B23 EIS RFP OFFLINE TEMPLATE

**Connecticut Office of Early Childhood
 Birth to Three System
 Comprehensive Early Intervention Service Program**   **Request for Proposals Number OEC-B23-2019
Legislative Authority IDEA Part C
 Connecticut General Statutes Sections 17a-248, 17b-3, 38a-490a**

EIS-1.2 **Required Minimum Qualifications for a Comprehensive Early Intervention Service (EIS) Program** To qualify for a contract award, a proposer must document the following minimum qualifications: Please select one option below.

* The person with direct supervision of the program and staff must have at least three years of experience administering a program for children and families under Part C of the IDEA.
* The organization has a history of providing supports to families and children with developmental delays for at least five years.
* None of the above

EIS-2.1 **Assurances**Upload a curriculum vitae or resume for the person or persons who will be the Birth to Three program director or lead supervisor. Name the file "ProgramName-Director.pdf"  where ProgramName is the name of the program being proposed.

EIS-2.2 Freedom of Information Act
 All of the information contained in the application submitted in response to this RFP is subject to the provisions of the Freedom of Information Act (FOIA), C.G.S. Sections 1-200 et seq.  The FOIA declares that except as provided by federal law or state statute, records maintained or kept on file by any public agency, as defined in the statute, are public records and every person has the right to inspect and receive a copy of such records.

* I affirm that the person certifying this application understands that this is subject to the provisions of the Freedom of Information Act.

EIS-2.3 The link~~s~~ below has ~~have~~ been coded to open in a new tab but with browser differences it might not, your information will be saved if it doesn't. You'll either need to click Back if that option is available or Paste the URL that was emailed to you into the address bar again. The submission tool will open where you left off.

~~You can also copy and paste each URL below into a new tab in your browser.
MS Word versions of the forms below are available at~~ [~~https://portal.ct.gov/OPM/Fin%20PSA/Forms/Ethics%20Forms~~](https://portal.ct.gov/OPM/Fin%20PSA/Forms/Ethics%20Forms)~~.~~

~~EIS-2.4 Form 5. Consulting Agreement Affidavit~~ [~~https://portal.ct.gov/-/media/OPM/OPMForm5ConsultingAgreementAffidavit32814pdf.pdf?la=en~~](https://portal.ct.gov/-/media/OPM/OPMForm5ConsultingAgreementAffidavit32814pdf.pdf?la=en) ~~This affidavit accompanies a bid or proposal for the purchase of goods or services with a value of $50,000 or more in a calendar or fiscal year.  Form 5 is normally submitted by the contractor to the awarding State agency with the bid or proposal, however, for a sole source or no bid contract, it is submitted at the time of contract execution.~~ ~~You must download either the PDF or MS Word file and save it on your computer to retain what is entered. Complete the form and save it as a PDF renaming the file as "ProgramName-Form5.pdf" where ProgramName is the name of the program being proposed.  Then upload it here.~~

~~EIS-2.5 Form 6. Affirmation of Receipt of State Ethics Laws Summary~~ [~~https://portal.ct.gov/-/media/OPM/Finance/psa/OPMEthicsForm6Final91511PDFpdf.pdf?la=en~~](https://portal.ct.gov/-/media/OPM/Finance/psa/OPMEthicsForm6Final91511PDFpdf.pdf?la=en) ~~This affirmation accompanies a large State construction contract or a large State procurement contract with a cost of more than $500,000.  Form 6 is normally submitted by the contractor to the awarding State agency with the bid or proposal.  However, for a sole source or no bid contract, Form 6 is submitted at the time of contract execution. When applicable, Form 6 is also used by a subcontractor or consultant of the contractor.  The subcontractor or consultant submits the form to the contractor, who then submits it to the awarding State agency.

You must download either the PDF or MS Word file and save it on your computer to retain what is entered. Complete the form and save it as a PDF renaming the file as "ProgramName-Form6.pdf" where ProgramName is the name of the program being proposed.  Then upload it here.~~

EIS-2.6 Form 7. Iran Certification
 <https://portal.ct.gov/-/media/OPM/OPMForm7IranCertification32814pdf.pdf?la=en>

 Effective October 1, 2013, this form must be submitted for any large state contract, as defined in section 4-250 of the Connecticut General Statutes.  This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located.  Entities whose principal place of business is located outside of the United States are required to complete the entire form, including the certification portion of the form.  United States subsidiaries of foreign corporations are exempt from having to complete the certification portion of the form.  Those entities whose principal place of business is located inside of the United States must also fill out the form, but do not have to complete the certification portion of the form.

You must download either the PDF or MS Word file and save it on your computer to retain what is entered. Complete the form and save it as a PDF renaming the file as "ProgramName-Form7.pdf" where ProgramName is the name of the program being proposed.  Then upload it here. If you currently have a contract with the state of Connecticut you may upload a copy of a current renewal form.

EIS-2.7 Are you an enrolled provider in good standing in Medicaid and any other state or federal program in which you participate?

* Yes
* No

EIS-2.8 Has any state or federal agency taken any action against you or any of your principals or related parties regarding your participation in Medicaid or any other state or federal program?

* Yes
* No

EIS-2.9 Enter the name of the proposed EIS Program in the space below:

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EIS-2.10 **EIS PROGRAM PRIMARY CONTACT PERSON (all fields are required)**

* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIS-2.11 **EIS PROGRAM FISCAL AGENT**

* Fiscal Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Agency Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Agency Contact Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Agency Contact Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Current DUNS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* FEIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EIS-2.12 Upload a complete listing of all personnel who will be working as part of the Birth to Three Program including interventionists and support staff. This list must include:
Name, Discipline / Role, FTE, whether the person is an employee or sub-contractor, number of years of experience in Part C, special training or certifications, fluent use of non-English languages. In the FTE header include the number that was used in the denominator for a full-time work week. Name the file "ProgramName-PersonnelList.pdf" where ProgramName is the name of the program being proposed.

