LEGAL NOTICE

**Request for Proposals (RFP)**

**Title: FY 2020 Charting the LifeCourse Family Collaboration Partnership**

The State of Connecticut, Department of Developmental Services (DDS) is seeking proposals from experienced LifeCourse organizations to collaborate with DDS to implement Charting the LifeCourse (CtLC) practices and principles with individuals and their family. This CtLC family collaborative partnership will support individuals and their family in four areas: Information & Navigation, Family-to-Family Connections, Supports and Services, and Family Engagement.

The Request for Proposal is available in electronic format on the State Contracting Portal at <http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276> or from the Department’s Official Contact:

Name: Domenica Perrino

Address: Department of Developmental Services

Rowland Government Center

55 West Main St, 3rd Floor

Waterbury, CT 06702

Telephone: (203) 805-7418

Fax: (860) 622-4952

E-Mail: [domenica.perrino@ct.gov](mailto:domenica.perrino@ct.gov)

The RFP link is also available on the Department’s website at <http://www.ct.gov/dds> under the "Business Opportunities (RFPs)" link. A printed copy of the RFP can be obtained from the Official Contact upon request. Deadline for submission of proposals is 2/18/2010 at 4:00 PM

**REQUEST FOR PROPOSALS (RFP)**

**BY THE STATE OF CONNECTICUT**

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

**TABLE OF CONTENTS**

*Below is an outline of this Request for Proposal.* Page

Procurement Notice . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1

Section I — GENERAL INFORMATION . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

A. Introduction . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 3

B. Abbreviations / Acronyms / Definitions . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4

C. Instructions . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 5

D. Proposal Format . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 10

E. Evaluation of Proposals . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 12

Section II — MANDATORY PROVISIONS . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 15

A. POS Standard Contract, Parts I and II . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 15

B. Assurances . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 15

C. Terms and Conditions . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 16

D. Rights Reserved to the State . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 17

E. Statutory and Regulatory Compliance . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 18

Section III — PROGRAM INFORMATION . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 20

A. Department Overview . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 20

B. Proposal Overview .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 21

C. Proposal Components ……………………………………………………………………. 23

Section IV — PROPOSAL OUTLINE . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 29

A. Cover Sheet . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 29

B. Table of Contents . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 29

C. Declaration of Confidential Information . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 29

D. Conflict of Interest – Disclosure Statement . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 29

E. Executive Summary .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 29

F. Main Proposal . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 29

G. Scope of Services . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 31

H. Staffing Plan . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 31

I. Data & Technology . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 32

J. Subcontractors . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 32

K. Work Plan . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 32

L. Cost Proposal . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 33

M. Appendices .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 33

Section V – Forms . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 34

A. Proposers Authorized Representative Form. . . . Form 1. . . . . . . . . . . . . . . . . . . . . . . . . . 35

B. Non-Disclosure Form . . . .Form 2 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 36

C. Agreement and Assurance Form . . . . . . . .Form 3 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 37

D. Notification To Bidders, Parts I – V (CHRO). . . Form 4 . . . . . . . . . . . . . . . . . . . . . . . . . 38

E. Conflict of Interest Form 5 . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 43

F. Consulting Agreement Affidavit Form 6 . . . . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . 44

G. Gift and Campaign Contributions Certification Form 7 . . . . . . . . . . . . . .. . . . . . . . . . . . . 45

H. Budget Summary Form 8 . . . . . . . . . . .. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 47

Section VI – Miscellaneous Information.

1. Sample Staffing Schedule . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 49
2. Minimum Submission Requirement Checklist . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 50
3. Qualifying Proposal Evaluation Checklist . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 52
4. Interview Evaluation Checklist . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 55
5. Guidelines for Qualifying Proposal Evaluation Checklist . . . . . . . . . . . . . . . . . . . . . . . 57

**REQUEST FOR PROPOSALS (RFP)**

**BY THE STATE OF CONNECTICUT**

**DEPARTMENT OF DEVELOPMENTAL SERVICES**

1. **GENERAL INFORMATION**

A. INTRODUCTION

1. RFP Name: FY 2020 Charting the LifeCourse Family Collaboration Partnership.
2. **Number of Contracts–** One contract will be developed for this proposal. The primary focus of the contract is on families supporting families to implement CtLC activities across the lifespan. The contract award will be $125,000 per year, for a five year period.
3. **RFP Summary -** The State of Connecticut, Department of Developmental Services

(DDS) is seeking proposals from organizations experienced in using Charting the LifeCourse (CtLC) principles, practices, and planning tools to assist. Implementation of CtLC support activities will assist families in four areas: Information & Navigation, Family-to-Family Connections, Supports and Services, and Family Engagement. It is anticipated that the organization(s) selected for this contract will collaborate with a variety of stakeholders including self-advocates, other family groups, providers, DDS employees and with a variety of other state agency personnel.

**Information and Navigation** activities will focus on effectively communicating information to families about a variety of topics including but not limited to: A.) Growing and using personal assets to effectively support their loved one B.) Developing personal networks of support C.) Using Assistive Technology to increase independence D.) Identifying and accessing community supports and E.) Accessing a variety of available eligibility supports. The organization selected for this contract will collaborate with DDS staff to develop easy-to-read materials and, , assist families to find, understand, and navigate the anticipatory guidance information they need to successfully transition through each life stage across the lifespan.

**Family-to-Family Connections** activities will focus on helping individuals and families to develop personal networks that assist them to become effective self-determined advocates who are able to effectively influence their personal lives in positive ways. The organization selected for this contract will collaborate with DDS staff to promote and support age-appropriate self-advocacy and peer advocacy activities across the lifespan; will help support the development of family-to-family peer support groups; and will assist the department to implement sibling support activities.

**Supports and Services** activities will focus on helping families to build a strong foundation of various supports and services that help their loved one live a good life. Support activities will focus on helping families to complete eligibility documentation requirements to access services; to upkeep records to maintain eligibility; and to better understand how to use effective self-advocacy and self-determination skills to ensure that the supports and services their loved one receives is delivered in an effective manner.

**Family Engagement** activities will focus on helping family members of all ages to participate in DDS communication and training activities that promote choice and self-determination and to participate in department activities which focus on performance measurement and continuous quality improvement activities. Selected contractor(s) will help support individuals and families to successfully participate in readers groups/quality review groups, to complete surveys and other information gathering activities; develop advocacy themed projects and activities; and to assist individual and families to share their thoughts, ideas, and suggestions for celebrating the collaborate successes and to provide ideas for the improvement of the agency’s services.

The due date for proposals is 4:00 p.m. on 2/1/2010. Proposals must be received in the required packaging and labeling at the DDS West Region, Rowland Government Center

55 West Main St, 3rd Floor Waterbury, CT 06702 not later than the deadline. Late submissions will not be accepted. Faxed or e-mailed proposals will not be accepted.

DDS is authorized in accordance with Section 17a-210 of the Connecticut General Statutes. The requested services will be awarded through a competitive procurement process and funded by State dollars.

1. **Commodity Codes.** The services that the Department wishes to procure through this

RFP are as follows:

• 1000: Healthcare Services

The commodity codes are used when posting the RFP on the State Contracting Portal.

1. 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)

DDS Department of Developmental Services (CT)

EEO Equal Employment Opportunities

FOIA Freedom of Information Act (CT)

HIPAA Health Insurance Portability and Accountability Act

LOI Letter of Intent

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

* ***Administrator:*** The person responsible for overall management, operation and provision of the family organization’s services.
* ***Contractor****: A* private non-profit family organization that enters into a POS contract with the Department as a result of this RFP.
* ***Health Insurance Portability and Accountability Act:*** Administrative, technical, and physical safeguards required to prevent unauthorized access to protected health care information.
* ***Official Agency Contact****:* The only authorized contactfor this procurement and, as such, who will handle all related communications on behalf of the Department.
* ***Participant/Individual***: A person who has been authorized by the DDS to receive services***.***
* ***Experienced LifeCourse Organization:* At least 2 staff have a “Certificate of Completion” in Charting the LifeCourse Ambassadors Educational Series and have used the materials to support planning for individual.**
* ***Family Member:*** A person who has a significant positive relationship with a person with IDD and who is not paid to provide services to the individual.
* ***Principal of the Entity***: The designated person primarily responsible for the overall management, operation and provision of services within the entity.
* ***Proposer****:* A non-profit family organization that has submitted a proposal to the Department in response to this RFP.
* ***Proposer’s Authorized Representatives****:* The authorized employees of the contractor to communicate and discuss the merits of the proposalwith the Department.
* ***Prospective Proposer****:* A non-profit family organization that may submit a proposal to the Department in response to this RFP, but has not yet done so.
* .
* ***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.

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

The Official Agency Contact for the purpose of this RFP is:

Name: Domenica Perrino

Address: Department of Developmental Services

Rowland Government Center

55 West Main St, 3rd Floor

Waterbury, CT 06702

Telephone: (203) 805-7418

Fax: (860) 622-4952

E-Mail: domenica.perrino@ct.gov

DDS reserves the right to appoint an alternate Official Agency Contact if necessary. A formal amendment will be issued to provide contact information for the alternate Official Agency Contact. Proposers will be required to limit their contact regarding the RFP to the person named therein. The amendment will be posted on the State Contracting Portal at <http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276>.

Proposers may also access the “Business Opportunities (RFPs)” link on the State of Connecticut Department of Developmental Services web site at [www.ct.gov/dds](http://www.ct.gov/dds) to view the amendment.

1. ***Proposer’s Authorized Representatives*.** **(Form 1)** Proposers must designate an authorized representative and one (1) alternate. The form is available at [www.ct.gov/dds](http://www.ct.gov/dds) under the "Business Opportunities (RFPs)" link. The form must be signed by the organization's Chief Executive Officer or another official with signatory authority and submitted as Attachment A. Non-Profit family organizations must submit a Proposer’s Authorized Representative Form along with the Letter of Intent to enable other staff to communicate with the Department during the open submission period. A new Proposer’s Authorized Representative Form may be submitted with the proposal to reflect any changes the provider may wish to make.
2. ***RFP Information.*** This RFP, amendments to this RFP, and other information associated with this procurement is available in hard copy, upon request, from the Official Agency Contact or in electronic format from the Internet at the following locations:

* State Contracting Portal

<http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276>

* Department of Developmental Services Web Page

<http://www.ct.gov/dds>

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.

