

PROCUREMENT NOTICE

LEGAL NOTICE

Request for Proposal #2020-0904
for
Overdose Data to Action (OD2A) in Connecticut Communities

The Connecticut Department of Public Health is seeking proposals from local health, municipal, non-profit, and community-based organizations to implement drug overdose data surveillance and prevention activities within local communities. Working with the Department of Public Health and local partners, awardees will take a leadership role within their local areas to improve capacity to respond to drug overdoses and initiate and strengthen public health system interventions necessary to improve protective behaviors and reduce harmful use of prescription and illicit drugs in order to reduce drug overdose morbidity and mortality.

The complex and changing nature of the opioid overdose epidemic in this country and in our state highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. The intent of the request is to enhance public health access and application of data and to ensure local communities are equipped with the necessary resources to support their prevention and response efforts alongside community-level and statewide partners.

This is a competitive bid; all those seeking funding must submit a proposal and follow the guidelines of this Request for Proposals (RFP), which is available in electronic format on the State Contracting Portal at <http://das.ct.gov/cr1.aspx?page=12> or from the Department's Official Contact:

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The RFP is also available on the Department's website at <http://www.ct.gov/dph/rfp>.
A printed copy of the RFP can be obtained from the Official Contact upon request.

Deadline for submission of proposals is October 30, 2019, at 4:30 PM.

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I. GENERAL INFORMATION

■ A. INTRODUCTION

1. **RFP Name or Number.** DPH RFP Log # 2020-0904: *Overdose Data to Action (OD2A) in Connecticut (CT) Communities*
2. **Summary.** The Connecticut Department of Public Health, hereafter the Department, is seeking proposals from local health, municipal, non-profit, and community-based organizations to implement drug overdose data surveillance and prevention activities within local communities.
3. **Synopsis.** Working with the Department and local partners, awardees will take a leadership role within their local areas to improve capacity to respond to drug overdoses and initiate and strengthen public health system interventions necessary to improve protective behaviors and reduce harmful use of prescription and illicit drugs in order to reduce drug overdose morbidity and mortality.
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 0600: Services (Professional, Support, Consulting and Misc. Services)
 - 1000: Drug Addiction Prevention or Control Services
 - 1000: Health Service Planning
 - 2000: Community and Social Services
 - 3000: Education and Training Services

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
DPH	Department of Public Health (CT)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LOI	Letter of Intent
OAG	Office of the Attorney General
OD2A	Overdose Data to Action in Connecticut Communities grant
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request For Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States

- *Buprenorphine*: an opiate medication used to treat opioid use disorder.
- The Connecticut *Alcohol and Drug Policy Council (ADPC)* is a legislatively mandated body comprised of representatives from all three branches of State government, consumer and advocacy groups, private service providers, individuals in recovery from addictions, and other stakeholders in a coordinated statewide response to alcohol, tobacco and other drug (ATOD) use and abuse in Connecticut. The Council, co-chaired by the Department of Mental Health and Addiction Services (DMHAS) and the Department of Children and Families (DCF), is charged with developing recommendations to address substance-use related priorities from all State agencies on behalf of Connecticut's citizens -- across

the lifespan and from all regions of the state.

<https://www.ct.gov/dmhas/cwp/view.asp?a=2908&q=334676>

- The *Connecticut Opioid Response (CORE)* strategic plan grew from the Governor's charge to the Alcohol and Drug Policy Council (ADPC), a statewide stakeholder group, to comprehensively address Connecticut's opioid crisis. The strategic plan lays out a series of actions designed to rapidly reduce opioid-related overdose deaths in Connecticut and can be accessed at <https://ctcore.org/>.
- *Connecticut Prescription Monitoring and Reporting System (CPMRS)*: collects prescription data for Schedule II through Schedule V drugs into a centralized database, the CPMRS, which can then be used by healthcare providers and pharmacists in the active treatment of their patients.
- *Contractor*: a private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP.
- *DATA 2000 Waiver Training* is an eight-hour training physicians are required to complete to qualify for a waiver to prescribe and dispense buprenorphine for the treatment of opioid use disorder. Nurse practitioners must complete a total of 24 hours of specialized training to obtain the waiver.
- *EpiCenter syndromic surveillance* offers near real-time situational awareness of conditions of public health interest. Patient records are classified as related to particular syndromes based on chief complaint, triage notes, and/or discharge diagnosis codes. EpiCenter helps state and local health officials stay up to date on the well-being of their communities. It collects and analyzes intake data from healthcare facilities in real time, providing information-rich, in-depth coverage of entire states and counties. EpiCenter's geographic reach and statistical capabilities help public health practitioners monitor and identify possible threats as they emerge — including outbreaks of seasonal diseases such as influenza or chronic community health issues such as opioid overdose. Emergency departments and other acute care facilities send patient-level (limited) data from IT systems to CT DPH EpiCenter within 24 hours of acute care visit.
- *Local Health Departments and Districts (LHDs)*: Currently, Connecticut has 65 local health agencies serving the State's entire population. Local health agencies' responsibilities include the enforcement of the Connecticut Public Health Code and mandated services as prescribed by CGS Section 368e (municipal) and Section 368f (district). For more information about CT's local health infrastructure and contact information for local health agencies in CT, visit: <https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration>.
- *Naloxone* is a synthetic drug, similar to morphine, that blocks opiate receptors in the nervous system. This medication can be used to reverse an opioid overdose by restoring normal breathing and consciousness within 1 to 5 minutes after inhaling or injecting it.
- *Opioid Prescribing Guidelines*: a guideline that provides recommendations for primary care clinicians who are prescribing opioids for chronic pain.
- *Opioid Use Disorder*: An opioid use disorder is defined as a harmful pattern of opioid use that leads to serious impairment or distress.
- *Overdose Detection Mapping Application Program (ODMAP)* is a web-based tool developed by the federal High Intensity Drug Trafficking Area program (HIDTA) and used by local health agency staff and first responders (EMS, police, and fire) to geographically track and visualize the opioid overdose epidemic within a region and specific timeframe. On 6/1/2019, Connecticut implemented ODMAP statewide, with data entry assistance from with the CT Poison Control Center, which makes overdose location data available to the Department and other public health stakeholders. This provides near real-time suspected overdose surveillance data across jurisdictions to support public safety and public health efforts to mobilize an immediate response to a sudden increase, or spike in overdose events.

- *Overdose Data to Action (OD2A)* is the title of the project funding awarded to the Connecticut Department of Public Health, Cooperative Agreement grant number 1NU17CE925011-01-00, by the Centers for Disease Control and Prevention.
- *Proposer or applicant:* a private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP.
- *Prospective proposer:* a private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so.
- *Recovery Friendly Communities:* As defined by the Connecticut Alcohol and Drug Policy Council (ADPC), this designation is for communities interested in supporting residents who are in recovery from substance use disorders. Interested communities can contact the Recovery and Health Management subcommittee of the ADPC, through the Connecticut Community for Addiction Recovery (CCAR).
- *Statewide Opioid Directive (SWORD) Program:* A real time reporting mechanism for opioid overdoses in the state through Emergency Medical Services (EMS) enacted by the Connecticut Department of Public Health Office of Emergency Medical Services (OEMS), in collaboration with the Connecticut Poison Control Center (CPCC) at UCONN Health, DPH's Office of Injury and Violence Prevention, and pursuant to Public Act No. 18-166, Sec. 5. All CT certified and licensed EMS organizations and providers are now reporting to the CPCC after any call where the patient is suspected of opioid use causing decreased responsiveness, respiratory depression or death, whether or not naloxone was administered. CPCC then enters the de-identified data into ODMAP within 24 hours. The information obtained by the CPCC is shared with the Department and is disseminated to local public health, safety and community groups through early warning alerts and demographic reports.
- *Subcontractor:* an individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP

■ C. INSTRUCTIONS

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

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

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

- Department's RFP Web Page
<http://www.ct.gov/dph/rfp>
- State Contracting Portal
<http://das.ct.gov/cr1.aspx?page=12>

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

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

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

- Number of Awards: Five (5) to thirteen (13)
- Individual Award Floor: \$300,000 (\$100,000 annually)
- Individual Award Ceiling: \$780,000 (\$260,000 annually)
- Contract Cost: Varies
- Contract Term: 2 years and 5 months

4. Eligibility. Private provider organizations (defined as nonstate entities that are either nonprofit or proprietary corporations or partnerships) and municipalities are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

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

Applications will be accepted from Connecticut public and private organizations, local health, municipal, non-profit, and community-based organizations. If the lead organization is not a local health department/district, the applying organization must have included a collaborative agreement and letter of support from their local health department/district. Any other organizations listed as primary partners should also submit a letter of support. Proposals shall include demonstrated past experience working collaboratively within their communities. Additional points will be awarded to areas that demonstrate higher rates of drug overdose morbidity and mortality and to proposals that demonstrate multiple formal partnerships, including local hospitals, law enforcement, and other first responders.

