

Request for Proposal
Department of Public Health-Public Health Initiatives Branch
Tobacco Use Prevention and Control Program

Program Evaluation

RFP # 2009-0919

The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds to perform process and outcome evaluations of programs funded by the Department of Public Health (DPH).

Funding

An amount of funding up to \$500,000 is anticipated to award one contract for a period of two years, subject to the availability of funding and satisfactory performance. This funding has become available through an allocation from the Tobacco and Health Trust Fund of Tobacco Master Settlement Agreement monies.

Eligibility

Applications will be accepted from individuals, public and private organizations and community-based agencies.

Closing Date

An original and six copies of the completed proposal must be postmarked by March 25, 2009.

Place Due

Department of Public Health
Tobacco Use Prevention and Control Program
410 Capitol Avenue, MS# 11HLS
P.O. Box 340308
Hartford, CT 06134-0308

Further Information

All applicants must send written notice of their intent to apply to the DPH, which must be received by March 16, 2009. Letters of intent may be sent via email to dph tobacco@ct.gov.

DPH will confirm the receipt of letters of intent sent via email electronically.

To avoid giving one applicant advantage over others, all questions regarding the preparation of proposals in response to this RFP must be submitted in writing by March 2, 2009 to DPH. Questions may be emailed to dphtobacco@ct.gov.

No answers will be provided to questions received after this date. A copy of all written questions and responses will be provided to all applicants who submit questions or a letter of intent, or who send a written request for such information to the email or postal address above. Responses to questions will be sent via e-mail to applicants who provide their e-mail address.

All correspondence, including the letter of intent, written questions, and requests for receipt of questions and responses must be addressed to the e-mail or postal address provided under "place due" above.

Phone: (860) 509-8251

E-mail: dphtobacco@ct.gov

Website: ct.gov/dph

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I. Statement of Purpose

The purpose of this request for proposals is to solicit proposals from entities to evaluate programs funded by DPH. These programs include community tobacco use cessation programs at community agencies, specialized tobacco use cessation programs for the Mentally Ill and Substance Use Dependent populations, tobacco use cessation telephone Quitline services, school-based tobacco use cessation and prevention programs, a counter-marketing media campaign, and a feasibility study for a statewide tumor tissue biorepository and a lung tissue biorepository demonstration project. These programs are being bid concurrent to the release of this RFP.

II. Background

Tobacco use is the single most preventable cause of death and disease in the United States. Each year, tobacco use causes 440,000 deaths in the United States and secondhand smoke claims another 50,000 lives. In Connecticut, although the rate of cigarette smoking has decreased since 2000, in 2006 approximately 455,850 adults (one of every six) [2006 CT Adult Tobacco Survey], and 4,200 middle school students and 28,400 high school students in 2007 smoked cigarettes [2007 CT School Health Survey].

Comprehensive statewide tobacco control programs have been effective in reducing both death and disease associated with tobacco use. Programs need to be a coordinated effort and include establishment of smoke-free policies and social norms to promote and assist tobacco users to quit and to prevent the initiation of tobacco use. This comprehensive approach includes educational, clinical, regulatory, economic, and social strategies.

The CDC has made specific recommendations regarding the multiple components of a comprehensive tobacco control program in their document "Best Practices for Comprehensive Tobacco Control Programs - October 2007". To determine the effectiveness of these program components and assist in future planning, an evaluation, both process and outcome, must be conducted.

Sources of additional information regarding these programs and their evaluation include:

Introduction to Process Evaluation in Tobacco Use Prevention and Control, available at <http://www.cdc.gov/tobacco/publications/index.htm>

Key Outcome Indicators for Evaluating Comprehensive Tobacco Control Programs, also available at <http://www.cdc.gov/tobacco/publications/index.htm>

Best Practices for Comprehensive Tobacco Control Programs – 2007

http://www.cdc.gov/tobacco/tobacco_control_programs/stateandcommunity/best_practices/index.htm

Citation: Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs – 2007*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; October 2007. *Reprinted with corrections.*

Guide to Community Preventive Services: Tobacco Use Prevention and Control

<http://www.thecommunityguide.org/tobacco/default.htm>

A task force of experts provides guidance about effective community-based strategies for tobacco control, including cessation.