1. ***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:
   * Total Maximum Funding Available: Not to exceed $300,000 in one-time funding per year, for five years.
2. ***Eligibility*.** Experienced LifeCourse organizations are eligible to submit proposals in response to this RFP.
3. ***Minimum Qualifications of Proposers.*** To qualify for a contract award, a proposer must have the following minimum qualifications:
4. Evidence must be provided that the organization has provided workshops/education, advocacy, and support to individuals and families for at least 3 years.
5. The principal of the organization must have at least three (3) years of experience in an administrative capacity for a family organization that provides family education and advocacy activities for individuals with developmental disabilities.
6. Evidence to support at least one administrator and one staff has a “Certificate of Completion in Charting the LifeCourse (CtLC) Ambassadors Educational Series.
7. Evidence must be provided that the family organization is able to effectively support families and is able to effectively collaborate with other family groups.
8. Evidence must be provided that the family organization has effectively worked with self advocates to provide training, activities, and support to families and their family members.
9. Evidence of proficiency and ability to develop, maintain, and support social media platforms to provide information and outreach to families and their family members
10. ***Timeline***. The following timeline, up to and including the deadline for submitting proposals, shall be changed only by an amendment to this RFP. Dates after the submittal deadline for proposals are target dates only.

|  |  |
| --- | --- |
| 12/10/19 | RFP Released |
| 1/16/2020 | Letter of Intent must be submitted on or before deadline in order to submit inquiries and bid |
| 1/30/2020 | Deadline for inquiries |
| 2/3/2020 | Anticipated Release of Official Answers to Inquiries |
| 2/18/2020 | Proposals Due at 4:00 PM |
| 2/20/2020 | Meetings with Proposers to begin |
| 2/28/2020 | Anticipated Selection of Contractor |
| 4/1/2020 | Date of contract execution |

1. ***Letter of Intent****.* Any proposer intending to respond to this RFP must submit a Letter of Intent (LOI), a Non-Disclosure Form and a Proposer’s Authorized Representative Form to the Official Agency Contact by U.S. mail, facsimile, or e-mail not later than 9:00 a.m. on 1/16/20. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. The Non-Disclosure Form **(Form 2)** will be posted on the State Contracting Portal at <http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276>. Proposers may also access the “Business Opportunities (RFPs)” link on the State of Connecticut DDS web site at www.ct.gov/dds to view the Non-Disclosure Form. The LOI is non-binding in that the proposer is not required to submit a proposal. It is the sender’s responsibility to confirm the Department’s receipt of the LOI. The purpose of the LOI is to enable the agency to send interested proposers to the Proposer’s Conference and receive any new information concerning this RFP. Interested proposers may submit a LOI to the designated DDS staff prior to the start of the Proposer’s Conference. Failure to submit the required LOI in accordance with the requirements set forth herein will result in disqualification from further consideration. The Department will communicate only with the authorized official signing the Non-Disclosure Form on behalf of the organization or the Authorized Representatives.
2. ***Inquiry Procedures.***All questions regarding this RFP must be directed, in writing via email, to the Official Agency Contact by 12:00 p.m. on 12/24/19. **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 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 reserves the right to answer questions only from those who have submitted such a Letter of Intent. The Department may combine similar questions and give only one answer. All questions and answers that the Department considers to be HIPPAA protected will be sent out separately through a secured email to proposers that have submitted an LOI. All other 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. A formal amendment to this RFP is anticipated to be issued not later than 1/10/2020. The amendment will be posted on the State Contracting Portal at <http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276>. Proposers may also access the “Business Opportunities (RFPs)” link on the State of Connecticut DDS web site at www.ct.gov/dds to view the amendment. A notice of amendment will also be sent to interested proposers who submit a letter of intent by 1/10/2020.
3. ***Proposers’ Conference*.** A Proposers’ Conference will not be held.

Proposers’ questions shall be submitted to the Official Agency Contact no later than 12/24/2019. All questions asked will be compiled and issued as a written amendment to the 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 written amendment will serve as the Department’s official response to Proposers’ questions. A formal amendment to this RFP is anticipated to be issued not later than 1/10/2010, to provide answers to questions.

The amendment will be posted on the State Contracting Portal at <http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276>. Proposers may also access the “Business Opportunities (RFPs)" link on the State of Connecticut DDS web site at [www.ct.gov/dds](http://www.ct.gov/dds) to view the amendment. A notice of amendment will also be sent to interested proposers who submitted a Letter of Intent by 1/10/2020.

1. ***Proposals Due.*** Proposal must be received no later than 4:00 p.m. on 2/18/2020. Proposals must be received in the required packaging and labeling not later than the deadline. Late submissions will not be accepted. When hand-delivering proposals by courier or in person, allow extra time due to parking and building security procedures. Faxed or e-mailed proposals will not be accepted. **Postmark date will not be considered the basis for meeting any submission deadline.** 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.

Proposals are to be submitted to:

Name: Domenica Perrino

Address: Department of Developmental Services

Rowland Government Center

55 West Main St, 3rd Floor

Waterbury, CT 06702

Telephone: (203) 805-7418

Fax: (860) 622-4952

E-Mail: domenica.perrino@ct.gov

An acceptable submission must include the following:

• one (1) original proposal;

• six (6) conforming copies of the original proposal; and

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.

1. ***Multiple Submissions*.** Multiple submissions are permitted but providers may receive only one award.
2. ***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).
3. ***Conflict of Interest - Disclosure Statement* (Form 5).** 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.
4. **PROPOSAL FORMAT**
5. ***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.

***Cover Sheet.*** The proposer must develop a Cover Sheet that includes the information below. *Legal Name* is defined as the name of the non-profit family organization, CT State agency, or municipality submitting the proposal. Proposer’s *authorized representative* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal. *Authorized Official* is defined as the individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.

• RFP Name

• Legal Name:

• FEIN:

• Street Address:

• Town/City/State/Zip:

• Authorized representatives:

• Title:

• Phone Number:

• FAX Number:

• E-Mail Address:

• Authorized Official:

• Title:

• Signature:

1. ***Table of Contents.*** Proposers must include a Table of Contents that lists sections and subsections with page numbers that follow the organization outline and sequence for this proposal are required. (See Section IV.)
2. ***Executive Summary*.** Proposals must include a high-level executive summary of the main proposal and budget summary, not exceeding 2 pages.
3. ***Attachments*.** 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.
4. ***General Requirements.***

* All required forms must be submitted with the proposal as attachments.
* Do not use material dependent on color distinctions, animated electronics, etc.,

in proposals.

* Do not place proposals in notebooks or binders. Metal clips may be used to bind pages together.

1. ***Style Requirements.*** Submitted proposals must conform to the following specifications:

Binding Type: None specified

Dividers: None

Paper Size: 8 ½ x 11, Portrait

Page Limit: None specified

Print Style: All pages **except** Financial Statement(s) must be numbered and double-sided.

Font Size: None specified

Font Type: Times New Roman

Margins: 1” minimum on the top, bottom, and sides of all pages

Line Spacing: None specified

1. ***Pagination*.** The proposer’s name must be displayed in the header of each page. All pages, including the required appendices and forms, must be numbered in the footer. The RFP and all attachments must be paginated in sequential order from beginning to end, even if some attachments have their own pagination system. (e.g. the financial audit, annual reports, etc.)
2. ***Packaging and Labeling Requirements****.*All proposals must be submitted in sealed packages. All proposals must be addressed to the Official Agency Contact. The name and address of the proposer must appear in the upper left hand corner of the envelope or package. The title of the RFP, as indicated on the first page of this RFP, must appear in the lower left hand corner of the envelope or package. An original (clearly identified as such) and six (6) copies of the proposal must be submitted. The proposal must be duly executed by signing Cover Sheet and Agreements and Assurances form (**Form 3**).Unsigned proposals may be rejected. Proposals transmitted by facsimile or e-mail will not be accepted or reviewed. 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.
3. **EVALUATION OF PROPOSALS**
4. ***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). Only proposals found to be responsive (that is, complying with all instructions listed herein) to this RFP will be evaluated, rated, and scored. The Screening Committee will reject any proposal if the components required by this RFP are not submitted as directed.
5. ***Screening Committee*.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The Screening Committee will be composed of individuals, families, DDS staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Screening Committee. The Screening Committee shall evaluate all proposals that meet the Minimum Submission Requirements and make recommendations. The Commissioner of the DDS will make the final selection. 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.
6. ***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 and conform to the style, packaging and labeling requirements; (3) follow the required Proposal Outline; (4) proposed budget must be no more than the maximum financial amount identified for each grouping and (5) 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.
7. ***Quality Reviews.*** Proposals that meet the minimum submission requirements will then be reviewed for quality. The quality review includes the demonstrated commitment to individualized supports for people with disabilities, affirmative action, organizational profile, statement of work, personnel resources, and proposed cost.
8. ***Review Criteria (and Weights).*** The review criteria are the objective standards that the Screening Committee will use to evaluate the merits of the proposals submitted in response to this RFP. Only the criteria listed below will be used to evaluate proposals. Depending on the number of proposals, the Screening Committee may rank the proposals to limit the number of interviews. The top candidates, as determined by the scoring of the Selection Committee, will be interviewed. The criteria are weighted according to their relative importance.

|  |  |
| --- | --- |
| Minimal Provider Qualifications | Present and Likely to be Implemented |
| All five organizational requirements must be met:  A. Relevant Performance History  B. Fiscal Performance  a. Adequate Financial Resources  C. Administrative Experience  D. References and Relationships  E. Feasible Work Plan for 1/1/2020 Implementation | Yes/No |
| Proposal Areas Scored for Quality | Scoring Weights |

|  |  |
| --- | --- |
| Demonstrates providing Information and Navigation - communication and outreach to families and individuals –(social media, conferences, trainings, fairs, developing personal networks, assistive technology, community supports and identifying personal assets.) | 25% |
| Demonstrates providing Family to Family Connections – development and participation of family support groups, self-advocacy, peer advocacy , sibling activities and self determination skills | 25% |
| Demonstrates providing Supports and Services - resources of information to navigate life milestones –( CtLC -school, eligibility, transition, life planning, effective self-advocacy and self-determination skills) | 25% |
| Demonstrates providing Family Engagement- experience in supporting families to be involved with communication and training activities, quality review opportunities, and provide feedback for improvement and growth | 25% |

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).