Proposals will be screened for completeness and compliance with the requirements specified in the RFP. Applicants who fail to follow instructions or to include all required elements will be deemed incomplete and removed from further review. In addition, applicants with outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.

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

- RFP Planning Start Date: 6/10/2019
- RFP Released: 9/10/2019
- Letter of Intent Due: 9/23/2019
- Deadline for Questions: 9/30/2019
- Answers Released (Round 1): 10/4/2019
- RFP Conference: Not Applicable
- Answers Released (Round 2): Not Applicable

- Proposals Due: 10/30/2019
- (*) Proposer Selection: 11/25/2019
- (*) Start of Contract Negotiations: 12/2/2019
- (*) Start of Contract: 4/1/2020

- 7. Letter of Intent.** A Letter of Intent (LOI) is not required by this RFP but is considered optional. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by US mail, fax, or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI.
- 8. Inquiry Procedures.** All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline(s) will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such. The agency will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page.
- 9. RFP Conference.** An RFP conference will not be held to answer questions from prospective proposers; however, the Department will accept questions in writing regarding the RFP.
- 10. Proposal Due Date and Time.** The Official Contact is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:
- Due Date: 10/30/2019
 - Time: 4:30 PM EST

Proposals that have ONLY been emailed will not be evaluated: both paper and electronic copies are required. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures.

The Department will not accept a postmark date as the basis for meeting the submission due date and time. Proposals received after the due date and time may be accepted by the Department as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- one (1) original proposal;
- five (5) conforming copies of the original proposal; and
- one (1) conforming electronic copy of the original proposal.

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee.

The electronic copy of the proposal should be submitted via email to the email address ramona.anderson@ct.gov.

The electronic copy of the proposal must be compatible with *Microsoft Office Word 2007*. For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

11. Multiple Proposals.

The submission of multiple proposals from the same primary/named applicant is not an option with this procurement. The submission of multiple proposals is an option with this procurement, if an organization is listed as the contractor in one proposal and a subcontractor in the other(s).

An application may contain more than one organization if there is a formal partnership established.

Two local entities who serve overlapping populations within the same town or city or jurisdiction will not both be funded. Applicants may choose to compete with an overlapping entity or may coordinate prior to submitting an application. One entity would still have to be the primary/named applicant, but could use the budget to support staff in the coordinating organizational entity.

12. Declaration of Confidential Information. Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL. In Section C of the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

13. Conflict of Interest - Disclosure Statement. Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

■ D. PROPOSAL FORMAT

- 1. Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
- 2. Cover Sheet.** The Cover Sheet is Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by the Department in Section V. A. 1. Attachments.
- 3. Table of Contents.** All proposals must include a Table of Contents that conforms to the required proposal outline. (See Section IV.)

4. **Executive Summary.** Proposals must include a high-level summary, not exceeding three (3) pages, of the main proposal and cost proposal.
5. **Appendices.** Letters of collaboration are required from proposed subcontractors that detail the level of involvement and evidence of assistance that they will provide to the project. Letters of support are required from local or community substance use-related coalitions. Letters of collaboration and support should be currently dated, and not copies from previous submissions. Letters of collaboration and support cannot be provided by Department staff.

Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.

6. **Style Requirements.** Submitted proposals must conform to the following specifications:
 - Binding Type: Use a single binding clip; do not use staples or other more permanent binding.
 - Dividers: None specified
 - Paper Size: 8.5 x 11"
 - Page Limit: 25 pages [Includes Proposal Outline Items A through F. Does not include Attachments or Forms; see Section IV Proposal Outline for more detail. (Page 29)]
 - Print Style: 2-sided
 - Font Type/Size: Verdana / 9 pt. or Calibri / 11 pt.
 - Margins: 1 inch
 - Line Spacing: 1.5 minimum spacing

NOTE: The pre-designed forms do NOT need to be re-formatted to fit within these specifications.

7. **Pagination.** The proposer's name must be displayed in the header of each page. All pages must be numbered in the footer.
8. **Packaging and Labeling Requirements.** All proposals – one (1) original and five (5) conforming copies - must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

■ E. EVALUATION OF PROPOSALS

1. **Evaluation Process.** It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform to its written procedures for POS procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85).
2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. Attempts

by any proposer (or representative of any proposer) to contact or influence any member of the Screening Committee may result in disqualification of the proposer.

- 3. Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP. See Minimum Review Criteria Checklist in Section V.B. Informational Attachments.
- 4. Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.
- **Organizational Profile (10% total, 20 points)**
 - The extent to which the applicant has demonstrated successful experience conducting public health prevention and surveillance work. (10 points)
 - The Department's prior experience with the applicant organization including issues of contract compliance. (5 points)
 - The applicant's history of successful contract fulfillment with State of CT Agencies including the orderly transfer of services following contract termination or conclusion. (5 points)
 - **Scope of Services (45% total, 90 points)**
 - The extent to which the proposal builds upon existing resources and services and promotes collaboration. (30 points)
 - The extent to which the proposal demonstrates an understanding of the current burden of drug overdoses in the identified community and the target population and describes the available resources. (30 points)
 - The extent to which services to be provided are described clearly and demonstrate an effective approach to providing the strategies and activities outlined in the RFP. (20 points)
 - The extent to which applicant provided evidence that it will demonstrate cultural competence in the design and implementation of services. (10 points)
 - **Staffing Plan* (10% total, 20 points)**
 - The extent to which adequate time is allocated to manage the services to be provided. The extent to which the profile of staff and subcontractors are clear and adequate to manage the services to be provided. (8 points)
 - Does the applicant have a qualified program administrator responsible for overseeing the overall operation of the program and functioning as the single point of contact? (2 points)
 - The extent to which the applicant has demonstrated its capability to effectively coordinate, manage, and monitor the efforts of assigned staff, including subcontractors, to ensure that work is effectively completed in a timely manner, including at least a 75% full-time equivalent position designated as the OD2A in CT Communities Project Coordinator for the proposed local jurisdiction. (6 points)
 - A thorough organizational chart is provided. (2 points)
 - The extent to which the applicant will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract. (2 points)
 - **Data, Technology, and Evaluation (20% total, 40 points)**
 - The extent to which the applicant has demonstrated the ability to access existing relevant sources of data and data systems included in the proposed minimum data set, or to gain access to this data for the purpose of designing prevention strategies within 45 days of contract execution. (20 points)
 - The extent to which the applicant has demonstrated the ability to: (a) Monitor and maintain data quality assurance including quality improvement modifications, protocols, data elements, software and/or equipment, staff training, and improved communication methods. (b) Collect,

- store, and report data elements included in the proposed minimum data set. (c) Provide required reports and respond to data requests as outlined by the Department. (10 points)
- o The extent the applicant has demonstrated the ability to capture performance and outcome measures in order to evaluate their program by maintaining a data collection system that is capable of tracking and documenting program progress and indicator data needed to report on program outcomes. (10 points)
 - **Work Plan (9% total, 18 points)**
 - o The extent to which a thorough, realistic work plan is presented with clear activities, measurable objectives and specific, appropriate timelines, including a start date. (9 points)
 - o The extent to which the proposer provides details to demonstrates how it will measure or prove the completion of major tasks, functions, or activities (e.g. identification of key events/outcomes/deliverables). (9 points)
 - **Cost Proposal (6% total, 12 points)**
 - o Financial profile: The fiscal competitiveness of the proposal. (4 points)
 - o Budget and Budget Narrative: The extent to which a cost effective budget is presented which follows eligibility guidelines. (8 points)

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

The Preliminary Review Team Technical Review Criteria Worksheet can be found in Section V.B. Informational Attachments.