Citation: A report on recommendations of the Task Force on Community Preventive Services. *MMWR*. 2000; 49 (No. RR-12); 1-11. Also published as: Task Force on Community Preventive Services. Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. *Am J Prev Med*. 2001; 20(2S); 10-15.

Additional sources of information include:

United States Department of Health and Human Services, Office of the Surgeon General

<http://www.surgeongeneral.gov/tobacco>

Treating Tobacco Use and Dependence: Clinical Practice Guideline:

(http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf)

Provides updated information about effective strategies for treating tobacco dependence and guidance for clinicians.

Citation: Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

American College of Obstetricians and Gynecologists (if serving pregnant women)

<http://www.acog.org/>

National Partnership for Smoke Free Families

<http://www.tobacco-cessation.org/sf/>

National LGBT Tobacco Control Network

<http://www.lgbttobacco.org/about.php>

How to Run a Culturally Competent LGBT Smoking Treatment Group

<http://www.howardbrown.org/uploadedFiles/SmokingTreatmentGroup.pdf>

Telephone Quitlines- A Resource for Development, Implementation, and Evaluation:

http://www.cdc.gov/tobacco/quit_smoking/cessation/quitlines

A document prepared by the U.S. Department of Health and Human Services to provide guidance on monitoring and enhancing quitline services.

Citation: Centers for Disease Control and Prevention. Telephone Quitlines: A Resource for Development, Implementation, and Evaluation. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Final Edition, September 2004.

North American Quitline Consortium at: <http://www.naquitline.org>

Guide to Community Preventive Services: Tobacco Use Prevention and Control

<http://www.thecommunityguide.org/tobacco>

A task force of experts provide guidance about effective community-based strategies for tobacco control, including cessation.

Citation: A report on recommendations of the Task Force on Community Preventive Services. MMWR. 2000; 49 (No. RR-12); 1-11. Also published as: Task Force on Community Preventive Services. Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. Am J Prev Med. 2001; 20(2S); 10-15.

Designing and Implementing an Effective Tobacco Counter-Marketing Campaign

http://www.cdc.gov/tobacco/media_communications/countermarketing/campaign/index.htm

Citation: Centers for Disease Control and Prevention. Designing and Implementing an Effective Tobacco Counter-Marketing Campaign. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, First Edition October 2003.

Guidelines for School Health Programs to Prevent Tobacco Use and Addiction (CDC, 2006).

<http://www.cdc.gov/HealthyYouth/tobacco/guidelines>

Citation: Centers for Disease Control and Prevention. Guidelines for school health programs to prevent tobacco use and addiction. MMWR 1994;43 (No. RR-2) [1-18].

III. Proposal Content Requirements

Proposals must be submitted on the DPH Application Forms included in Attachment E. All requirements of this RFP must be met. Content requirements not addressed by the DPH Application Forms must be submitted in narrative form with numbered pages. Narrative response should be no longer than 15 pages, single-spaced with a font size of 12 and one-inch margins.

A. Applicant Information

The application must contain the official name, address and phone number of the applicant, the principal contact person for the application, and the name and signature of the person (or persons) authorized to execute the contract.

B. Contractor Information

In order for DPH to communicate effectively with the contractor, it is necessary to have accurate information about contractor staff that is responsible for certain functions.

Please provide the name, title, address, telephone, email address and FAX number for staff persons responsible for the completion and submittal of:

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

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

Please indicate the legal name of the company, whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency's federal employer ID number and/or town code number, the applicant's Medicaid provider status and Medicaid number, if any, and if the applicant agency is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.

C. Services to be Provided

The contractor must provide the following services and the contractor's approach must be addressed in the proposal:

The contractor must design and implement a process and outcome evaluation that will provide valid, reliable evidence of progress achieved through tobacco use prevention and cessation efforts by all contractors awarded funding in 2009 and providing cessation services, Quitline services, school based cessation and prevention programs, countermarketing media campaign and undertaking the biorepository feasibility and demonstration projects.

The contractor will evaluate program, service and project progress, determine effectiveness, determine if desired results are being obtained, and identify any areas that need improvement. The contractor will make comparisons among different contracted programs and population groups to determine the effectiveness for targeting programs.

As this scope of work covers several different areas for evaluation, the use of a subcontractor for portions of these projects may be practical. For instance, the awarded evaluation contractor may want to consider subcontracting for a “specialist” in media evaluation.