***6. Meetings with Proposers.***The Screening Committee will convene meetings with proposers in order to gain a fuller understanding of their proposals. The meetings mayinvolve demonstrations, interviews, presentations or review of sample clinical support plans. The Official Agency Contact will contact proposers to make an appointment. Any such meetings are tentatively scheduled to begin 2/20/2020. During such meetings, proposals may not be supplemented, changed or corrected in any way. No comments about other proposers or proposals will be permitted. Any and all costs associated with such meetings will be entirely at the proposer’s expense. The criteria listed below will be used to evaluate the proposal to determine the top-ranking proposers.

|  |  |
| --- | --- |
| Minimal Provider Qualifications | Present and Likely to be Implemented |
| All five organizational requirements must be met:  A. Relevant Performance History  B. Fiscal Performance  a. Adequate Financial Resources  C. Administrative Experience  D. References and Relationships  E. Feasible Work Plan for 1/1/2020 Implementation | Yes/No |
| Proposal Areas Scored for Quality | Scoring Weights |

|  |  |
| --- | --- |
| Demonstrates providing Information and Navigation - communication and outreach to families and individuals –(social media, conferences, trainings, fairs, developing personal networks, assistive technology, community supports and identifying personal assets.) | 25% |
| Demonstrates providing Family to Family Connections – development and participation of family support groups, self-advocacy, peer advocacy , sibling activities and self determination skills | 25% |
| Demonstrates providing Supports and Services - resources of information to navigate life milestones –( CtLC -school, eligibility, transition, life planning, effective self-advocacy and self-determination skills) | 25% |
| Demonstrates providing Family Engagement- experience in supporting families to be involved with communication and training activities, quality review opportunities, and provide feedback for improvement and growth | 25% |

1. ***Organization Observation:*** At the discretion of the Screening Committee, committee members may observe the organization in order to gain a better understanding of the agency. All site visits will be scheduled through the Official Agency Contact. At the discretion of the Screening Committee, committee members may observe a family meeting led by the proposers in order to gain a better understanding of the agency. All site visits will be scheduled through the Official Agency Contract. DDS reserves the right to limit the number of visitors per agency in order to avoid any unnecessary disruptions to the family organization’s activities.
2. ***Contractor Selection.*** Upon completing its review of proposals, the Screening Committee will recommend the top ranking proposers to the Commissioner. The final selection of a successful proposer(s) is at the discretion of the Commissioner. 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. It is DDS’s intention to notify the successful proposer by 2/28/2020 and to initiate this engagement as soon as possible thereafter.
3. ***Debriefing.*** Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Agency 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 Agency 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.
4. ***Appeal Process.*** Proposers may appeal any aspect of 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 Agency Contact.
5. ***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** |

This section of the RFP provides information about the State’s mandatory procurement and contracting requirements, including, the standard Purchase of Service contract, proposer assurances, the terms and conditions of this RFP, the rights reserved to the State, and compliance with statutes and regulations. The Department is solely responsible for rendering decisions in matters of interpretation of all 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. All amendments to this RFP will be posted on the State Contracting Portal found at <http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=276>. Proposers may also access the “Business Opportunities (RFPs)" link on the State of Connecticut DDS’s web site at [www.ct.gov/dds](http://www.ct.gov/dds) to view the posted amendments. Failure to adapt a proposal in accordance with the instructions contained in the amendments may result in a proposal not being considered.

**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. Consideration will be given to proposals that include recruitment and retention of former DDS employees for continuity of care.

**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 rights 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.** (**Form 6**) 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. (**Attachment L**)

**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).** ( **Form 7**) 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: A proposer must complete and submit OPM Ethics Form 1 to the Department with the proposal. (**Attachment M**)

**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** |

1. **DEPARTMENT OVERVIEW**

**Mission Statement**

The Department of Developmental Services (DDS) Mission Statement is to partner with the individuals we support and their families, to support lifelong planning and join with others to create and promote meaningful opportunities for individuals to fully participate as valued members of their communities.

All citizens supported by the Department of Developmental Services are valued contributors to their communities as family members, friends, neighbors, students, employees, volunteers, members of civic and religious associations, voters and advocates. These individuals:

•Live, learn, work and enjoy community life in places where they can use their personal strengths, talents and passions.

•Have safe, meaningful and empowering relationships.

•Have families who feel supported from the earliest years and throughout their lifetimes.

•Have lifelong opportunities and the assistance to learn things that matter to them.

•Make informed choices and take responsibility for their lives and experience the dignity of risk.

•Earn money to facilitate personal choices.

•Know their rights and responsibilities and pursue opportunities to live the life they choose.

**DDS Services and Supports**

DDS has incorporated the national person-centered Charting the LifeCourse (CtLC) practices and principles in its daily work so that All families receives assistance to successfully plan strategies which help their loved one with ID to transition through important milestones throughout their lifespan. Implementation of CtLC practices begins early in life and centers on collaboration with community partners who can help families to create a strong foundation of support that will continue over a lifetime.

All DDS Supports and Services include the following CtLC core activities:

* **Information and Navigation:** Activities that help families find, understand and use the information needed to help their loved one live a good life.
* **Family-to-Family Connections:** Activities that help families connect with other families; learn from other families; and which help families to create a strong community-based support network.
* **Supports and Services:** Activities which help families to find get and keep a broad foundation of integrated supports and services which assists their loved one with ID to live a valued life in their community.
* **Family Engagement:** Activities which help DDS to partner with families to design, deliver and evaluate the effectiveness of the DDS system that supports people with ID in CT.

A broad foundation of integrated supports and services includes but is not limited to the following:

* Supports which build upon a person’s individual strengths and assets
* Personal Networks of Supports
* Community Supports
* Assistive Technology Supports
* Eligibility-Based Supports

DDS eligibility-based supports include the following:

* Individualized In-Home Supports
* Community Companion Homes
* Continuous Residential Supports
* Community Living Arrangements
* ICF/ID facilities
* Out of home placements
* Employment Supports
* Competitive Employment
* Individual Supported Employment
* Group Supported Employment
* Work Crew
* Individual Enterprise or Entrepreneurship
* Business Enterprise
* Day Support Options
* Community Experience (CEP)
* Opportunities for Older Adults(OOA)
* Retirement Options
* Individualized Day Supports
* Blended programs
* Prevocational Supports

The Department’s CtLC based supports and services reflect the principles and practices of self- determination.  Self-determination is a national movement about rights and personal freedom. It is an approach to service delivery that supports people with disabilities to live the lives they desire. Self-determination helps people, their families and friends determine their future, design their own support plans, choose the assistance they need to live full lives and control a personal budget for their supports. Individuals may use their individual budgets to hire their own staff, to purchase supports from a traditional agency or from an Agency with Choice, or may select a combination of these approaches.

DDS believes that the implementation of CtLC activities beginning at an early age and continuing throughout the lifespan will result in more people with ID achieving positive life outcomes as a result of the support they receive through an array of effective supports and services.

It is anticipated that the selected provider will implement the following family support activities:

**Information and Navigation: Information and Navigation** activities will focus on helping DDS to effectively communicate information to families about a variety of topics.

1. Provide easy-to-read written information to families on the following topics:

* Anticipatory guidance information in each CtLC domain area: (These include daily living, community living, safety and security, healthy lifestyles, social and spirituality, and citizenship and advocacy.)
* How to use personal strengths as a support strategy – (strength-based learning, Discovery tools, positive approach building on personal assets/strengths, etc.)
* How to use personal assets as a support strategy- (ABLE Act, benefits planning, special needs planning, future planning, etc.)
* How to develop personal networks of supports
* How to find and maintain community supports
* Understanding available and application of Assistive Technology supports across the CtLC domain areas
* Finding and maintaining eligibility-based supports

1. Partner with DDS staff to create other easy-to read informational materials.
2. Provide family trainings on the topics listed in above section A.
3. Partner with DDS staff to provide other family training sessions.
4. Assist families to apply the information they received through informational materials or in trainings (group or 1:1) they have attended.

F. Partner with DDS Helpline, transition Advisors, Self Determination Directors, and other DDS Family Support Staff to assist, find, and navigate other types of information needed by their loved one to live a good life.

**Family-To-Family Connections:** activities will focus on helping individuals and families to develop personal networks that assist them to become effective self-determined advocates who are able to effectively influence their personal lives in positive ways.

G. Assist individuals with ID to participate in age-appropriate self-advocacy and peer-to-peer groups across the lifespan.

1. Assist families to participate in family support groups.
2. Help support the development and implementation of family support groups as needed.
3. Develop, maintain, and support social media platforms to provide information and outreach to families and their family members

K. Assist with development and implementation of sibling activities.

L. Assist individuals and families to understand and implement self-advocacy, peer advocacy, and self-determination skills.

M. Disseminate success stories which highlight individual and family use of self-advocacy, peer advocacy, self-determination and family-to-family support connection skills and activities.

**Supports and Services:** activities will focus on helping families to build a strong foundation of various supports and services that help their loved one live a good life. .

M. Assist individuals and families to access benefits planning and financial counseling services.

N. Assist individuals and families to develop personal networks of support.

O. Assist individuals and families to access community supports.

P. Assist individuals and families to use Assistive Technology in their daily lives.

Q. Assist individuals and families to complete documentation required to access eligibility services.

R. Assist individuals and families to maintain upkeep of documentation required to access eligibility services.

S. Assist individuals and families to advocate for appropriate needed supports services.

T. Ensure individuals and families understand how to use effective self-advocacy and self-determination skill for effective delivery of supports and services to live a good life.

**Family Engagement:** activities will focus on helping family members of all ages to participate in DDS communication and training activities that promote choice and self-determination and to participate in department activities which focus on performance measurement and continuous quality improvement activities. Selected contractor(s) will help support individuals and families to successfully participate in readers groups, to complete surveys and other information gathering activities; and to assist individual and families to share their thoughts, ideas, and suggestions for celebrating the successes the department has achieved and to provide ideas for the improvement of the agency’s services.

U. Assist families to engage in department performance measurement and quality assurance activities.

V. Assist families to engage in department communication activities such a reader’s groups, development and implementation of surveys and other information gathering activities.

W. Assist families to share their ideas and suggestions for improvement and enhancement for DDS services.

X. Assist families to share success stories regarding the supports and services they receive through DDS.

Y. Assist families to participate in statewide and regional DDS committees and advisory boards.

Z. Share evidence-based best practice information with families and with DDS.

AA. Share family-perspective information with DDS that will assist the department to improve and enhance family support services.

DDS will establish a designee to ensure oversight of the contract. Responsibilities to the contractor will include:

1. Provide ongoing guidance, support, and oversight of the outlined contract
2. Establish regular meetings (at least quarterly) for review of progress and adherence to contract
3. Assess the progress and compliance of the implementation of the contract in all four CtLC areas – Information and Navigation, Family-to-Family Connections, Supports and Services, and Family Engagement
4. Review and give feedback of provided documentation of data, progress and updates by the contactor
5. Work with contractor to provide a yearly “End of the Year Report” to be posted through DDS media
6. Share information, progress, outreach opportunities and activities with all stakeholders
7. Provide support and connections with DDS, other sister agencies, and community resources to distribute contractor information and resources
8. Share materials developed and provided by contractor regarding evidence based information and best practices in supporting families and individuals
9. **PROPOSAL OVERVIEW**
10. DDS is seeking proposals from experienced LifeCourse organizations.
11. DDS is seeking proposals from community-based family and individual organizations who are experienced in using Charting the LifeCourse principles, practices, and planning tools to assist families to build strong foundations of support that result in the development of good lives for their loved one who experiences a developmental disability. Implementation of CtLC support activities will assist families in four areas: Information & Navigation, Family-to-Family Connections, Supports and Services, and Family Engagement. It is anticipated that the family organization(s) selected for this contract will collaborate with a variety of stakeholders including self-advocates, other family groups, providers, DDS employees and with a variety of other state agency personnel.
12. Maximum Financial Obligation: The contractor will be awarded up to $125,000 in one-time funding for the duration of five years to pay for the cost associated with the necessary administrative/clinical staffing needed to implement contract responsibilities.
13. Proposers must have (1) experience and demonstrated success working with families who have a loved one who has an intellectual disability; (2) sufficientmanagerial (principal must have at least three (3) years of experience in an administrative capacity for a family organization that provides family education, self-determination and advocacy activities), administrative support staff to implement the proposed service; (3) the capacity to supervise staff in a community setting; (4) the ability to provide their staff with access to training; (5) a continuous improvement process to ensure quality services.
14. The successful proposer will be notified 2/28/2020.