5. **Proposer Selection.** Upon completing its evaluation of proposals, the Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful proposer is at the discretion of the Department head. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process.
6. **Debriefing.** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department will schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.
7. **Appeal Process.** Proposers may appeal any aspect the Department's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Department head. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Department to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.
8. **Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

II. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: http://www.ct.gov/opm/fin/standard_contract

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

■ B. ASSURANCES

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

- 1. Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Department may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.
- 3. Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

4. **Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful proposer.
5. **Press Releases.** The proposer agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFP or any resultant contract.

■ C. TERMS AND CONDITIONS

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

1. **Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
2. **Preparation Expenses.** Neither the State nor the Department shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
3. **Exclusion of Taxes.** The Department is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
4. **Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
5. **Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Department may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Department. The Department may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Department. At its sole discretion, the Department may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.

7. **Presentation of Supporting Evidence.** If requested by the Department, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Department may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Department may also check or contact any reference provided by the proposer.
8. **RFP Is Not An Offer.** Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Department or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Department and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Department and, if required, by the Attorney General's Office.

■ D. RIGHTS RESERVED TO THE STATE

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

1. **Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Department.
2. **Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department deems it to be necessary, appropriate, or otherwise in the best interests of the State.
3. **No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Award and Rejection of Proposals.** The Department reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
5. **Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFO) on cost from proposers. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Award.** The Department reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract

with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.

8. **Key Personnel.** When the Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Department.

■ E. STATUTORY AND REGULATORY COMPLIANCE

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

1. **Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. **Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. **Consulting Agreements, C.G.S. § 4a-81.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (C) any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.
4. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar

or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.

- 5. Nondiscrimination Certification , C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with *written representation* or *documentation* that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

III. PROGRAM INFORMATION

■ A. DEPARTMENT OVERVIEW

The Connecticut Department of Public Health (the Department) is the lead agency for the state's public health initiatives and policy, the center of a comprehensive network of public health services, and a partner to local health departments. The agency provides advocacy, training and certification, technical assistance and consultation, and specialty services that are not available at the local level. The Department's mission is to protect and improve the health and safety of the people of Connecticut by: Assuring the conditions in which people can be healthy; Preventing disease, injury, and disability, and Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

The agency is responsible for providing accurate health information to the Governor, the Legislature, the federal government, and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities, and evaluate the effectiveness of health initiatives. The agency is also a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on personnel, facilities, and programs regulated. The Department is currently staffed by approximately 681 employees organized into thirteen branches, sections, and offices; each tasked with ensuring and/or providing services to help the agency achieve its mission.

At the DPH, there is an emphasis on evidence-based practices centered on the collection of health data to shape policy and program initiatives. In collaboration with partners and other stakeholders the Department works to provide an integrated public health system that maximizes the public's investment in public health and strives for continuous quality improvement.

The DPH Office of Injury prevention was established in 1993 under the statute, Sec. 19a-41, to coordinate and expand prevention and control activities related to intentional and unintentional injuries in CT. Organizationally, the Office is a subset of the Community, Family Health, and Prevention Section, which works to improve the health of the overall population across the lifespan, especially mothers, infants, children, adolescents and other vulnerable groups, by establishing opportunities that support healthy living habits through education, injury and disease prevention, early detection, and access to care. The mission of the CT DPH's Office of Injury and Violence Prevention, in close collaboration with the Injury and Violence Surveillance Unit, is to promote a safe and healthy Connecticut by reducing factors associated with intentional and unintentional injuries. The Office, following national recommendations for intentional and unintentional injury prevention, oversees community-based programs (conducted by contractors) that address risk and resiliency factors associated with injury and implements strategies to decrease injury. In Connecticut, the highest rate of emergency department visits is due to injury. Injuries and violence can affect an individual's ability to lead an active, productive and fulfilling life. The Office, in collaboration with outside partners, local health departments and other state agency programs, provide services to communities, groups, and individuals by offering health education, conducting data collection and analysis, and reporting on injuries and violence.

This RFP is being issued by the Opioid and Drug Overdose Prevention Program within the Office of Injury and Violence Prevention with funding from the CDC under opportunity number: CDC-RFA-CE19-1904; Grant Number NU17CE925011.

■ B. PROGRAM OVERVIEW

Under OD2A, the Opioid and Drug Overdose Prevention Program will continue its work focused on increasing comprehensiveness and timeliness of surveillance data; building state and local capacity to advance promising public health program practices; ensuring Prescription Drug Monitoring Programs are easier to use and accessible; and maintaining and expanding partnerships with health systems,

insurers, and communities to improve opioid prescribing, while also ensuring linkages to care and ongoing innovative public health practice based on research evidence. The Program will ensure the two components of the award: surveillance and prevention, are linked and implemented as part of a system by using high quality, complete, and timelier data on overdoses to inform prevention and response efforts.

The misuse of prescription medication and opioid drugs has increased significantly over the years to become a public health concern in Connecticut and across the country. This misuse (or abuse) includes taking these medications in higher doses than prescribed, for a purpose other than that for which it was prescribed, or taking a medication that was prescribed for another person or obtained off the streets. Opioid overdose is often characterized by a decrease in breathing rate which if not quickly addressed leads to death. Data from the 2016 and 2017 National Survey on Drug Use and Health (NSDUH) indicates that there were an estimated 244,000 CT residents, 18 and older, with substance use disorder (97,000 with illicit drug use disorder and 18,000 with pain reliever use disorder). In the same years, there were an annual average of about 21,000 individuals aged 18 or older had used heroin in the past year, and 114,000 individuals aged 12 or older had used any illicit drug, other than marijuana, in the past month. In a single-day count in 2015, 37,817 individuals in Connecticut were enrolled in substance use treatment—an increase from 25,914 individuals in 2011. In a single-day count in 2015, 14,072 individuals in CT were receiving methadone in opioid treatment programs as part of their substance use treatment—an increase from 11,849 individuals in 2011 and 13,856 individuals in 2012, but a decrease from 15,509 individuals in 2013.

Connecticut experienced a significant rise in drug overdose deaths between 2012 and 2017. Currently, unintentional poisoning from prescription and illicit opioids is the leading cause of death from injuries in the state and makes up 93% of all non-alcohol drug poisonings. Residents of CT are more likely to die from an unintentional drug overdose than a motor vehicle accident. According to the data from the CT Office of the Chief Medical Examiner, 1,017 individuals died from drug overdoses of unintentional or undetermined intent in CT in 2018. That number has grown from 357 in 2012 and peaked in 2017 at 1,038 deaths. In 2017, CT ranked 11th in the nation for age-adjusted drug overdose death rates, while mortality rates have exceeded the national rate for the past five years. While the opioid overdose epidemic worsens in scope and magnitude, it is also becoming more complex. According to the CDC, the increase in opioid overdose deaths involves three distinct, but interrelated trends: a 15-year increase in overdose deaths involving prescription opioid pain relievers, a surge in heroin deaths starting in 2010, and a significant increase in deaths involving illicitly-manufactured fentanyl and fentanyl analogs since 2013. The complex and changing nature of the opioid overdose epidemic highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach.

The Department will contract with local health, municipal, non-profit, and/or community-based organizations based on the results of the RPP application process to identify effective contractors to work in collaboration with the Department to carry out drug overdose surveillance and prevention activities within their communities. The OD2A in Connecticut Communities project seeks to formally integrate state and local prevention and response efforts by supporting activities that include (1) explicit efforts to better integrate state and local prevention efforts and (2) prevention and response strategies at the state and local level. The anticipated short, intermediate, and long term outcomes of the OD2A in Connecticut Communities project include:

Short-term outcomes:

- More comprehensive understanding and awareness of opioid overdose epidemic in different communities with respect to burden and resource allocation.
- Increased local capacity for sustained surveillance and prevention efforts.
- Increased state involvement and guidance in local-level prevention efforts for both prescription and illicit opioids.

Intermediate outcomes:

- Increased preparedness and improved response for both prescription and illicit opioids, among state and local partners.

- Decreased high risk prescribing behaviors (i.e. < 90 MME and less opioid/benzo/other drug) co-prescribing and polypharmacy.

The long-term outcomes listed have an anticipated impact within 4-6 years or earlier:

- Decreased rate of emergency department (ED) visits due to misuse or opioid use disorder.
- Decreased drug overdose death rate, including prescription opioid and illicit opioid overdose death rates.
- Decreased rate of opioid misuse and opioid use disorder.
- Increased provision of evidence-based treatment for opioid use disorder.