**Family Centered**

EIS-2.14 Describe your agency's internal strategies available when parents have questions, concerns or complaints. (Maximum 2000 characters with spaces.

EIS-2.15 Describe how your program provides culturally effective supports to families. (Maximum 2000 characters with spaces.)

EIS-2.16 Upload examples of any handouts created by your agency that you do or would share with families about your program's Birth to Three supports. Name the file "ProgramName-Handouts.pdf" where ProgramName is the name of the program being proposed.

**Leadership**

EIS-2.18 Describe the leadership practices demonstrated by the person or persons who will be in the primary contact role as the EIS program director or supervisor. (Maximum 3000 characters with spaces.)

EIS-2.19 Describe the Quality Assurance systems that your program has in place to assure compliance as well as respectful, quality, positive results for families in Early Intervention. (Maximum 3000 characters with spaces.)

EIS-2.20 Upload your current or proposed agency’s training and supervision plan for the Birth to Three program. Name the file "ProgramName-TrainingPlan.pdf"  where ProgramName is the name of the program being proposed.

**Evidence-based**

EIS-2.22 Describe the early intervention evidence-based practices in use in Connecticut and how your program is poised to scale up implementation of these practices. (Maximum 4000 characters with spaces.)

EIS-2.23 Upload a 3-5 minute video of an early intervention visit (not an IFSP meeting, Assessment or Evaluation). NOTE: Maximum allowable file size is 95 Mb in a WAV or MP4 format.  Please note that the most important features in the video are the lighting so the review team can see what is happening and even more important is the audio so the team can hear clearly what is being said.  It does not have to be an actual visit but the video should represent what a typical early intervention visit looks like for the proposed program.   If the video is longer than 5 minutes the review team will stop watching it after 5 minutes has passed. Name the file "ProgramName-Video" where ProgramName is the name of the program being proposed.

EIS-2.24 If you are not able to create a high quality video (720p is fine) that is less than 95Mb, you may paste a link below to a private file that can be **downloaded** (not YouTube).   If a password is required to access the link below, please email the password to OEC.RFP@ct.gov with the subject Program Name - Video Access where "Program Name" is the name of the program being proposed.

EIS-2.25 In order to assure that everyone has consented to the use of the video being submitted with this application, download this Video Release File.docx and have everyone in the video sign one. Scan them into one PDF, **redact family and child names** and upload the scanned file here. Name the file "ProgramName-SignedVideoReleases.pdf"  where ProgramName is the name of the program being proposed.

**Transition**

EIS-2.27 Is this proposal on behalf of a Local School District?

* Yes
* No

EIS-2.28 Upload one PDF that demonstrates evidence of past or current collaboration with the Local Education Agencies (LEAs) where you would like to support families in Connecticut's Birth to Three System. Combine multiple files into one PDF.Name the file "ProgramName-LEAPartners.pdf"  where ProgramName is the name of the program being proposed.

EIS-2.29 Describe activities/practices that help prepare families and their children for transitioning from Birth to Three to Early Childhood Special Education. (Maximum 2000 characters with spaces.)

**Fiscal and IT**

EIS-2.31 Upload one PDF of audited financial statements for each of the last two fiscal years. If audited financial statements for each of the last two fiscal years are not available, scan and upload comparable statements along with an explanation of the submission of documents other than audited financial statements.  Name the one file "ProgramName-Financials.pdf" where ProgramName is the name of the program being proposed.

EIS-2.32 Describe how your program collects and enters accurate and timely data. (Maximum 2000 characters including spaces.)

EIS-2.33 Download this file, ProgramName-Towns.xlsx, enter the number of families (assuming 1 child per family) you would like to support on any given day in each town where you would like to receive referrals, save, rename and upload it here.  NOTE: Rename the file so that "ProgramName" is the name of the EIS program being proposed.

EIS-2.34 If selected are you willing and able to accept referrals and support families in the following towns:  Salisbury, Sharon, North Canaan, Canaan and/or Cornwall (not ~~Cromwell)~~?

* Yes - all of the towns listed
* Yes - at least one of the towns listed
* No

EIS-2.35 If selected are you willing and able to accept referrals and support families in the following towns:  Thompson, Putnam, Woodstock, Pomfret and/or Killingly?

* Yes - all of the towns listed
* Yes - at least one of the towns listed
* No

EIS-2.36 Comprehensive EIS programs can also apply for specialty designations.  The two specialty designations currently are Autism Specialty, Deaf/Hard of Hearing (DHH) Specialty.  Others may be added at any time and programs with contracts may apply for a specialty designation at any time.  Funding is not tied to designations as all EIS Programs are paid the same state rates.  To assist the lead agency in assuring that there is adequate coverage for families with children who have autism or who are DHH, applicants are encouraged to identify whether they are applying for a designation as part of this RFP.

EIS-2.37 **Specialty Designation  - Autism**   If you would like to be considered as a program that specializes in supporting families with children who have autism, please download this form Autism Specialty Designation Request Form.docx, complete it, sign it, scan it, rename and upload it.    Name the file “ProgramName-Autism” where ProgramName is the name of the program being proposed.

EIS-2.38 **Specialty Designation  - Deaf / Hard of Hearing**   If you would like to be considered as a program that specializes in supporting families with children who are deaf or hard of hearing , please download this form DHH Specialty Designation Request Form.docx, complete it, sign it, scan it, rename and upload it.    Name the file “ProgramName-DHH” where ProgramName is the name of the program being proposed.

EIS-2.39 Please enter a link to the About Us or equivalent section of your agency website that describes your agency's history.