***Quality Measures***

|  |  |
| --- | --- |
| **Outcomes** | **Measures** |
| **1.** Information and Navigation  Supports are successfully provided to families. | # of information and navigation outreach efforts  # of Family satisfaction survey/feedback  # of easy-to-read informational materials developed and/or shared,  #of trainings provided including topics: a) in collaboration with DDS, b) family to family/individual – peer to peer training, |
| **2.** Family to Family Individuals and families are connected to peers. | # of peer to peer connections  # of family-to-family connections  # sibling outreach activities  # of family group activities completed  # and list of identified CtLC topics and information shared with families through various media platforms and direct contact  # of individuals supported through self-advocacy and self-determination skills |
| **3.** Supports and Services Families develop a strong foundation of integrated support and services needed for their loved one. . | # of individuals assisted in completing integrated plans (CtLC)  # of families accessing information about needed services  # families supported in understanding, applying and maintaining eligibility for supports and services (DDS, Husky C, etc)  # of families/individuals assisted to access community supports, assistive technology, new types of support services, personal networks; other resources |
| 4. Family Engagement Families engage in DDS committees or quality improvement activities. | # families/individuals engaging in DDS committees  # of families/individuals engaged in quality improvement activities  # of success stories shared |

**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**

The Cover Sheet should have the following components:

• RFP Name or Number:

• Legal Name:

• FEIN:

• Street Address:

• Town/City/State/Zip:

• Authorized representatives:

• Title:

• Phone Number:

• FAX Number:

• E-Mail Address:

• Authorized Official:

• Title:

• Signature:

**B. Table of Contents . . . . . . . . . . . . . . . . 2**

**C. Declaration of Confidential Information . . . . . . . . . . 3**

If a proposer deems that certain information required by this RFP is confidential, the

Proposer must label such information as CONFIDENTIAL. If applicable, the

proposer must reference where the information labeled CONFIDENTIAL is located

in the proposal. (EXAMPLE: Section G.1.a.)

*If this is not applicable, insert N/A for the page number.*

**D. Conflict of Interest - Disclosure Statement (Form 5). . . . . . . . 4**

All proposers must complete the Conflict of Interest Disclosure Form. An acceptable

form must clearly highlight whether the entity does or does not have any current

business relationships.

**E. Executive Summary . . . . . . . . . . . . . . . . . 5**

**F. Main Proposal . . . . . . . . . . . . . . . . . .**

**1. Organizational Profile . . . . . . . . . . . . . . .**

1. *Qualifications*. Provide an overview of your organization including years in operation, mission statement, and the current range of services the organization provides. Describe how your organization meets the required contractor qualifications of this RFP: (1) experience and demonstrated success working with the target population; (2) Board of Directors composition and role in management and oversight; (3) sufficient managerial and administrative support to implement family support services required by this RFP in the proposed service area including the ability to meet data submission requirements; (4) sufficient resources to operate the proposed services; (5) the ability to supervise staff in community settings; (6) the capacity to provide staff with professional development or training opportunities; and (7) a continuous improvement process to ensure quality services; (8) a copy of the Internal Revenue Service letter that verifies the provider is a 501(3) private non-profit organization. (**Attachment O**)
2. *Summary of Relevant Experience*. Provide a list of projects that your organization has completed within the last three (3) years in the subject area with emphasis on activities relevant and related to the proposed project.
3. *Organization Chart.* Provide a diagram showing the hierarchical structure of functions and positions within your organization (**Attachment D**).
4. *Executive Management Personnel.* Provide the names and job titles of the administrator of the organization and staff who will be working on this project. (**Attachment E**).
5. *Proposer Performance Reviews.* Provide documentation to demonstrate that the proposer has provided quality family supports and services ver the past few years. (**Attachment F**) Include satisfaction surveys, if available, ***Any such documentation should be redacted of HIPAA protected information for individuals not associated with the facility or program for which the agency proposal is submitted.***
6. *Service Area.* Provide a rationale explaining why your organization is well suited to provide services in the proposed area.
7. *Financial Condition.* Include the most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA) (**Attachment G**). If a proposer has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (US) for the entire existence of such firm or corporation*.*
8. *References:* Include three (3) letters of reference from family members the agency has recently provided supports and services (**Attachment H**). Provide the following information for each reference: Name, title, address, and telephone number where the person can be reached during daytime hours.

**G. Scope of Services . . . . . . . . . . . . . . . .**

* 1. *Proposed Services.* Provide a description of the proposed services to be provided.

At a minimum, the description should identify the proposed family supports, staffing, administrative oversight, use of community resources and examples of support activities the proposer will provide.

* 1. *Support Strategies.* Describe how the organization will incorporate the utilization of community services and the development of individual networks of support, including family and friends, community organizations, self-advocacy opportunities, and social networks that might reduce the reliance on segregated services.

**H. Staffing Plan . . . . . . . . . . . . . . . . . .**

1. *Staff Plan.* Submit a staffing plan that discusses how and when your organization will hire staff and orient them to your organization, the program, the community, and their roles and responsibilities.
2. *Organization Chart for the agency.* Provide an organization chart showing anticipated lines of authority (reporting relationships) of staff (**Attachment J**).
3. *Key Personnel.* Provide the name and job title of the individual within your organization who will supervise staff. (**Attachment K**).

**I. Data and Technology . . . . . . . . . . . . . . .**

Provide a description of the agency’s computer hardware and E-Mail/Internet Capability. Describe any technology used to enhance staff effectiveness or improve the efficiency of your organization. Describe the data collection methodology the proposer will use to document outcomes achieved.

**J. Subcontractors . . . . . . . . . . . . . . . . .**

If the proposer plans to use subcontractors, provide a list with the following information:

* + Legal Name of Agency or Individual Practitioner , Address, FEIN
  + Contact Person, Title, Phone, Fax, E-mail
  + Services Currently Provided
  + Services To Be Provided Under Subcontract

**K. Work Plan . . . . . . . . . . . . . . . . . . .**

Develop a work plan **from the date of award through the first 12 months of operations**, describing **what steps** (activities, actions, tasks) your organization will take to implement DDS’s requirements for these services as described in the Proposal Overview

b. *Methods*. Describe **how** your organization will accomplish each step of the work plan, providing a detailed explanation of the procedures or processes that will be used to attain the expected outcomes.

c. *Timetable*. Include a proposed timetable indicating **when** each step of your organization’s proposed work plan will be accomplished. Identify any significant milestones or deadlines.

Format for Timetable

Step:

Method:

(1)

(2)

(3)

Timetable: Complete

**L. Cost Proposal . . . . . . . . . . . . . . . . . .**

**1. Financial Profile . . . . . . . . . . . . . . . . .**

***Financial Condition:*** Provide a description of the financial condition of the company. Describe what credit lines with the associated financial institution, are available to the proposer to meet its financial needs.

**2. Budget and Budget Narrative . . . . . . . . . . . .**

1. Include a separate budget on the DDS budget sheet
2. Include a budget narrative to detail operating and administrative expenses. The budget narrative should include the wage rate structure for direct support staff and supervisors including the starting wage. The budget narrative should provide the background descriptive information for each of the budget lines in the Budget Summary Form.

NOTE 1: All proposed costs are subject to the standards developed by the State’s Office of Policy and Management for the purchase of service (POS). The cost standards must be incorporated into the provisions of all new State awards effective on or after January 1, 2017. Be advised that your organization’s cost proposal is subject to revision prior to award in order to ensure compliance with the cost standards. For more information, go to [www.ct.gov/opm](file:///C:\Documents%20and%20Settings\covinov\Local%20Settings\Temp\Content.Outlook\ME98FUA4\www.ct.gov\opm), click on "Publications," then click on "Purchase of Service (POS) Cost Standards."

**M. Appendices . . . . . . . . . . . . . . . . . . .**

*Appendices should clearly identify the attachment label and each page numbered sequentially as part of the total RFP.*

**Attachment A -** Proposer’s Authorized Representatives (***Form 1***)

**Attachment B** - Agency Agreement and Assurance Form (***Form 3)***

**Attachment C -** Notification To Bidders, Parts I – V (CHRO) (***Form 4***)

**Attachment D -** Organization Chart (***no form provided***)

**Attachment E -** Executive Management Resumes. Provide a copy of the resume for the administrator of the organization and the Executive Management Team (***no form provided***).

**Attachment F -** Proposer Performance Reviews (***no form provided***)

**Attachment G** - The most recent annual financial statements prepared by an independent Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA). If a proposer has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant, and reviewed or audited in accordance with Generally Accepted Accounting Principles (US) for the entire existence of such firm or corporation*.* (***no form provided***)

**Attachment H -** Letters of Reference (3 total) (***no form provided***)

**Attachment I -** Staffing Schedule

**Attachment J** - CLA Organization Chart (***no form provided***)

**Attachment K -** Key CLA Personnel Resumes (***no form provided***)

**Attachment L** - Consulting Agreement Affidavit (OPM Ethics Form 5) (***Form 6***)

**Attachment M -** Gift and Campaign Contributions Certification (OPM Ethics Form 1) (***Form 7*)**

**Attachment N** - Multiple Submission Proposal **(no form provided)-** Adocument that details the direct support and clinical coverage for each home, the supervision and administrative oversight for the bundled homes and any financial savings achieved by receiving the awards for multiple homes or groupings.

**Attachment O** - Copy of the Internal Revenue Service letter that verifies the provider is a 501(3) private non-profit organization (**no form provided**)

**V. Forms**

*The purpose of this subsection is to provide blank copies of any Department forms that must be submitted with a proposal.*

**Form 1** - Proposer’s Authorized Representatives

**Form 2** - Non Disclosure Form

**Form 3** – Agency Agreement and Assurances Form

**Form 4** – Notification To Bidders, Parts I – V (CHRO)

**Form 5** – Conflict of Interest Form

**Form 6** – Consulting Agreement Affidavit (OPM Ethics Form 5)

**Form 7** – Gift and Campaign Contributions Certification (OPM Ethics Form1)

**Form 8** – Budget Summary Form

PROPOSER INFORMATION

##### STATE OF CONNECTICUT

**Department of Developmental Services**

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

Legal Name

*Authorized Representatives*: Applicants must designate an authorized representative and one (1) alternate. The form must be signed by the organization’s Chief Executive Officer or another official with signatory authority.

**Authorized Representative:**

|  |  |  |
| --- | --- | --- |
|  |  | **(****)****-** |
| Name | Title | Telephone Number |
|  |  |  |
| Street | Town | Zip Code |
|  | |  |
| E-mail Address | | Facsimile Number |
|  | | |
| Normal Working Hours | |  |

**Alternate:**

|  |  |  |
| --- | --- | --- |
|  |  | **(     )     -** |
| Name | Title | Telephone Number |
|  |  |  |
| Street | Town | Zip Code |
|  | |  |
| E-mail Address | | Facsimile Number |
|  | | |
| Normal Working Hours | |  |

I, the undersigned, for and on behalf of the named applicant agency, do herewith apply for this funding and attest that to the best of my knowledge the statements made herein are true.