Each of the selected contractors will be expected to take a leadership role within their local areas to improve capacity and also initiate and strengthen public health system interventions necessary to improve protective behaviors and to reduce harmful use of prescription drugs and all drug overdose morbidity and mortality. Many communities have begun implementing selected strategies and recommendations of the Connecticut Opioid Response (CORE) Plan as well as social marketing on the state and local level to increase primary, secondary, and tertiary prevention and reduce the stigma of opioid addiction. Over the past three years, CT has funded six high-burden local health departments and districts (LHDs) to conduct opioid overdose prevention activities and targeted community interventions. An additional four high-burden LHDs were funded through a Substance Abuse and Mental Health Services Administration (SAMHSA) grant to the CT Department of Mental Health and Addiction Services. Smaller mini-grants have also been available at the state-level to support additional interested local health departments and districts as well as provider, nonprofit, and community-based organizations. There is ongoing, statewide interest and engagement in combatting the opioid epidemic across many local-level community and health organization.

Activities have included promising practices that fall under the following categories and activities: (1) prevention (community coalition building, public information and media campaigns, messaging around safe storage and disposal, harm reduction outreach, and trainings); (2) prescriber guidelines (promoting guidelines on acute and chronic pain management, such as the [CDC Guidelines for Prescribing Opioids for Chronic Pain](#), supporting opioid prescription limits through policy change, prescriber education, and Prescription Drug Monitoring Programs - PDMPs); (3) naloxone awareness and education (promote access to and use of naloxone among the public, friends and family, and first responders as well as related linguistically appropriate educational materials); (4) treatment and recovery (enhanced access to treatment including medication and counseling in diverse clinical settings, community education to reduce stigma, building strong partnerships with community stakeholders, recovery supports such as peer coaches, and leveraging existing funds to apply for grant funding to spark innovations); and (5) using data to inform systems (development of systematic data dissemination mechanisms to engage and inform stakeholders).

Applicant organizations must describe their current access or plan to access complete and timely local data on prescribing and on nonfatal and fatal drug overdoses to enhance their understanding of the scope, direction, and contours of the epidemic as well as the tools and resources needed to use this data to inform and target prevention and response efforts. Selected organizations will be expected to use state- and community-level data to inform local interventions; build local capacity to advance promising public health program practices; and maintain and expand partnerships with health systems, prevention organizations, and surrounding communities to improve opioid prescribing, while also ensuring linkages to care and ongoing innovative public health practice based on research evidence.

These funds, once awarded, will support dedicated staff time and program coordination. Additional points will be awarded to areas that demonstrate higher rates of drug overdose morbidity and mortality and to proposals that demonstrate multiple formal partnerships, including partnering with local hospitals, law enforcement, and other first responders.

■ **C. MAIN PROPOSAL COMPONENTS** (25 page maximum)

1. Applicant Organizational Requirements and Profile (10% review criteria)

The purpose of this subsection is to state the organizational requirements (beyond eligibility and minimum requirements) for applicants and to offer guidance in providing the necessary information about the proposer's administrative and operational capabilities.

a. Purpose, Mission, Vision, and History of Organization

The proposer must provide a brief overview of the history and structure of the organization. The proposer must explain how the proposal will fit into the organization's overall mission and meet the intent of this RFP. Proposers with long-standing, significant unresolved issues on current and/or prior year contracts with the Department may be removed from consideration for additional or future funding.

b. Entity Type (profit/non-profit, etc.) / Years of Operation / Functional Organization / Governance System

The proposer must indicate entity type, years of operation, organization function, and governance structure. Proposals will be accepted from Connecticut public and private organizations (defined as non-state entities that are either nonprofit or proprietary corporations or partnerships) and municipalities and local health departments and districts. Individuals who are not a duly formed business entity are ineligible to participate in this procurement. The proposal must contain a completed Cover Sheet, Contractor Information Form, and a signed Notification to Bidders Form, which are included in the attached Application Forms (See Section V). Provide the name, title, address, telephone and FAX number of staff persons responsible for the completion and submittal of:

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

Accurate information is needed by the Department concerning the applicant's legal status.

Indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or town code number. Ensure completion of Cover Sheet and Applicant Information Form (See Sect V.A.).

c. Current Range of Services / Clients

Describe the current range of services provided by the applicant organization and populations served, including the annual number of individuals reached. Discuss successes and challenges in serving these populations. Services are to include: collection and dissemination of data, service integration through coalition and partnership building, and outreach and education, including communications campaigns.

d. Location of Office(s) or Facilities / Hours of Operation

The proposer must define locations where activities will or may be provided and hours of operation, including nontraditional locations and hours; include an accompanying description of how citizens can reach their organization.

e. Accreditation / Certification / Licensure (if applicable)

Define any organizational accreditations, certifications, or licensure.

f. Relevant Experience: Organization's experience addressing drug overdose morbidity and mortality

Describe past experience in the following areas:

- Knowledge about and experience designing outreach strategies and/or working with individuals with and families affected by substance use disorder
- The types and quantities of resources currently provided within local community.

- Providing culturally appropriate education and training to the public or healthcare and behavioral health providers on overdose prevention and substance use disorders that enable participants to acquire the skills necessary to access needed medical and related treatment and recovery support services.
- Conducting culturally appropriate training for healthcare providers and their practice staff, which may include but is not limited to: naloxone and/or harm reduction training, linkage to care and information about available community resources, accessing the Connecticut Prescription Drug Monitoring System (CPMRS), and opportunities to obtain a DATA 2000 waiver in order to prescribe buprenorphine for the treatment of opioid use disorder.
- Working with other statewide or local organizations to address prevention and surveillance of opioid overdoses and substance use disorder. One or more health departments or districts must have a leading or prominent role in the collaboration.
- Developing community-based resources independently or with other organizations.

2. Service Requirements – Scope of Services (45% review criteria)

a. Service Area

A local health department or district (LHD), community organization, and/or other local-level agency will serve as the primary lead to carry out drug overdose surveillance and prevention activities within their community. A clearly defined catchment area must be identified for the delivery of services. (Note: Referencing statewide service capacity does not fulfill the target catchment area.) The contractor must clearly define their service area by naming the towns and cities supported, and the contractor's approach or methodology must be addressed in the proposal. Two local entities who serve overlapping populations within the same town/city or jurisdictional catchment area will not both be funded. Applicants may choose to compete with an overlapping entity or may coordinate prior to submitting an application. One entity is required to be the primary/named applicant, but could use the budget to support staff and activities in the coordinating organizational entity.

b. Program Collaboration / Coordination

Proposals that build upon existing resources and services and promote collaboration among various agencies will be given top scores in this area

The applicant organization must commit to working with the Department's Injury and Violence prevention and epidemiology staff and the Centers for Disease Control and Prevention to access jurisdiction-level data and disseminate both statewide and local fatal and nonfatal overdose data, prescription data, and prevention best practices and success stories to local partners in order to inform strategic interventions.

The complex and changing nature of the opioid overdose epidemic highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach, of which collaborations are a cornerstone. No single player can address all the levers that impact opioid overdose prevention. To accomplish the work under this RFP, applicant organizations will need to engage in, coordinate with, and leverage partnerships and collaborations with a broad swath of multi-level, multi-sector partners who can aid in successful implementation and evaluation. It is expected that collaborators selected to partner with the applicant organization will have extensive knowledge of the identified target populations and demonstrated experience addressing opioid misuse, use disorder, overdose, and opioid-related harms within these populations.

Below are both required and optional collaborations. A Letter of Support is requested for each proposed collaboration. Applicant organizations must include copies of the signed letters in the proposal attachments and PDF files with the electronic version submitted via email.

Required collaborations are as follows:

- Local health departments and districts: If the lead organization is not a local health department or district (LHD), the applicant organization must attach a current memorandum of agreement or letter of support from the appropriate LHD(s), as only local health agencies will have access to certain data

sources listed under the *Data, Technology, and Evaluation Section* in the 'Minimum Data Set' on page 25-26.