The contractor shall provide the following services outlined for each project and the contractor’s approach must be described in the proposal. (Additional description of each project is included in Attachment A)

Community Cessation Programs (Up to 30 programs to be evaluated)

Evaluate the systems operations, services and activities of the selected agencies for effectiveness in promoting and achieving tobacco use cessation and the efficacy of integrating cessation services into agency operations. Areas to be evaluated include overall system changes, patient and health care provider satisfaction, program referral processes, effectiveness of training, quit rates, marketing and outreach activities and overall administration and program effectiveness.

The contractor will examine progress towards reducing tobacco use in the client population and the ability to reach targeted populations. The contractor will identify strengths and weaknesses for use in future planning and implementation, and identify areas in need of additional services and/or programmatic changes as well as identify a system for comparing standardized quit rates across programs.

Connecticut Telephone Quitline (One contractor to be evaluated)

Evaluate the system operation, services and activities of the Connecticut Quitline for effectiveness in promoting and achieving tobacco use cessation. Areas to be evaluated will include overall system operations, caller satisfaction, fax referral program, quit rates, marketing and outreach activities, and overall program effectiveness.

The contractor will examine Connecticut Quitline progress towards achieving the goal of establishing and sustaining an evidence-based state-wide telephone counseling service, reducing tobacco use, and the ability to reach targeted high risk populations with messages and services.

The contractor will identify strengths and weaknesses for use in future planning and implementation and identify areas in need of additional services and/or programmatic changes.

School Based Tobacco Use Cessation and Prevention Programs (Approximately 10-20 school districts to be evaluated)

Evaluate the systems operations and activities of the awarded school districts for effectiveness in implementing, enforcing, and sustaining all of the CDC's *Guidelines for School Health Programs to Prevent Tobacco Use* key principles and recommendations. Areas to be evaluated include, but are not limited to, tobacco use curriculum development and implementation, including minimum number of hours of instruction, policy development, implementation and enforcement, access to cessation services, including curriculum implementation and/or referral protocols; family and community involvement, and staff, student and participant satisfaction.

The contractor will identify strengths and weaknesses for use in future planning and implementation and identify areas in need of additional services and/or programmatic changes.

Countermarketing Campaign (One contractor to be evaluated)

Conduct formative, process, and outcome evaluations of the countermarketing campaign. Areas to be evaluated include campaign design, focus groups and testing, ability to reach targeted populations, participant satisfaction, implementation schedule, exposure of target audiences to intended messages and whether those messages are having the desired influence including changes in attitudes and beliefs, public relations, community organization and changes in community involvement.

The contractor will identify strengths and weaknesses for use in future planning and implementation and identify areas in need of additional services and/or programmatic changes.

Statewide Tumor Tissue Biorepository Feasibility Study and Lung Tissue Biorepository Demonstration Project

(Feasibility study) (To be evaluated in Year 2 of contract)

Evaluate the comprehensiveness of the feasibility study to assure that all required components have been addressed, including coordination of all appropriate partners, required legislation, cost estimates, confidentiality issues, and a completed development plan.

(Demonstration Project)

Evaluate the effectiveness of the demonstration project including the development of agreements, policies and procedures; and the mechanisms and critical components existing and needed for the sustainability of the program.

D. Budget

The proposal must contain an itemized budget with justification for each line item to be charged on monthly reimbursement invoices, using budget forms included in Attachment E. All costs (toll free phone access, printing, salaries, travel, etc.) must be included in the contract prices. These funds cannot be used for capital purchases or for the purchase of computer equipment.

Competitiveness of the budget will be considered as part of the proposal review process. The fee-for-service approach is preferable to a flat fee for providing these services.

The State of Connecticut is exempt from the payment of excise, transportation and sales taxes imposed by the Federal and/or state government. Such taxes must not be included in contract prices.

The maximum component amounts of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as “not to exceed” quotations.

The proposed budget may be subject to change during contract award negotiations.

The selected contractor must provide DPH with seven copies of any subcontracts. All information required of the contractor must be applied to the subcontractor as well. Copies of State Set-Aside Certifications for small and/or minority business must also be provided.