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

Signature of Authorizing Official Date

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

Typed Name and Title

**FORM 1**





# State of Connecticut

# Department of Developmental Services

Dannel P. Malloy Jordan A. Scheff Commissioner

Governor

Peter Mason

Deputy Commissioner

Non-Disclosure Form

HIPAA and Privacy Rights

Acknowledgement and Agreement

The undersigned in submitting a Letter of Intent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to

(Name of Proposer)

participate in a Request for Proposal process hereby acknowledges the applicability of HIPAA

and state law protections of DDS client information and agrees that any protected health

information, individually identifiable health information, and/or any other DDS client

information which is obtained during Participation in the RFP process shall be maintained

confidential.

Further, the undersigned acknowledges and agrees to return any of the aforementioned

information to DDS if the provider agency is not selected at the conclusion of the RFP

process.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director/Authorized Agent **FORM 2**

**Department of Developmental Services (DDS)**

**AGREEMENTS AND ASSURANCES**

The undersigned proposer affirms and declares that:

**1. General**

1. This proposal is executed and signed with full knowledge and acceptance of the RFP CONDITIONS stated in the RFP.
2. The proposer will deliver services to DDS at the cost proposed in the RFP and within the time frames therein.
3. Neither the proposer or any official of the organization nor any subcontractor to the proposer or any official of the subcontractor’s organization has received any notices of debarment or suspension from contracting with the State of Connecticut or the Federal Government.
4. Neither the proposer or any official of the organization nor any subcontractor to the proposer or any official of the subcontractor’s organization has received any notices of debarment or suspension from contracting with other states within the United States.

**2. DDS Policies and Procedures**

* 1. The proposer has read and understands the DDS Policies and Procedures

Manual and will adhere to all DDS policies and procedures.

* 1. The proposer will participate in the Individual Planning Process and attend regular meetings.
  2. The proposer will seek prior approval from DDS before making any changes to the level of services.
  3. The proposer will seek prior approval from DDS before making any changes to the location of services.
  4. The proposer will follow the Continuous Quality Improvement policies and procedures.

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

Legal Name of Organization

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

Authorized Signatory Date

**FORM 3**

**COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES**

**CONTRACT COMPLIANCE REGULATIONS**

**NOTIFICATION TO BIDDERS**

(Revised 09/3/15)

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 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding 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 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) persons who have origins in the Iberian Peninsula . . . (4)Women . . .(5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . .” An individual with a disability is also a minority business enterprise as provided by Section 4a-60g of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) of the Contract Compliance Regulations.

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

(a) the bidder’s success in implementing an affirmative action plan;

(b) the bidder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a- 68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive;

(c) the bidder’s promise to develop and implement a successful affirmative action plan;

(d) the bidder’s submission of employment statistics contained in the “Employment Information Form”, indicating that 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUCTIONS AND OTHER INFORMATION

The following BIDDER CONTRACT COMPLIANCE MONITORING REPORT must be completed in full, signed, and submitted with the bid for this contract. The contract awarding agency and the Commission on Human Rights and Opportunities will use the information contained thereon to determine the bidders compliance to Sections 4a-60 and 4a-60a CONN. GEN. STAT., and Sections 46a-68j-23 of the Regulations of Connecticut State Agencies regarding equal employment opportunity, and the bidder’s good faith efforts to include minority business enterprises as subcontractors and suppliers for the work of the contract.

1) Definition of Small Contractor

Section 4a-60g CONN. GEN. STAT. defines a small contractor as a company that has been doing business under the same management and control and has maintained its principal place of business in Connecticut for a one year period immediately prior to its application for certification under this section, had gross revenues not exceeding fifteen million dollars in the most recently completed fiscal year, and at least fifty-one percent of the ownership of which is held by a person or persons who are active in the daily affairs of the company, and have the power to direct the management and policies of the company, except that a nonprofit corporation shall be construed to be a small contractor if such nonprofit corporation meets the requirements of subparagraphs (A)and (B) of subdivision 4a-60g CONN. GEN. STAT.

**FORM 4**

2) Description of Job Categories (as used in Part IV Bidder Employment Information) (Page 2)

|  |  |
| --- | --- |
| **MANAGEMENT:** Managers plan, organize, direct, and  control the major functions of an organization through  subordinates who are at the managerial or supervisory  level. They make policy decisions and set objectives for  the company or departments. They are not usually directly  involved in production or providing services. Examples  include top executives, public relations managers,  managers of operations specialties (such as financial,  human resources, or purchasing managers), and  construction and engineering managers.  **BUSINESS AND FINANCIAL OPERATIONS:** These  occupations include managers and professionals who work  with the financial aspects of the business. These  occupations include accountants and auditors, purchasing  agents, management analysts, labor relations specialists,  and budget, credit, and financial analysts.  **MARKETING AND SALES:** Occupations related to the  act or process of buying and selling products and/or  services such as sales engineer, retail sales workers and  sales representatives including wholesale.  **LEGAL OCCUPATIONS:** In-House Counsel who is  charged with providing legal advice and services in regards  to legal issues that may arise during the course of standard  business practices. This category also includes assistive  legal occupations such as paralegals, legal assistants.  **COMPUTER SPECIALISTS:** Professionals responsible  for the computer operations within a company are grouped  in this category. Examples of job titles in this category  include computer programmers, software engineers,  database administrators, computer scientists, systems  analysts, and computer support specialists  **ARCHITECTURE AND ENGINEERING:** Occupations  related to architecture, surveying, engineering, and drafting  are included in this category. Some of the job titles in this  category include electrical and electronic engineers,  surveyors, architects, drafters, mechanical engineers,  materials engineers, mapping technicians, and civil  engineers.  **OFFICE AND ADMINISTRATIVE SUPPORT:** All  clerical-type work is included in this category. These jobs  involve the preparing, transcribing, and preserving of  written communications and records; collecting accounts;  gathering and distributing information; operating office  machines and electronic data processing equipment; and  distributing mail. Job titles listed in this category include  telephone operators, bill and account collectors, customer  service representatives, dispatchers, secretaries and  administrative assistants, computer operators and clerks  (such as payroll, shipping, stock, mail and file). | **BUILDING AND GROUNDS CLEANING AND**  **MAINTENANCE:** This category includes occupations  involving landscaping, housekeeping, and janitorial  services. Job titles found in this category include  supervisors of landscaping or housekeeping, janitors,  maids, grounds maintenance workers, and pest control  workers.  **CONSTRUCTION AND EXTRACTION:** This  category includes construction trades and related  occupations. Job titles found in this category include  boilermakers, masons (all types), carpenters, construction  laborers, electricians, plumbers (and related trades),  roofers, sheet metal workers, elevator installers,  hazardous materials removal workers, paperhangers, and  painters. Paving, surfacing, and tamping equipment  operators; drywall and ceiling tile installers; and carpet,  floor and tile installers and finishers are also included in  this category. First line supervisors, foremen, and helpers  in these trades are also grouped in this category..  **INSTALLATION, MAINTENANCE AND REPAIR:**  Occupations involving the installation, maintenance, and  repair of equipment are included in this group. Examples  of job titles found here are heating, ac, and refrigeration  mechanics and installers; telecommunication line  installers and repairers; heavy vehicle and mobile  equipment service technicians and mechanics; small  engine mechanics; security and fire alarm systems  installers; electric/electronic repair, industrial, utility and  transportation equipment; millwrights; riggers; and  manufactured building and mobile home installers. First  line supervisors, foremen, and helpers for these jobs are  also included in the category.  **MATERIAL MOVING WORKERS:** The job titles  included in this group are Crane and tower operators;  dredge, excavating, and lading machine operators; hoist  and winch operators; industrial truck and tractor  operators; cleaners of vehicles and equipment; laborers  and freight, stock, and material movers, hand; machine  feeders and offbearers; packers and packagers, hand;  pumping station operators; refuse and recyclable material  collectors; and miscellaneous material moving workers.  **PRODUCTION WORKERS:** The job titles included in  this category are chemical production machine setters,  operators and tenders; crushing/grinding workers; cutting  workers; inspectors, testers sorters, samplers, weighers;  precious stone/metal workers; painting workers;  cementing/gluing machine operators and tenders;  etchers/engravers; molders, shapers and casters except  for metal and plastic; and production workers. |

**FORM 4**

3) Definition of Racial and Ethnic Terms (as used in Part IV Bidder Employment Information) (Page 3)

|  |  |
| --- | --- |
| White (not of Hispanic Origin)- All persons having  origins in any of the original peoples of Europe, North  Africa, or the Middle East.  Black(not of Hispanic Origin)- All persons having  origins in any of the Black racial groups of Africa.  Hispanic- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. | Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.  American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. |

**BIDDER CONTRACT COMPLIANCE MONITORING REPORT**

PART I - Bidder Information

|  |  |
| --- | --- |
| Company Name  Street Address  City & State  Chief Executive | Bidder Federal Employer  Identification Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Or  Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Major Business Activity  (brief description) | Bidder Identification  (response optional/definitions on page 1)  -Bidder is a small contractor. Yes\_\_ No\_\_  -Bidder is a minority business enterprise Yes\_\_ No\_\_  (If yes, check ownership category)  Black\_\_\_ Hispanic\_\_\_ Asian American\_\_\_ American Indian/Alaskan  Native\_\_\_ Iberian Peninsula\_\_\_ Individual(s) with a Physical Disability\_\_\_  Female\_\_\_  - Bidder is certified as above by State of CT Yes\_\_ No\_\_ |
| Bidder Parent Company  (If any) |
| Other Locations in Ct.  (If any) |

PART II - Bidder Nondiscrimination Policies and Procedures

|  |  |
| --- | --- |
| 1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards?   Yes\_\_ No\_\_ | 7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 & 4a-60a Conn. Gen. Stat.?  Yes\_\_ No\_\_ |
| 2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards?  Yes\_\_ No\_\_ | 8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability?  Yes\_\_ No\_\_ |
| 3. Do you notify all recruitment sources in writing of your company’s  Affirmative Action/Equal Employment Opportunity employment policy?  Yes\_\_ No\_\_ | 9. Does your company have a mandatory retirement age for all employees?  Yes\_\_ No\_\_ |
| 4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer?  Yes\_\_ No\_\_ | 10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors?  Yes\_\_ No\_\_ NA\_\_ |
| 5. Do you notify the Ct. State Employment Service of all employment  openings with your company?  Yes\_\_ No\_\_ | 11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor?  Yes\_\_ No\_\_ NA\_\_ |
| 6. Does your company have a collective bargaining agreement with workers?  Yes\_\_ No\_\_  6a. If yes, do the collective bargaining agreements contain  non-discrimination clauses covering all workers? Yes\_\_ No\_\_  6b. Have you notified each union in writing of your commitments under the  nondiscrimination requirements of contracts with the state of Ct?  Yes\_\_ No\_\_ | 12. Does your company have a written affirmative action Plan?  Yes\_\_ No\_\_  If no, please explain. |
| 13. Is there a person in your company who is responsible for equal  employment opportunity? Yes\_\_ No\_\_  If yes, give name and phone number.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FORM 4**

Part III - Bidder Subcontracting Practices (Page 4)

|  |
| --- |
| 1. Will the work of this contract include subcontractors or suppliers? Yes\_\_ No\_\_  1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)  1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above?  Yes\_\_ No\_\_ |