- Local and/or regional substance abuse and/or behavioral health coalitions or organizations

Encouraged collaborations are as follows:

- Community-based organizations, including harm reduction coalitions and Syringe Service Programs (SSPs)
- Regional Behavioral Health Action Organizations (RBHAOs), <https://www.ct.gov/dmhas/cwp/view.asp?q=601578>
- Local treatment and recovery supports, facilities, and providers
- Social service agencies
- Healthcare systems, hospitals, and health and behavioral health care providers
- Public safety and first responders

Applicant organizations must include their level of engagement with the CT Department of Mental Health and Addiction Services (DMHAS) as the state substance abuse services authority, the CT Department of Consumer Protection (DCP) as the state Prescription Drug Monitoring Program (PDMP) authority, and other key partners, dependent upon the strategies being pursued. Regardless of the strategies selected, applicant organizations are strongly encourage to describe other strategic partnerships and collaborations with organizations that will make this work stronger and more impactful or may have a role in achieving the outcomes and proposed activities in this RFP, such as traditional and social media, non-government organizations, non-profit agencies, public health and public safety communities, and the business community.

Additional points will be awarded to areas that demonstrate higher rates of drug overdose morbidity and mortality and to proposals that demonstrate multiple formal partnerships, including local hospitals, law enforcement, and other first responders.

If the applicants receive current funding from state agencies for opioid related activities, a brief description should be included in this proposal. New work plans should not duplicate previously funded activities but rather expand upon such activities, for example by enhancing the scope or extending the duration of services.

c. Documentation of Community Needs and Gaps / Resources

Demonstrate an understanding of the uniqueness of the target population by describing the service and resource needs as well as identifying gaps in these areas. Initial efforts will include an organizational assessment of capacity to integrate state and local awareness and response efforts for sustained prevention and surveillance efforts. A community health assessment conducted within the last three years that includes substance misuse/opioids/treatment availability should be communicated in the proposal. If not available, first year activities must include conducting a community health assessment in the work plan. A description of the community demographics and extent of opioid misuse should be incorporated, including demonstrating specific consideration of populations(s) of highest risk (e.g. people involved in the justice system, those who have experienced Adverse Childhood Experiences (ACEs)), as well as populations that have been historically underserved (e.g. people who are experiencing homelessness). Applicant organizations must justify the rationale for selection of target population(s) and describe how their inclusion will help to achieve the program purpose of decreasing opioid overdose morbidity, mortality, and associated harms. Data-driven identification of target population(s) is encouraged.

d. Service Components and Activities

Successful proposals must include the following items in their implementation:

- Local health department or district, community-based organization, and/or other local non-profit agency as the primary lead in their community to carry out drug overdose surveillance and prevention activities within proposed and well-defined local service area.
- Demonstrated collaboration or ability to collaborate with substance abuse/mental health organizations.

- Plans that exhibit multiple formal partnerships, including local hospitals, law enforcement, and other first responders or plans to work with said entities.
- Established capability to work with multiple diverse and high-risk populations throughout the project.
- Facilitation of community educational forums, trainings and technical assistance to their project partners throughout the project timeline. These can and will include medical providers, prescribers and pharmacists, as well as the general public.
- Dissemination of CDC, DPH, and other agencies' prevention campaign materials.
- Collection and/or completion of all evaluations associated with the project by the Department.
- Ability for a single, consistent staff person to coordinate the project. (must dedicate at least a 75% full-time equivalent position designated as the OD2A in CT Communities Project Coordinator for the proposed local service area.)

The project coordinator, or his or her designee, will be required to:

- Attend monthly in-person or teleconference meetings, trainings, and technical assistance opportunities as they are scheduled by the Department.
- Develop or expand a local Opioid or Substance Use Coalition or Task Force by ensuring staff listed in the applicant's proposal regularly attend and participate in local coalition meetings as well as attending the statewide Alcohol and Drug Policy Council bimonthly meetings and related subcommittee meetings.
- Submit written reports to the Department on project activities and deliverables, including writing 'Success Stories' achieved and best practices implemented within their local jurisdiction in a format determined by the Department.
- Compile products, tools, and materials created by local agencies.
- Submit fiscal reports reflecting grant spending.
- Meet in-person with other community stakeholders as needed to meet project deliverables.
- Have the ability to access identified data sources through computer databases and software and include the intent to develop a data dissemination plan in order to ensure overdose data is distributed to key stakeholders.

Work plans should describe how the applicant organization will use state- and community-level data to inform local interventions. A description of the group(s), organization(s), or community being partnered with and a demonstrated ability to engage in meaningful prevention work to improve opioid prescribing practices, naloxone education, and/or data sharing efforts should be outlined. If the applying entity is currently a member of a substance abuse coalition, provide details on how current activities can be enhanced by additional participation in the OD2A initiative.

Additional Strategies: Describe an approach to incorporating the following three specific strategies, and at least one listed activity, into the scope of services. At least one activity for each strategy must be selected. Proposals can expand on any of these and should include a clear justification of their significance in addressing the short-term, intermediate, and long-term outcomes of the project, and detail the activity in the narrative and work plan to identify how it will be tailored to their community.

(1) Collection and sharing of data:

- a. Document schools and universities participation in efforts to have naloxone in stock and staff trained to administer it, along with collaboration on education of proper use and storage of prescription drugs.
- b. Convene a Grand Rounds in the local hospital in the area serving the identified community to present statewide and local data on overdose morbidity and mortality as well as intervention activities.
- c. Address neonatal abstinence syndrome (NAS) rates with OB/GYNs in the community, based on CT birthing hospital rates, to ensure proper prenatal care and post-delivery planning can occur.

- (2) Integration of services/partnership building:
- a. Assemble partners in law enforcement, first responders, harm reduction, and local health to review protocols on responding to overdoses and linkages to care.
 - b. Participate in assessments of locations in the community where naloxone is available in the event of an emergency. Actively participate in increasing the number of locations.
 - c. Review data received from the Statewide Opioid Reporting Directive (SWORD) initiative with community partners to determine appropriate neighborhood interventions.
- (3) Communication campaigns:
- a. Provide "Recovery Friendly Communities" education to stakeholders to explore support efforts.
 - b. Identify a community champion who can motivate stakeholders and develop a culturally competent action plan to address multi-generational and targeted risk groups (school age, seniors, people in recovery, and populations affected by ACEs and trauma).
 - c. Production of a newsletter, blog, or website that interconnects community efforts to address opioid and other substance misuse in the community.

As part of the proposal, include a description of any existing funding available to the applicant organization that includes drug overdose prevention and surveillance activities. Explain how OD2A funds will be used to enhance or expand current efforts and how the applicant will ensure there is no duplication of activities.

e. Program Access

Describe different avenues for citizens in the community to access the applicant organization's services.

3. Staffing Requirements – Staffing Plan (10% review criteria)

The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training, experience, and sufficient time allocated to perform assigned duties. Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project on the Staffing Form included in Section V.A. The proposer must describe the administrative structure and oversight for the program. Identify the coordinator/supervisor and the individuals that will comprise the program and the staff assigned.

Staff should have familiarity with interpreting public health data and a basic understanding of addiction, as a chronic, relapsing brain disease. Resumes must be provided for all professional staff assigned to this project. One person shall function as the single point of contact for administration of the program. At a minimum, a 75% full-time equivalent position must be designated as the OD2A in CT Communities Project Coordinator for the proposed local jurisdiction.

These funds, once awarded, will support dedicated staff time and project coordination. Proposals should include details on current staff expected to be employed through this project. Project Coordinators will be expected to attend monthly trainings and meetings as they are scheduled and to provide written reports to the Department. Permissible use of these funds related to staff include salary, fringe benefits, and mileage reimbursement for travel to and from meetings and trainings.

The applicant organization must complete and attach an organizational Work Force Analysis included in Section V.A. The applicant organization must also provide evidence that their organization will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.

A current organizational chart for the lead agency must be submitted with the attachments. If current staff will be assigned to the Project Coordinator role, include a current resume in the attachments. At least 75% of their time should be dedicated to this project. If staff will be hired, include an outline of the job description in the attachments, and outline a recruitment and hiring schedule.

a. Subcontractors

If subcontractors are utilized for the provision or delivery of a service, the purpose of this subsection is to specify the information to be provided about the administrative and operational capabilities of each such subcontractor.

