s) Responsible** | **Expected Outcomes,** **Measures of Success** | **Timeframe for Completion****(Include scheduled start and end dates)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Applicant Capability Chart**

To assist in assessing the capability of the applicant, the following Chart is to be completed with data from the applicant’s experience operating a Quitline. If there is no data available put “n/a” into the box.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **English** | **Spanish** | **Comments** |
| **Call Standards** |  |  |  |
| % of live answer |  |  |  |
| % of abandoned after 30 seconds |  |  |  |
| % to voicemail during operation hours |  |  |  |
| % of calls answered with 30 seconds |  |  |  |
| Average speed to answer (in seconds) |  |  |  |
| **Other Business Standards** |  |  |  |
| Time for delivery of NRT to participant |  |  |  |
| % of participants who receive NRT within your quality standard |  |  |  |
| Time of delivery of education materials to participant |  |  |  |
| # of hours Quitline operated by applicant was not fully functional in past 12 months due to weather equipment failure, software failure, etc. |  |  |  |
| # of hour online components operated by the applicant was not fully functional in past 12 months |  |  |  |
| % of participants receiving more than one pro-active coaching call  |  |  |  |
| % of participants receiving more than one pro-active coaching call who talked with the same coach at each call |  |  |  |
| Conversion rate for registration to coaching (# who completed 1st coaching session/#complete registration) |  |  |  |
| % of participants in multiple call programs receiving a time sensitive follow-up call within 48 hours of their quit date  |  |  |  |
| # of registered Quitline participants in the past 12 months (phone/online) |  |  |  |

State of Connecticut

Department of Public Health

Tobacco Control Program

**Tobacco Industry Funding and Partnership Certification**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has not

(Company/Agency)

received funding or engaged in partnerships, either formal or informal, with any Tobacco Company within the last three (3) years.

The above-mentioned agency will not accept funding nor engage in partnerships with any Tobacco Company during the contract period, should we be awarded funds from the CT Department of Public Health, Tobacco Control Program.

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

Contractor’s Authorized Signature Date

|  |  |
| --- | --- |
|  | **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 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 Cost

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

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 Principal or Key Personnel** | **Date** |
|  |  |  |
|  |  | Dept. of Public Health |
|  | Printed Name (of above) | Awarding State Agency |

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Commissioner of the Superior Court**

**or Notary Public**

**STATE OF CONNECTICUT**

**DEPARTMENT OF PUBLIC HEALTH**

 Dannel P. Malloy

Raul Pino, M.D., M.P.H. Governor

Commissioner Nancy Wyman

 Lt. Governor

**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, and

• 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;

And shall:

• 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"

• 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.

 DATE

Rev. 7/2017

**NOTIFICATION TO BIDDERS**

The contract to be awarded is subject to contract compliance requirements mandated by Section 4-114a of the Connecticut General Statutes; and, when the awarding agency is the state, Section 46a-71(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 4-114a et. seq. of the Regulations of Connecticut State Agencies which establish a procedure for the awarding of all contracts covered by Sections 4-114a and 46a-71(d) of the Connecticut General Statutes.

According to Section 4-114a-3(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 4-114a 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 4-114a-1 (10) 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-68-17 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 it’s work force is at or near parity when compared to the racial and sexual composition of the work force 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 4-114a-3 (10) of the Contract Compliance Regulations.

INSTRUCTION: Bidder must sign acknowledgment form below and return signed page to Awarding Agency along with bid proposal. Please retain a copy for your files.

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

 Signature Date

on behalf of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract No.: #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Letter of Award:\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. **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