PART IV - Bidder Employment Information Date:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| JOB  CATEGORY\* | OVERALL  TOTALS | WHITE  (not of Hispanic  origin) | | BLACK  (not of Hispanic  origin) | | HISPANIC | | ASIAN or PACIFIC  ISLANDER | | AMERICAN INDIAN or  ALASKAN NATIVE | |
|  |  | Male | Female | Male | Female | Male | Female | Male | Female | Male | Female |
| Management |  |  |  |  |  |  |  |  |  |  |  |
| Business & Financial Ops |  |  |  |  |  |  |  |  |  |  |  |
| Marketing & Sales |  |  |  |  |  |  |  |  |  |  |  |
| Legal Occupations |  |  |  |  |  |  |  |  |  |  |  |
| Computer Specialists |  |  |  |  |  |  |  |  |  |  |  |
| Architecture/Engineering |  |  |  |  |  |  |  |  |  |  |  |
| Office & Admin Support |  |  |  |  |  |  |  |  |  |  |  |
| Bldg/Grounds  Cleaning/Maintenance |  |  |  |  |  |  |  |  |  |  |  |
| Construction & Extraction |  |  |  |  |  |  |  |  |  |  |  |
| Installation Maintenance  & Repair |  |  |  |  |  |  |  |  |  |  |  |
| Material Moving Workers |  |  |  |  |  |  |  |  |  |  |  |
| Production Occupations |  |  |  |  |  |  |  |  |  |  |  |
| TOTALS ABOVE |  |  |  |  |  |  |  |  |  |  |  |
| Total One Year Ago |  |  |  |  |  |  |  |  |  |  |  |
| FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE) | | | | | | | | | | | |
| Apprentices |  |  |  |  |  |  |  |  |  |  |  |
| Trainees |  |  |  |  |  |  |  |  |  |  |  |
| \* NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY | | | | | | | | | | | |

**FORM 4**

PART V - Bidder Hiring and Recruitment Practices (Page 5)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Which of the following recruitment sources are used by you?  (Check yes or no, and report percent used) | | | | 2. Check (X) any of the below listed requirements that you use as a hiring qualification  (X) | | 3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination |
| SOURCE | YES | NO | % of applicants provided by  source |
| State Employment  Service |  |  |  |  | Work Experience |
| Private Employment  Agencies |  |  |  |  | Ability to Speak or  Write English |
| Schools and Colleges |  |  |  |  | Written Tests |
| Newspaper  Advertisement |  |  |  |  | High School Diploma |
| Walk Ins |  |  |  |  | College Degree |
| Present Employees |  |  |  |  | Union Membership |
| Labor Organizations |  |  |  |  | Personal  Recommendation |
| Minority/Community  Organizations |  |  |  |  | Height or Weight |
| Others (please identify) |  |  |  |  | Car Ownership |
|  |  |  |  |  | Arrest Record |
|  |  |  |  |  | Wage Garnishments |

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

|  |  |  |  |
| --- | --- | --- | --- |
| (Signature) | (Title) | (Date Signed) | (Telephone) |

**FORM 4**

**CONFLICT OF INTEREST**

***This form must be printed on your company letterhead.***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name, Title)

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

(Organization)

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

(Address)

certifies that this business entity

does/does not (***circle one***)

have any current business relationships [within the past (3) years] that pose a conflict of interest as defined by Connecticut General Statutes Section 1-85.

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

Legal Signature

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

Date

***If you circled "does" above, please explain:***

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

***Section*** ***1-85. (Formerly Sec. 1-68). Interest in conflict with discharge of duties.*** *A public official, including an elected state official, or state employee has an interest which is in substantial conflict with the proper discharge of his duties or employment in the public interest and of his responsibilities as prescribed in the laws of this state, if he has reason to believe or expect that he, his spouse, a dependent child, or a business with which he is associated will derive a direct monetary gain or suffer a direct monetary loss, as the case may be, by reason of his official activity. A public official, including an elected state official, or state employee does not have an interest which is in substantial conflict with the proper discharge of his duties in the public interest and of his responsibilities as prescribed by the laws of this state, if any benefit or detriment accrues to him, his spouse, a dependent child, or a business with which he, his spouse or such dependent child is associated as a member of a profession, occupation or group to no greater extent than any other member of such profession, occupation or group. A public official, including an elected state official or state employee who has a substantial conflict may not take official action on the matter.*

**FORM 5**

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

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

**INSTRUCTIONS:**

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

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

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

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

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

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

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

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

Start Date End Date 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 Contractor **Signature of Principal or Key Personnel Date**

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

Printed Name (of above) Awarding State Agency

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

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

**Commissioner of the Superior Court**

**or Notary Public**

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

**My Commission Expires FORM 6**

|  |  |
| --- | --- |
|  | **STATE OF CONNECTICUT**  **GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION** |

*Written or electronic certification to accompany a State contract with a value of $50,000 or more, pursuant to C.G.S. §§ 4-250, 4-252(c); and 9-612(f)(2) and Governor Dannel P. Malloy’s Executive Order 49.*

**INSTRUCTIONS:**

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

**CHECK ONE: ** Initial Certification **** 12 Month Anniversary Update (Multi-year contracts only.)

**** Updated Certification because of change of information contained in the most

Recently filed certification or twelve-month anniversary update.

**GIFT CERTIFICATION:**

As used in this certification, the following terms have the meaning set forth below:

* + 1. “Contract” means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
    2. If this is an Initial Certification, “Execution Date” means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, “Execution Date” means the date this certification is signed by the Contractor;
    3. “Contractor” means the person, firm or corporation named as the contactor below;
    4. “Applicable Public Official or State Employee” means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
    5. **“Gift”** has the same meaning given that term in C.G.S. § 4-250(1);
    6. “Principals or Key Personnel” means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparing of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other principals, key personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

**FORM 7**

**CAMPAIGN CONTRIBUTION CERTIFICATION:**

I further certify that, on or after January 1, 2011, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign** **contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all** **lawful** **campaign contributions** that have been made on or after January 1, 2011 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

|  |  |
| --- | --- |
|  |  |

**Lawful Campaign Contributions to Candidates for Statewide Public Office:**

Contribution Date Name of Contributor Recipient Value Description

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

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

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

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

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

**Lawful Campaign Contributions to Candidates for the General Assembly:**

Contribution Date Name of Contributor Recipient Value Description

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

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

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

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

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

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

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

Printed Contractor Name **Printed Name of Authorized Official**

**Signature or Authorized Official**

**Subscribed and acknowledged before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_.**

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

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

**My Commission Expires**

**FORM 7**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Budget Summary** |  |  |
|  |  |  |  |
| **Proposal** |  |  |  |
| **Submitted by:** |  |  |  |
|  |  |  |  |
| **Budget for:** |  |  |  |
|  |  |  |  |
| **Administrative and General Expenses** | |  |  |
|  | **Salary & Wages** | **Amount** | **FTE** |
|  | **Administration** |  |  |
|  | **Business** |  |  |
|  | **Secretarial/Clerical** |  |  |
|  | **Other (Specify)** |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total Salary & Wages** | - | 0.00 |
|  |  |  |  |
|  | **Non-Salary** |  |  |
|  | **Accounting & Auditing** |  |  |
|  | **Office Supplies (including postage)** |  |  |
|  | **Occupancy Costs (utilities, telephone, repairs, rent, taxes)** |  |  |
|  | **Insurance** |  |  |
|  | **Employee Mileage** |  |  |
|  | **Lease Equipment & Maintenance** |  |  |
|  | **Other (Specify)** |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total Non-Salary** | - |  |
|  |  |  |  |
|  | **Employee Benefits** |  |  |
|  |  |  |  |
|  | **Total Administrative and General** | - |  |
|  |  |  |  |
| **Program Costs** |  |  |  |
|  | **Salaries & Wages** | **Amount** | **FTE** |
|  | **Managers** |  |  |
|  | **Supervisors** |  |  |
|  | **Direct Care Staff** |  |  |
|  | **Per Diem/Substitute Staff** |  |  |
|  | **Nursing** |  |  |
|  | **Clinical Staff** |  |  |
|  | **Other (Specify)** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total Salaries & Wages** | - | 0.00  **Form 8** |
|  |  |  |  |
| **Program Costs (continued)** |  |  |  |
|  | **Employee Benefits** | **Amount** |  |
|  | **Social Security (FICA)** |  |  |
|  | **Unemployment** |  |  |
|  | **Workers Compensation** |  |  |
|  | **Insurance (Health, Dental, Disability, Life)** |  |  |
|  | **Retirement** |  |  |
|  | **Other (Specify)** |  |  |
|  | **Total Benefits** | - |  |
|  |  |  |  |
|  |  |  |  |
|  | **Non-Salary** |  |  |
|  | **Contract Personnel** |  |  |
|  | **Occupational Therapy** |  |  |
|  | **Physical therapy** |  |  |
|  | **Nurse** |  |  |
|  | **Speech** |  |  |
|  | **Behaviorist** |  |  |
|  | **Psychiatry** |  |  |
|  | **Psychology** |  |  |
|  | **Other (Specify)** |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Total Non-Salary Contract Personnel** | - |  |
|  |  |  |  |
|  | **Supplies and Services** |  |  |
|  | **General Supplies & Services** |  |  |
|  | **Employee Training, Fees and Supplies** |  |  |
|  | **Client Med. & Education & Recreation** |  |  |
|  | **Total Supplies and Services** **(7b1 thru 7b4)** | - |  |
|  |  |  |  |
|  | **Transportation** |  |  |
|  | **Transportation (excluding Vehicle Interest)** |  |  |
|  | **Vehicle Interest** |  |  |
|  | **Total Transportation** |  |  |
|  | **Other (Specify)** |  |  |
|  | **Total Non-Salary** | - |  |
|  |  |  |  |
|  | **Total Cost for Program** | - |  |
|  |  |  |  |
|  | **Total Cost For Program and Administrative** | - |  |

# Form 8

# 

**MINIMUM SUBMISSION REQUIREMENTS**

Check ✓Yes or ✓No for each requirement listed in the table below.

If No is checked for any requirement, stop the review and notify the Chair of Screening Committee.