If subcontractors will be used in the proposed program, specify the following information for each one:

- 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
- Subcontractor Qualifications (see Staffing Requirements above)

NOTE: The proposal must include a completed Subcontractor Schedule A—Detail Form for each subcontractor proposed (If known at application time, otherwise, will be required to submit during contract negotiations; see Section V1. - Attachments.)

4. Data, Technology, and Evaluation Requirements (20% review criteria)

Successful proposers will clearly describe experience in the following criteria:

a. E-Mail/Internet Capabilities

Applicant organization must define current capabilities as well as system restrictions. Proposers must have access to and be able to access email and the internet for the purposes of data collection and record reporting, as well as for any required or recommended DPH webinars and teleconferences.

b. IT Infrastructure / Hardware & Software Quality

Proposer must describe current operating system, including indicating any staff assigned to IT management. Such individual's name and contact information must be included.

c. Data Collection / Storage / Reporting

The applicant must develop and maintain a data collection system that has the ability to collect, store, and report any data elements to the Department that are needed in order to report on program outcomes, such as participant information (including sociodemographic data) and partner communication lists. Sociodemographic data should be collected in accordance with the Department's Policy on Collecting Sociodemographic Data (<https://portal.ct.gov/-/media/Departments-and-Agencies/DPH/Health-Equity/Policy-and-Procedures/SD-Data-Collect-Users-Guide-6719-FINAL.pdf?la=en>), which at a minimum includes age, ethnicity, race, sex/gender, level of English proficiency, preferred spoken language and veteran status.

The applicant should describe database management processes including quality assurance (QA) (e.g. conduct periodic data assessments to evaluate the quality, accuracy and validity of the data; assess and validate data collection methods utilized by staff). Discussion of data management must include plans for data quality improvement if it is found through QA that such improvements are needed, such as modifications to operations, protocols, data elements, software and/or equipment, staff training, and improved communication methods.

Successful proposals will be required to set up and maintain files and data on number served, as per DPH security and confidentiality requirements. Describe existing or proposed software that the applicant organization will utilize to develop a database in order to record sociodemographic and service utilization data on activity reach. At a minimum, information collected will include, when known: age/age range of participants, sex, ethnicity, race, level of English proficiency, preferred spoken language, veteran status, occupation and event participated in: title, date, time, and location.

The database will be used to track education and outreach activities conducted under this contract, and it will be submitted to the Department for review and approval.

Successful proposals will also be required to track performance measures and program indicators, as outlined by the Department in subsequent contract language. Monthly and/or quarterly reports will be required from each contractor to report program data on an ongoing basis. The frequency of the reports will depend on the type of program and services to be offered and will be at the discretion of the Department. The applicant will also be expected to respond to evaluation questions on data submissions and program operations, and may be expected to make data collection modifications in order to assure outcome measures are being tracked.

d. Minimum Data Set

The selected contractor will be expected to access, either directly or indirectly, existing relevant sources of data and data systems, including but not limited to: the Department's local health department and district quarterly overdose epidemiology reports, data available in the DPH's EpiCenter syndromic surveillance system, and Statewide [EMS] Opioid Reporting Directive (SWORD) data in ODMAP, or describe a plan to gain access within 45 days of contract execution.

Confidentiality agreements should be signed by all staff accessing patient-level data. Originals should be kept on file at the applying agency with a copy sent to the CTDPH program staff. If staffing will change, CTDPH staff must be notified and a plan to fill the position should be shared. Deliverables will be expected as previously discussed (reports, attendance at meetings, fiscal, etc.) and a new confidentiality agreement and resume will be expected within 1 month.

Local health agency staff involved with the program should be trained and have access to Everbridge, EpiCenter, CT TRAIN, and other computer systems that will be identified over the course of the grant. If staff is not currently trained, they should have access to these systems with 45 days of assuming programmatic responsibility.

If the lead agency replying to this RFP is other than a local health department/district, a written letter of support and collaborative agreement from their local health agency partner is needed.

The Project Coordinator should have dedicated access to a computer.

5. Work Plan (9% review criteria)

A comprehensive and realistic work plan must be provided on the Work Plan Form included in Section V.A. The work plan must be consistent with the RFP and the project's goals and required activities. The work plan must include specific details about project goals, services to be provided, activities, timeframe for completion, including a project start date, outcome measures, and staff position(s) responsible. Detail should be provided about the relationship and tasks to be performed by each subcontractor.

The applicant organization must prepare a detailed work plan for the first five months of the award (Period 1: 4/1/2020-8/31/2020) and a high-level plan for subsequent years (Periods 2 and 3, which will run 9/1 through 8/31). If funded, the Department will provide feedback and technical assistance to help finalize the work plan post-award. At a minimum the work plan should:

1. Describe major strategies and activities to be conducted to meet the program outcomes. The three required strategies: Collection and sharing of data, integration of services, and communication campaigns, should be clearly exhibited in the proposed work plan.
2. List objectives that are Specific, Measurable, Achievable, Relevant, and Time-phased (SMART) during the first 6-month budget period. The applicant should also develop a long-term work plan of overarching goals that will be accomplished over the entire contract project cycle tied to the identified outcome measures.
3. Provide a timeline that identifies key activities and assigns approximate dates for inception and completion.

4. Describe the multisector collaboration that will be utilized to assist in carrying out the proposed activities.
5. Describe staff and administrative roles and function to support implementation of the award, including subcontractor roles and evaluation functions.
6. Explain how lessons learned will be translated and disseminated.

The proposed work plan shall focus on a number of evidence-based practices and strategies to help prevent prescription drug and opioid overdose morbidity and mortality in the community, increase awareness of this public health epidemic, and help to reduce the stigma associated with substance use disorder and build local capacity to advance promising public health program practices. All services should be described in as much detail as possible. Program goals and objectives should be clearly identified along with a working timeline of all project activities and deliverables.

The detailed work plan form shall be completed in the required format provided in the attachments and included as an Appendix. It does not count toward the page limit. (See Section V.A.).

■ D. COST PROPOSAL COMPONENT (6% review criteria)

1. Financial Requirements - Profile

The purpose of this subsection is to state the financial requirements of this RFP and provide guidance to the applicant for submitting appropriate information on fiscal stability, accounting and financial reporting systems, or relevant business practices.

Monthly expenditure reports will be required, dependent on the type of program to be provided. Budget basis programs will require expenditure reports that are submitted to the Department through an electronic reporting system, Core-CT. Any services that are going to be provided on a fee-for-service basis need to include an invoice.

2. Budget Requirements – Budget and Budget Narrative

The purpose of this subsection is to identify budget requirements and to specify the required information and materials to be submitted explaining how the applicant developed the proposed budget and cost allocations.

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Attachments in Section V.A. A detailed budget is required for each of the three budget periods:

Period 1: 4/1/2020 – 8/31/2020

Period 2: 9/1/2020 – 8/31/2021

Period 3: 9/1/2021 – 8/31/2022

- a. All costs (travel, printing, supplies, etc.) must be included in the contract price. Any organization including administrative and general costs as part of the project budget must also provide their cost allocation plan that identifies what categories of costs are included in the plan and how they are allocated. **Competitiveness of the budget will be considered as part of the proposal review process.**
- b. The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in contract prices.
- c. The maximum amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as “not to exceed” quotations against which time and expenses will be charged.
- d. The proposed budget is subject to change during the contract award negotiations.

- e. Use of subcontractors is allowed. Subcontractor information and details also must be in the itemized budget. Subcontractor Schedule A – Detail form must be completed. All information required of the contractor must be applied to the subcontractor as well.
- f. Copies of state set aside certifications for small and/or minority business must also be provided.
- g. Payments will be negotiated based on time frames and deliverables described in Section V of this RFP.

A funding range of \$100,000 to \$260,000 per year for between five (5) and thirteen (13) organizations is available for a 29 month period, beginning April 1, 2020 through August 31, 2022.* **

*Recipients will be required to participate in meetings convened by the Department every other month. Location may vary. Budget for at least one (1) staff member to travel in-state.

**The Department reserves the right to decrease the first period award (4/1/2020-8/31/2020) to account for the abridged timeframe.

Unallowable Activities

The following activities are NOT allowable as per CDC OD2A:

- Prohibited purchases: Naloxone/Narcan, syringes, fentanyl test strips, harm reduction kits, furniture or equipment (generally, but note that vehicles may be allowable expenses for linkage to care activities). Harm reduction and linkage to care activities are acceptable as long as they are not prohibited purchases.
- HIV/HCV/other STD/STI testing.
- Drug disposal: This includes implementing or expanding drug disposal programs or drug take back programs, drug drop box, drug disposal bags.
- The provision of medical/clinical care.
- Wastewater analysis, including testing vendors, sewage testing and wastewater testing.
- Research.
- Direct funding or expanding the provision of substance abuse treatment.
- Development of educational materials on safe injection.
- The prevention of Adverse Childhood Experiences (ACEs) as a stand-alone activity. However, activities related to ACEs are allowable if they pertain to establishing linkage to care, or to providing training to public safety and first responders on trauma-informed care.
- Public safety activities that do not include clear overlap/collaboration with public health partners and objectives.

Medication Assisted Treatment (MAT) Waivers

Funds can be used to support training and education around MAT waivers, **however**, OD2A funds cannot be used to pay for fees associated with providers obtaining waived status. This applies to both direct reimbursements and contracts. If training and waiver fee activities occur together, it must be clear that OD2A funds are not being used to cover the waiver fee itself. Other funding sources can be used to cover waiver fees.

Neonatal Abstinence Syndrome (NAS)

Please note that certain activities that cover neonatal abstinence syndrome (NAS) are allowable, while others are not. In particular certain NAS-related surveillance and prevention activities may be allowable; however funding collection of NAS surveillance data is not allowable. Some examples of what would be allowable include:

- Surveillance of linkage to care during or after pregnancy for mothers who use opioids during pregnancy
- Tracking drug use patterns, overdose history, and linkage to treatment and risk reduction services for pregnant women.
- Linking data sources on pregnant women available at the state and local level.
- Prevention strategies and activities for pregnant women, infants born with NAS, and for healthcare providers/clinician support and education.

IV. PROPOSAL OUTLINE

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

	Page
A. Cover Sheet	1
1. Applicant Information Form (continued)	
B. Table of Contents	2
C. Declaration of Confidential Information <i>(Per instructions: Section I. C.12.)</i>	Etc.
D. Conflict of Interest - Disclosure Statement <i>(Per instructions: Section I. C.13.)</i>	
E. Executive Summary <i>(Per instructions: Section I. D. 4.)</i>	
F. Main Proposal	
1. Organizational Profile	
2. Scope of Services	
3. Staffing Plan	
a. Narrative	
b. Staffing Form	
c. Subcontractor Schedule A Detail Form	
4. Data, Technology, and Evaluation.	
5. Work Plan	
G. Cost Proposal	
1. Financial Profile	
2. Budget and Budget Narrative	
a. Narrative	
b. Budget Summary 1 Form	
c. Budget Justification Schedule B	
H. Appendices	
a. Job Descriptions	
b. Resumes	
c. Letters of Support	
d. Organizational Chart	
e. Work Plan Form	
I. Forms	
a. Workforce Analysis	
b. Acknowledgment of Contract Compliance.	
c. Notification to Bidders (CHRO)	
d. Consulting Agreement Affidavit (OPM Ethics Form 5)	

V. ATTACHMENTS

Reserved for Department use. Section V is not standard and will vary by RFP, depending of the Department's procurement requirements.

■ A. APPLICATION FORMS: *The following forms must be completed and included in the proposal submission as applicable and directed.*

1. Cover Sheet	31
2. Applicant Information Form (continuation)	32
3. Budget Form Instructions	33
4. Budget Summary 1 Form	34
5. Budget Justification Schedule B Form	35
6. Instructions – Subcontractor Schedule A Detail	36
7. Subcontractor Schedule A Detail Form	37
8. Work Plan Form	38
9. Staffing Form	39
10. OPM Consulting Agreement Affidavit	40
11. Workforce Analysis	41
12. Notification to Bidders.	42
13. Contract Compliance Policy Statement	43

■ B. INFORMATIONAL ATTACHMENTS: *The following attachments are for your information only. These attachments will be used for applicants awarded funding and will be requested during the contract development process.*

1. Minimum Review Criteria Checklist	44
2. Preliminary Review Team Technical Review Criteria Worksheet	46
3. Nondiscrimination Certifications	48
4. Code of Ethics	50
5. False Claims Act Notification	51
6. False Claims Act Policy	57
7. False Claims Act Procedure	61
8. SEEC Form 11	64

V.A. APPLICATION FORMS

COVER SHEET

REQUEST FOR PROPOSAL
RFP DPH Log# 2020- 0904
Overdose Data to Action (OD2A) in Connecticut Communities
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
Office of Injury and Violence Prevention

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

The applicant agency is the agency or organization, which is legally and financially responsible and accountable for the use and disposition of any awarded funds. Please provide the following information:

- Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
- Mailing address
- Main telephone number
- Fax number, and email address, 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.

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**I. Personnel** (lines #1 - #5) each person funded:

- a) Name of person & Title
- b) Hourly rate, # hours working per week, and # of weeks. (calculate)
- c) Fringe benefit rate. (calculate)

Example:

1. Name & Position: John Smith, Coordinator	
Calculation: \$25.00 hr X 35hrs X 45wks	\$39,375
Fringe Benefit: 26%	\$10,238

II. Line #11 **Contractual (Subcontracts)** provide the total of all subcontracts and complete Subcontractor Schedule.**III.** Lines #6 - #13 complete categories as appropriate,**IV.** Line # 14: Other Expenses are any other types of expense that do not fit into the categories listed.

For example: Equipment (purchasing a computer at a cost of \$1,500). Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$2,500 or more.

V. * Audit Costs,** the cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**

VI. Line Item #15 **Administrative and General Costs**, these are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at: <http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.

VII. Administrative and General Costs must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.

VIII. Other Income list any other program income such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.

IX. 2 Year Contracts: 2 sets of budget forms have been provided. Please do a full budget for each year of the contract, clearly indicating the year on each form. Assume level funding for the second year.

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

B. Budget Justification Schedule B

I. 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.**

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

Example:

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

Budget Summary 1

Category	Amount
Personnel:	
1) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
2) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
3) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
4) Name & Position: _____ , _____	
Calculation:	
Fringe Benefit: _____ %	
5) Name & Position: _____ , _____ :	
Calculation:	
Fringe Benefit: _____ %	
6) Travel _____ per mile X _____ miles	
7) Training	
8) Educational Materials	
9) Office Supplies	
10) Medical Materials	
11) Contractual (Subcontracts)***	
12) Telephone	
13) Advertising	
14) Other Expenses (List Below)	
a)	
b)	
c)	
d)	
e)	
f)	
15) Administrative and General Costs	
Total DPH Grant	
Other Program Income:	

*** Complete Subcontractor Schedule A

C. Instructions: Subcontractor Schedule A--Detail

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

II. Detail of Each Subcontractor:

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

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

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

Example A. Budget Basis

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

Example B. Fee for Service:

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

Example C. Hourly Rate:

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

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

**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 (use Landscape orientation; make as many blank pages as needed)

Goal:				
Services to be Provided	Activities	Timeframe for Completion	Outcome Measure	Staff Position(s) Responsible
Goal:				
Services to be Provided	Activities	Timeframe for Completion	Outcome Measure	Staff Position(s) Responsible
Goal:				
Services to be Provided	Activities	Timeframe for Completion	Outcome Measure	Staff Position(s) Responsible

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				
Clerical/ Support Staff:				
Position 1				
Position 2				

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



**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: _____

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:
Address:

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

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

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

1. Have you successfully implemented an Affirmative Action Plan? YES NO
Date of implementation: _____ If the answer is "No", explain.

1. a) Do you promise to develop and implement a successful Affirmative Action?
 YES NO Not Applicable Explanation:

2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive: YES NO Not Applicable Explanation:

3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area? YES NO Explanation:

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?
 YES NO Explanation:

Contractor's Authorized Signature

Date

NOTIFICATION TO BIDDERS

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

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

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

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

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

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

Signature

Date

On behalf of:

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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



Dannel P. Malloy
Governor
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.