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Requirement** |
|  |  | **Provider Qualification:** |
|  |  | * On DDS qualified provider list. |
|  |  | * Not on Enhanced Contract Monitoring |
|  |  | * Org or Exec. 3 yrs administering residential community supports |
|  |  | * Admin of Org is knowledgeable of nature, needs, development & mgt of prgms for people with ID |
|  |  | * Admin of Org has 1 yr providing admin supports to org that provides CLA supports |

|  |  |  |
| --- | --- | --- |
| **Yes** | **No** | **Requirement** |
|  |  | Proposal received before deadline **(4pm 6/10/16) no fax no email** |
|  | | Proposal meets packaging and labeling requirements: |
|  |  | * submitted in sealed package |
|  |  | * addressed to official agency contact |
|  |  | * name & address of proposer appears on package **(upper left corner)** * **title of RFP lower left corner** |
|  |  | * includes signed original **(labeled as original)** |
|  |  | * includes four copies |
|  | | Proposal follows the required format: |
|  |  | * page size **(8 ½ X 11 / portrait),** font size, font type **(Times New Roman),** margins **(1” all sides)** & pagination **(all pages numbered and double sided)** |
|  |  | - no material dependent on color distinctions or animations |
|  |  | * no notebooks or binders |
|  |  | * no prohibited attachments **(required Attachments A-M)** |
|  |  | - Proposal is complete **(includes all nine sections)** |
|  | | Proposal includes required Outline documentation: |
|  |  | * Cover Sheet |
|  |  | * Table of Contents |
|  |  | * Conflict of Interest Disclosure Statement (Page 4) **Signed and either does/does not is circled** |
|  |  | * Executive Summary (Page 5) |
|  |  | Main proposal includes required Sections: |
|  |  | * Organizational profile |
|  |  | * Scope of Services |
|  |  | * Staffing Plan |
|  |  |  |
|  |  |  |
| **Yes** | **No** | **Requirement** |
|  |  | * Data and Technology |
|  |  | * Subcontractors |
|  |  | * Work Plan |
|  |  | * Cost Proposal * A. Budget Summary Form * B. Budget Narrative |
|  |  | * Proposed budget must be no more than the maximum financial amount identified for each grouping |
|  |  | * Proposer's Authorized Representatives (Attachment A)- **signed** |
|  |  | * Agreements and Assurances Form (Attachment B) -**signed** |
|  |  | * Notification to Bidders (Attachment C) -**signed** |
|  |  | * Organization Chart (Attachment D) |
|  |  | * Executive Management Resumes (Attachment E) – Administrator of the organization and the Executive Management Team |
|  |  | * Proposer Performance Reviews (Attachment F) – 4 Consumer Satisfaction Surveys, 2 QSR, Carf Accreditation, Licensing Reports |
|  |  | * 2 Financial Statements (Attachment G) 2 most recent or if <2yrs operation then CPA statements reviewed or audited |
|  |  | * 3 Letters of Reference (Attachment H) |
|  |  | * Staffing Schedule (Attachment I) |
|  |  | * CLA Organization Chart (Attachment J) |
|  |  | * Key CLA Personnel Resumes (Attachment K) |
|  |  | * Consulting Agreement Affidavit Form 5 (Attachment L) |
|  |  | * Gift and Campaign Contributions Certification (Form 1) (Attachment M) |
|  |  | * Multiple Submission Proposal (Attachment N) - If applicable |

**Qualifying Proposal Evaluation Checklist**

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review \_\_\_\_\_\_\_\_\_\_

*A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where*

*5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.*

**A. Organization**  Rating

1. Mission statement and philosophy
2. Organization resources to accomplish

proposal

1. Board of Directors

Total Average Weight Score

Divided

.15

3

BY = X =

B. Previous Agency Performance Rating

1. Past performance reviews- programmatic

and legal

1. Past performance reviews- consumer

satisfaction

1. Past performance reviews- fiscal
2. Past performance reviews- housing/project

Development

1. Past performance reviews- evidence of

efficient and effective financial management

system

Total Average Weight Score

Divided

.15

5

BY = X =

## Continue on next page

# Qualifying Proposal Evaluation Checklist

*A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where*

*5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.*

C. Support Strategies Rating

1. Individual supports and services
2. Adherence to RFP
3. Community Resources and Personal

Networks

1. Legal Requirements

Total Average Weight Score

Divided

.15

4

BY = X =

D. Personal Preferences and Relationships Rating

1. Personal Preferences
2. Relationships

Total Average Weight Score

Divided

.15

2

BY = X =

Rating Weight Score

.10

E. Proposed Work Plan and Time Frame X =

Rating Weight Score

.15

F. Support staff/Staffing Patterns X =

*Continue on next page*

# Qualifying Proposal Evaluation Checklist

*A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where*

*5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.*

G. Budget/Cost Effectiveness Rating

1. Relationship to Available

Funding

1. Compare Budget to Other

Proposals

1. Indirect Costs
2. Feasibility of Proposal

Total Average Weight Score

Divided

.15

4

BY = X =

SCORES A B C D E F G Total Score

+ + + + + + =

Total Score Final Score

20

X = =

Comments:

Reviewer Initials:

**Interview Evaluation Checklist**

Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Review \_\_\_\_\_\_\_\_\_\_

*A composite rating should be developed by the committee for each criteria. Using a scale of 1 –5, where*

*5 = Excellent (highest score) and 1 = poor (lowest Score) place your rating in the corresponding box.*

A. Support Strategies Rating

1. Individual supports and services
2. Adherence to RFP
3. Community Resources and Personal

Networks

1. Legal Requirements

Total Average Weight Score

Divided

.25

4

BY = X =

B. Personal Preferences and Relationships Rating

1. Personal Preferences
2. Relationships

Total Average Weight Score

Divided

2

BY = X =

.25

Rating Weight Score

.25

C. Support staff/Staffing Patterns X =

*Continue on next page*

# Interview Evaluation Checklist

D. Budget/Cost Effectiveness Rating

1. Relationship to Available

Funding

1. Compare Budget to Other

Proposals

1. Indirect Costs
2. Feasibility of Proposal

Total Average Weight Score

Divided

4

BY = X =

.25

SCORES A B C D Total Score

+ + + =

Total Score Final Score

20

X =

Comments:

Reviewer Initials:

## 

# Rating Scale Guidelines

*Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | | **3** | | **4** | | | **5** | | |
|  |  |  |  |  |  | |  |  | |  |  | |
| Poor | |  | | Average | | |  | | Excellent | | | | |

**1) POOR:**

The mission & philosophy of the organization is not consistent with the principles contained in the DDS Mission/Vision. The proposal does not address community inclusion, choice, relationships, client/family preference, etc. The organization does not possess necessary management, independent oversight, support and/or clinical resources or expertise to adequately meet the needs of the individuals to be served in the program

**(2)**

**(3) AVERAGE:**

The mission & philosophy of that organization is generally consistent with the DDS Mission/Vision. The proposal articulates the philosophy and presents evidence of proposed practices, which will promote inclusion, choice, empowerment, relationship building, etc. The organization has an adequate resource-base, management structure and history in working with similar populations to meet the needs of the individuals to be served in the program. The Board is independent and provides adequate oversight.

**(4)**

**5) EXCELLENT:**

The mission & philosophy of the organization exemplifies the DDS Mission/Vision. The organization very clearly illustrates how it will practice these principles. It has a consistent history of demonstrating outstanding efforts to promote meaningful inclusion and integration, client and family choice and control, building and supporting long-term relationships and networks. The organization has demonstrated special expertise in meeting the needs of similar population. There is an excellent resource base, which supports the program. Management resources are either specifically dedicated to the program or are readily available to provide close support. The Board in broad based, independent and plays an active role in governing the agency.

#### Guidelines for Qualifying Proposal Evaluation Checklist

## SECTION A: Organization

Assess the organization’s value, adhere to the DDS mission and potential ability to accomplish the proposal and operate the program.

1. **Mission and Philosophy**: Review the formal mission and organizational philosophy contained in each proposal and compare it to the DDS Mission and Vision. Look for clear evidence of consistency between the agency statement and the principles contained in the DDS Mission/Vision, such as:

* community presence and participation
* development of skills and competence
* fostering individual choice
  + - * strengthening personal and family relationships
      * respect and dignity
      * developing natural support networks
      * prompting individual control over selection of supports and service providers
      * using individual preferences in establishing goals and objectives
      * engaging in collaboration with other community service providers

Review the proposal to identify proposed practices, which are also consistent with the DDS Mission/Vision. Examples include focusing on person-centered planning, incorporating the Accreditation Council Performance Outcomes measures as an evaluation tool, special and unique efforts to include family and friends, using generic services and supports when appropriate, establishing a “circle” of natural supports for the individuals in the program, providing extra opportunities for meaningful participation in community life (e.g., volunteerism, membership in religious or civic organizations, etc.), seeking competitive jobs in the real workplace, etc

Where possible review the history of the agency to identify actual and historical practices, which may support there stated

philosophy and proposed actions (i.e., do they “practice what they preach”).

# Rating Scale Guidelines

*Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a*

*score of 2 as midway between 1 and 3: a score of 4 as a*

*midway between 3 and 5.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | | **3** | | **4** | | | **5** | | |
|  |  |  |  |  |  | |  |  | |  |  | |
| Poor | |  | | Average | | |  | | Excellent | | | | |

**(1) POOR:**

The mission & philosophy of the organization is not consistent with the principles contained in the DDS Mission/Vision. The proposal does not address community inclusion, choice, relationships, client/family preference, etc. The organization does not possess necessary management , independent oversight, support and/or clinical resources or expertise to adequately meet the needs of the individuals to be served in the program.

**(2)**

**(3) AVERAGE:**

The mission & philosophy of that organization is generally consistent with the DDS Mission/Vision. The proposal articulates the philosophy and presents evidence of proposed practices, which will promote inclusion, choice, empowerment, relationship building, etc. The organization has an adequate resource-base, management structure and history in working with similar populations to meet the needs of the individuals to be served in the program. The Board is independent and provides adequate oversight.

**(4)**

**5) EXCELLENT:**

The mission & philosophy of the organization exemplifies the DDS Mission/Vision. The organization very clearly illustrates how it will practice these principles. It has a consistent history of demonstrating outstanding efforts to promote meaningful inclusion and integration, client and family choice and control, building and supporting long-term relationships and networks. The organization has demonstrated special expertise in meeting the needs of similar population. There is an excellent resource base that supports the program. Management resources are either specifically dedicated to the program or are readily available to provide close support. The Board in broad based, independent and plays an active role in governing the agency.

2. **Organizational Resources**: Review the relative strengths and weaknesses of the organization based on any identified areas of demonstrated expertise. (e.g., strong history of supporting people with severe challenging behaviors or significant medical needs, etc.).

Evaluate the availability of clinical and other support personnel or resources that are necessary to provide expert and timely services to the people who will be served in the program. Are there sufficient linkages with medical, hospital, psychiatric, nursing services? Where are they located and can they be assessed in an efficient fashion? Are there other programs in the area, which could provide back- up staff and associated resources when necessary or is the program isolated? Also consider the relationship of management and supervisory support. Assess

the proximity, span of control and general availability of administrative oversight of the program.

3. **Board of Directors**: Assess the relative independence of the agency’s Board of Directors and its ability and history in governing the agency and its administration. Identify the membership of the Board, with particular reference to conflict of interest (e.g., employee members, family relationships, etc.) and the presence of consumers and/or family representation. Evaluate the extent to which the Board plays an active role in overseeing agency operations and executive decisions (e.g., frequency and content of meetings).

## SECTION B: Previous Provider Performance

Assess the organizations past performance and history in five (5) areas, as follows:

# Rating Scale Guidelines

*Score each criterion on a relative scale of 1-5. Use*

*the descriptions as a guide for assigning scores.*

*Consider a score of 2 as midway between*

*1 and 3: a score of 4 as a midway between 3 and 5.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | | **3** | | **4** | | | **5** | | |
|  |  |  |  |  |  | |  |  | |  |  | |
| Poor | |  | | Average | | |  | | Excellent | | | | |

**(1) POOR:**

The provider has a history of poor performance in two or more of the 5 categories reviewed. There is past evidence that the provider has not been able to appropriately meet the programmatic, housing, project development, or financial standards required for maintaining a proper level of care without special oversight or intervention.