Raul Pino, MD, MPH
Commissioner, Department of Public Health

DATE


Rev. 7/2017




Phone: (860) 509-7220 • Fax: (860) 509-7111
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph
Affirmative Action/Equal Opportunity Employer



V.B. Informational Attachments

DPH RFP Log # 2020-0904	Minimum Review Criteria Checklist		
Overdose Data to Action (OD2A) in Connecticut Communities			
Applicant:			
Criteria		Yes	No
Letter of Intent:	Received by September 23, 2019 (Optional)		
Questions:	Deadline to submit - September 30, 2019		
Proposal/Application:	Received by October 30, 2019, 4:30 PM EST		
	One original proposal with original signatures		
	Clearly marked as ORIGINAL		
	Five (5) conforming copies of the proposal		
	One (1) conforming electronic copy of the proposal		
Proposal Format:	Required outline:		
	A. Cover Sheet – complete Applicant Information Form		
	B. Table of Contents		
	C. Declaration of Confidential Information		
	D. Conflict of Interest – Disclosure Statement		
	E. Executive Summary		
	F. Main Proposal		
	1. Organizational Profile		
	2. Scope of Services		
	3. Staffing Plan - a. Narrative		
	b. Staffing Form		
	c. Subcontractor Schedule A Detail Form (if applicable)		
	4. Data, Technology, and Evaluation		
	5. Work Plan (in Appendices)		
	G. Cost Proposal		
	1. Financial Profile		
	2. Budget – a. Budget Narrative		
	b. Budget Summary 1 Form		
	c. Budget Justification Schedule B		
	Appendices:		
	a. Job Descriptions		
	b. Resumes		
	c. Letters of Support		
	d. Organizational Chart		
	e. Work Plan Form		

	Forms:		
	a. Workforce Analysis		
	b. Acknowledgement of Contract Compliance		
	c. Notification to Bidders (CHRO)		
	d. Consulting Agreement Affidavit (OPM Ethics Form 5)		
Style Requirements:	Use a single binding clip; no staples or other more permanent binding		
	Page Limit: 25 pages (does not include Appendices and Forms)		
	8.5 x 11" paper; 2-sided printing		
	Verdana / 9 pt. or Calibri / 11 pt. font		
	1 inch margins; 1.5 minimum spacing		
Pagination:	Proposer's name on header of each page		
	All pages numbered in the footer		

DPH RFP Log # 2020-0904	Preliminary Review Team Technical Review Criteria Worksheet		 Connecticut Department of Public Health
Overdose Data to Action (OD2A) in Connecticut Communities			
Applicant:			
Criteria		Maximum Points	Bidder's Points
1. Organizational Profile (10% total, 20 points)			
1a. The extent to which the applicant has demonstrated successful experience conducting public health prevention and surveillance work.		10	
1b. The Department's prior experience with the applicant organization including issues of contract compliance.		5	
1c. The applicant's history of successful contract fulfillment with State of CT Agencies including the orderly transfer of services following contract termination or conclusion.		5	
2. Scope of Services (45% total, 90 points)			
2a. The extent to which the proposal builds upon existing resources and services and promotes collaboration.		30	
2b. The extent to which the proposal demonstrates an understanding of the current burden of drug overdoses in the identified community and the target population and describes the available resources.		30	
2c. The extent to which services to be provided are described clearly and demonstrate an effective approach to providing the strategies and activities outlined in the RFP.		20	
2d. The extent to which applicant provided evidence that it will demonstrate cultural competence in the design and implementation of services.		10	
3. Staffing Plan (10% total, 20 points)			
3a. The extent to which adequate time is allocated to manage the services to be provided. The extent to which the profile of staff and subcontractors are clear and adequate to manage the services to be provided.		8	
3b. Does the applicant have a qualified program administrator responsible for overseeing the overall operation of the program and functioning as the single point of contact?		2	
3c. The extent to which the applicant has demonstrated its capability to effectively coordinate, manage, and monitor the efforts of assigned staff, including subcontractors, to ensure that work is effectively completed in a timely manner, including at least a 75% full-time equivalent position designated as the OD2A in CT Communities Project Coordinator for the proposed local jurisdiction.		6	
3d. A thorough organizational chart is provided.		2	
3e. The extent to which the applicant will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract.		2	

Criteria	Maximum Points	Bidder's Points
4. Data, Technology, and Evaluation (20% total, 40 points)		
4a. The extent to which the applicant has demonstrated the ability to access existing relevant sources of data and data systems included in the proposed minimum data set, or to gain access to this data for the purpose of designing prevention strategies within 45 days of contract execution.	20	
4b. The extent to which the applicant has demonstrated the ability to: <ul style="list-style-type: none"> • Monitor and maintain data quality assurance including quality improvement modifications, protocols, data elements, software and/or equipment, staff training, and improved communication methods. • Collect, store, and report data elements included in the proposed minimum data set. • Provide required reports and respond to data requests as outlined by DPH. 	10	
4c. The extent the applicant has demonstrated the ability to capture performance and outcome measures in order to evaluate their program by maintaining a data collection system that is capable of tracking and documenting program progress and indicator data needed to report on program outcomes.	10	
5. Work Plan (9% total, 18 points)		
5a. The extent to which a thorough, realistic work plan is presented with clear activities, measurable objectives and specific, appropriate timelines, including a start date.	9	
5b. The extent to which the proposer provides details to demonstrate how it will measure or prove the completion of major tasks, functions, or activities (e.g. identification of key events/outcomes/deliverables).	9	
Cost Proposal (6% total, 12 points)		
a. Financial Profile: The fiscal competitiveness of the proposal.	4	
b. Budget and Budget Narrative: The extent to which a cost effective budget is presented which follows eligibility guidelines.	8	
	200	

TOTAL _____

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



**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



STATE OF CONNECTICUT
NONDISCRIMINATION CERTIFICATION – Affidavit By Entity
For Contracts Valued at \$50,000 or More

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/
Notary Public

Commission Expiration Date

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.

APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

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

1.0 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.

2.0 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.

3.0 Definitions and Acronyms

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

3.1 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

3.2 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.

4.0 Compliance

4.1 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.

4.2 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.

4.3 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.

APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

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

5.0 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.

6.0 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.

7.0 Definitions and Acronyms

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

7.1 Acronyms

<u>“CGMS”</u>	The Connecticut Department of Public Health, Contracts & Grants Management Section
<u>“Department”</u>	The State of Connecticut Department of Public Health
<u>“FCA”</u>	False Claims Act
<u>“PFCRA”</u>	Program Fraud Civil Remedies Act
<u>“POS”</u>	Purchase of Service Contract

7.2 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.



False Claims Act (Policy)

PL-CGMS C-001
Revision: 1.0
Effective Date:
05/21/2010

8.0 Process

8.1 Dissemination to the Department's New Employees

8.1.1 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.

8.1.2 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.

8.2 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.

8.3 Dissemination to Contractors and Qualified Providers

8.3.1 CGMS shall include the Department's False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.

8.3.2 Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.

8.3.3 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.

8.3.4 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.

9.0 Records

9.1 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

APPROVAL SIGNATURES		DATE
J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

REFERENCE DOCUMENTS	
Document	Title
The Deficit Reduction Act (“Act”) of 2005	Section 6032
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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



False Claims Act (Policy)

PL-CGMS C-001
Revision: 1.0
Effective Date:
05/21/2010

10.0 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.

11.0 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.

12.0 Definitions and Acronyms

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

12.1 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

12.2 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.

13.0 Compliance

13.1 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.

13.2 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.

13.3 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.



False Claims Act (Procedure)

PR-CGMS C-001
Revision: 1.0
Effective Date:
05/21/2010

APPROVAL SIGNATURES

DATE

J. Robert Galvin, M.D., M.P.H. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY

Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

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

14.0 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.

15.0 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.

16.0 Definitions and Acronyms

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

16.1 Acronyms

<u>“CGMS”</u>	The Connecticut Department of Public Health, Contracts & Grants Management Section
<u>“Department”</u>	The State of Connecticut Department of Public Health
<u>“FCA”</u>	False Claims Act
<u>“PFCRA”</u>	Program Fraud Civil Remedies Act
<u>“POS”</u>	Purchase of Service Contract

16.2 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.



False Claims Act (Procedure)

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17.0 Process

17.1 Dissemination to the Department’s New Employees

17.1.1 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.

17.1.2 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.

17.2 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.

17.3 Dissemination to Contractors and Qualified Providers

17.3.1 CGMS shall include the Department’s False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.

17.3.2 Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.

17.3.3 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.

17.3.4 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.

18.0 Records

18.1 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.