**(2)**

**(3) AVERAGE:**

The provider has demonstrated an adequate level of compliance with regulations and formal program requirements. There is evidence of gene4ral satisfaction with most services provided by the provider. Housing or project development and management of finances is satisfactory.

**(4)**

**5) EXCELLENT:**

The provider has an above average record of providing quality programs and services. Formal compliance indicators and consumer satisfaction ratings are consistently good. Housing or project development is timely and finances are well managed. The provider has a positive cash flow and adequate financial resources to maintain a high level of services and meet unforeseen emergencies.

**1**. **Program and Legal Performance:** Review the quality and consistency of programs and services provided by the provider over the past few years. Consider regulatory compliance, results of ongoing monitoring and review, incidents and special concerns, presence of any special or mandated corrective actions, provider developed quality indicators, accreditation, QSR Performance Outcomes, etc. Potential sources of information included:

* Licensing reports
* Quality Service Reviews (QSR)
* ICF/MR reports
* Consumer incident reports
* PRC and HRC reviews
* Special Concerns
* Legal Actions & Stipulated Agreements
* CARF accreditation
* Quality reports from other State Departments
* Case Management reviews and reports
* Contract Monitoring reports, etc.

**2. Consumer Satisfaction:** Review both formal and informal indicators of consumer, family, Case Manager, advocate and guardian satisfaction with services provided by the provider. The results of provider surveys, DDS surveys, history of complaints, letters of recommendation and support from consumers, etc. should be considered.

**3.** **Fiscal:** Review past audits, licensing reports and DSS reports to assess compliance with all regulations pertaining to management of consumer and program funds. Identify and note deficiencies, audit exceptions or special concerns related to the control, use and management of money.

**4. Housing or Project Development:** Review the provider history in developing and securing residential and or day program facilities. Evaluate the timeliness of acquisition, quality of housing, general upkeep and maintenance of facilities and ability to operate housing within budget or established reimbursement rates.

# Rating Scale Guidelines

*Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | | **3** | | **4** | | | **5** | | |
|  |  |  |  |  |  | |  |  | |  |  | |
| Poor | |  | | Average | | |  | | Excellent | | | | |

1. **POOR:**

The provider has a history of poor performance in two or more of the 5 categories reviewed. There is past evidence that the provider has not been able to appropriately meet the programmatic, housing, project development, or financial standards required for maintaining a proper level of care without special oversight or intervention.

**(2)**

**(3) AVERAGE:**

The provider has demonstrated an adequate level of compliance with regulations and formal program requirements. There is evidence of gene4ral satisfaction with most services provided by the provider. Housing or project development and management of finances is satisfactory.

**(4)**

**5) EXCELLENT:**

The provider has an above average record of providing quality programs and services. Formal compliance indicators and consumer satisfaction ratings are consistently good. Housing or project development is timely and finances are well managed. The provider has a positive cash flow and adequate financial resources to maintain a high level of services and meet unforeseen emergencies.

**5.** **Financial Management:** Review the provider’s history in managing and operating within budget and managing consumer’s individual finances. Maintains a credit line to meet financial needs. Identify any indicators that the provider has experienced substantial difficulties in maintaining a positive cash flow, such as repeated need for special processing of payment, repeated requests for additional funding, complaints from subcontractors about timely payment, reduction of services, inability to secure an adequate credit line, deterioration of facilities or equipment, late payment of payroll obligations, etc, Consider outstanding debt in relation to assets and revenues.

## SECTION C: Support Strategies

Evaluate the proposal in terms of its ability to meet the identified needs of the consumers in the RFP and according to the four criteria outlines below.

# Rating Scale Guidelines

*Score each criterion on a relative scale of 1-5.*

*Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between*

*1 and 3: a score of 4 as a midway between 3 and 5.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | | **3** | | **4** | | | **5** | | |
|  |  |  |  |  |  | |  |  | |  |  | |
| Poor | |  | | Average | | |  | | Excellent | | | | |

**(1) POOR:**

The proposal does not fully meet the individual needs or does not recognize the individual circumstances of the people to be served. It does not adequately address the development of community involvement or the general quality of life, cultural and language needs of the people to be served.

**(2)**

**(3) AVERAGE:**

The proposal generally addresses all of the individual supports and services and demonstrates efforts to recognize and provide support strategies to meet individual needs. Community resources and social networks are potentially available. Any legal requirements in the RFP are met.

**(4)**

**5) EXCELLENT:**

The proposal addresses all of the specific needs of each individual to be served and provides significant details to address special consumer circumstances. It addresses all legal requirements in the RFP. The proposal provides numerous opportunities for the inclusion of community resources and the establishment and ongoing support of personal networks.

**1. Individual Supports and Services:** Assess how the proposed program will meet the health and safety, behavioral, psychiatric, educational, habilitative, and the overall quality of life needs of the people to be served. Consider any specialized services and supports for one or more of the people to be served, which can include medical and nursing services, adaptive equipment, recreation, fitness and social needs, unique staff skills, language and cultural needs, etc.

**2.** **Adherence to RFP:** Assess how well the proposal meets all of the individual support needs. Review specific support areas to determine if they have been appropriately addressed in the proposal.

**3.** **Community Resources and Personal Networks:** Evaluate the extent to which the proposal incorporates the utilization of community services and the development of individual networks of support, including family and friends, community organizations, self advocacy opportunities, and social networks that might reduce the reliance on segregated services.

**4.** **Legal Requirements**: Review the proposal for its adherence to any legal and regulatory requirements, such as the need for licensing, court ordered stipulations, DDS policy (Human Rights, Individual Planning, Program Review, staff qualifications) and associated requirements, etc.

## SECTION D: Personal Preferences and Relationships

Evaluate the proposal in terms of strategies, which encourage and facilitate the inclusion of personal preferences and relationships as a mechanism for meeting individual needs.

# Rating Scale Guidelines

*Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | | **3** | | **4** | | | **5** | | |
|  |  |  |  |  |  | |  |  | |  |  | |
| Poor | |  | | Average | | |  | | Excellent | | | | |

**(1) POOR:**

The proposal does not address the role of personal preferences in the design of services and supports. No special attention is paid to building or maintaining ongoing relationships of family or friends for the people to be served.

**(2)**

**(3) AVERAGE:**

The proposal supports the inclusion of individual preferences and maintenance of important relationships. No extraordinary strategies, however, are identified.

**(4)**

**(5) EXECELLENT:**

The proposal places a special emphasis on valuing and including personal preferences as means of shaping the services and supports. Unique or exceptionally powerful strategies are identified to develop and strengthen personal relationships for the people to be served.

**1. Personal Preferences**: Assess how well that proposal addresses any personal preferences of the people to be served. Consider the extent to which it recognizes and values person-centered planning and the ability of the individual to determine the focus of services. Preferences in leisure time, home ownership, routines, schedules, location, work, hobbies, service providers, etc., are areas for consideration.

**2. Relationships**: Evaluate the extent to which the proposal attempts to assist individuals and their families and friends to maintain important relationships. Consider efforts to provide transportation for family visits, invite family and friends into the normal routine of the program, strengthen involvement in planning activities, etc. If there are no existing relationships, review strategies to develop or re-establish family contacts and friendships.

**SECTION E: Proposed Work Plan and Time Frames**

# Rating Scale Guidelines

*Score each criterion on a relative scale of 1-5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3: a score of 4 as a midway between 3 and 5.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | | **3** | | **4** | | | **5** | | |
|  |  |  |  |  |  | |  |  | |  |  | |
| Poor | |  | | Average | | |  | | Excellent | | | | |

**(1) POOR:**

The proposal does not address a majority of the transitional and operational activities and is not able to meet the identified time-frame for the project start-up. Financing is uncertain. There is not evidence of a feasible plan to start the program within a reasonable period of time if problem in development occur.

**(2)**

**(3) AVERAGE:**

The proposal generally addresses a majority of the transitional and operational activities and meets the identified time frame for project start-up. Development mechanism, financing and staff resources appear practical.

**(4)**

**(5) EXECELLENT:**

The proposal is able to meet or exceed the transitional and operational activities and project requirements for start-up. There is clear evidence of the human resources and financial ability to accomplish any development, acquisition or start-up activities without being compromised by external obstacles. A back-up contingency plan is articulated to guarantee initiation of the program on time.

Evaluate the proposal in terms of its ability to meet the project’s time frame. Particular attention should be given to the feasibility of housing or facility acquisition, hiring and training of staff and support personnel, establishment of any special service contracts, vehicle acquisition and transition planning. Consider the proposed mechanisms for financing start-up and development costs. If the proposal will rely on third party financing or management of the development process, review the extent to which the agency will be able to control and direct these processes. Identify any interim or temporary plans for beginning the program if difficulties arise. Reference the proposed timetable against historical experience with similar projects (i.e., is it practical and feasible?).

## SECTION F: Budget/Cost Effectiveness

Evaluate the proposal’s budget in terms of its appropriateness to efficiently meet all of the identified needs of the individuals and support all of the services and programs being proposed. Determine whether the budget proposal is within the funding amount available for this project. Compare the costs with those in competing budgets. Compare the type and amount of services proposed with competing budgets. Determine whether costs for services outlined (defined) in the proposal are feasible and realistic. Review the three criteria listed below:

# RATING SCALE GUIDELINES

*Score each criterion on a relative scale of 1 – 5. Use the descriptions as a guide for assigning scores. Consider a score of 2 as midway between 1 and 3; a score of 4 as midway between 3 and 5.*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | | **2** | | **3** | | **4** | | | **5** | | |
|  |  |  |  |  |  | |  |  | |  |  | |
| Poor | |  | | Average | | |  | | Excellent | | | | |

1. **POOR:**

The budget is above the available funding amount. The proposed budget is not feasible and cannot support the services proposed. A high level of funding is assigned to A&G. The proposal is more expensive than other proposals with the same level of service.

**(2)**

**(3) AVERAGE:**

The budget is at the available funding amount. The [proposed budget appears adequate to support the services proposed. The amount assigned to A&G is at or under the cap allowed. The cost of the proposal is average in comparison with other proposals.

**(4)**

**(5) EXCELLENT:**

The budget is below the available funding amount. The proposed budget is able to support the services proposed in a cost effective manner allowing for some expansion as needed. The A&G is below the cap and use is well defined. The proposed budget is more cost effective than most of the other proposals.

1. **Relationship to Available Funding**: Determine whether the budget proposal is within the funding amount available for this project.

2. **Compare Budget to Other Proposals**: Consider types and amount of services offered and ability to meet individual needs. Be sure to use direct and management (A&G) costs and remove costs that are not part of the service budget, such as room and board.

3. **Indirect Costs:** Look at indirect costs and the percentage of the budget assigned to this area. Consider and compare the amount assigned to this area and any specific justifications noted for these costs.

4. **Feasibility of Proposal**: Look at the type and amount of services and determine if the budget will be able to support these. If possible, compare to similar programs currently in operation to assist in determining if the services and supports can be provided within the proposed budget.