E. Work Plan

A comprehensive and realistic work plan with measurable objectives describing tasks to be performed, staff responsible, deliverables, and timelines, including a project start date, must be provided on the Application Forms included in Attachment E. The work plan must be consistent with the RFP and the project's goals and objectives as delineated in Section III-C: Services to be Provided. **The project start date will be considered as part of the review criteria for this RFP.**

F. Staffing

The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training and experience to perform assigned duties.

Resumes must be provided with the proposal for the management and professional staff assigned to this project.

G. Contract Compliance

The proposal must include a completed Notification to Bidders form (return one and keep one for your records) and a Workforce Analysis Questionnaire. In addition, proposals must include a **signed** statement of adherence to Assurances. These forms are included in Attachment E.

IV. Application Procedures

Applicants must complete their proposal using the following procedures:

1. An original and six copies of the completed proposal must be addressed to:

State of Connecticut, Department of Public Health
Tobacco Use Prevention and Control Program
410 Capitol Avenue, MS#11HLS
P.O. Box 340308, Hartford, CT 06134-0308

Completed proposals must be postmarked by March 25, 2009.

2. The proposal must be completed on the Application Forms included in Attachment E and meet all requirements of this RFP.
3. The proposal must be signed by an authorized official of the applicant organization.
4. Supplemental information will not be considered after the deadline for submission of proposals, unless specifically requested by DPH.
5. Notification of the outcome of proposal review will be mailed to all applicants. A contract will be mailed to the successful applicant on or about May 1, 2009, with an effective project start date by August 1, 2009.

V. Deliverables

In the course of providing the required services of this contract, several documents must be produced and delivered immediately upon completion to the DPH Project Manager for approval.

These documents, along with the required services, will be the indicators for measuring the performance of the contractor. A DPH approved work plan will be required for the contract. Development of these deliverables must be included as

objectives in the project work plan described in Section III of this RFP (work plan forms are included in Attachment E).

Submit a work plan to describe your approach to evaluating program processes at contracted agencies.

Cessation Services:

- 1) Provide technical assistance to agency staff to ensure accurate and quality data collection and analysis for cessation contract activities.
- 2) Assist in the identification of additional data collection elements that may be needed to document program effectiveness.
- 3) Confirm use of the DPH-approved cessation program curriculum at each agency.
- 4) Submit periodic written summaries that list dates and provide an overview of onsite visit activities that include any issues or concerns, or suggestions for improvement at agencies providing cessation services.
- 5) Develop and administer tools to measure the effectiveness of community cessation program activities, including the satisfaction of patients and health care providers.
- 6) Provide a final report that analyzes and evaluates the effectiveness of each cessation program separately and as a whole, to include at least the following:
 - (a) Administration of activities by the contractor;
 - (b) Agency staff training;
 - (c) Marketing and outreach activities;
 - (d) Referral processes;
 - (e) System change processes;
 - (f) Ongoing provision of program services;
 - (g) Data collection;
 - (h) Program effectiveness;
 - (i) Tobacco use cessation outcomes.
- 7) Include in reports the strengths and weaknesses of each cessation program site for use in future planning and implementation, and identify areas in need of additional services and/or programmatic changes.
- 8) Provide a cost analysis to determine the cost per client to conduct cessation services at each site, including the cost per quit.

Quitline:

- 1) Provide a report which analyzes and evaluates the effectiveness of the following:
 - a. Overall effectiveness of the CT QuitLine to assist callers in quitting tobacco use through measurements including but not limited to staffing levels, ability to reach target populations, call volume, call back response and rate, follow up attempts, quit attempts and standardized quit rates;
 - b. Quality assurance protocols and quality assurance measurements;
 - c. Marketing materials, campaigns and activities and the ability of reaching targeted populations;
 - d. Web coach (the web-based interactive cessation coach available to registered callers);
 - e. Fax referral system, including tools and protocols;
 - f. Nicotine replacement therapy program, usage and protocols;
 - g. Caller satisfaction survey tool and protocols;
 - h. The role of the QuitLine as part of the broader tobacco use prevention and control program and its impact on tobacco use in Connecticut.
- 2) Identify and document, in the report, the strengths and weaknesses of the CT Quitline for use in future planning and implementation; and identify areas in need of additional services and/or programmatic changes.
- 3) Provide a cost analysis to determine the cost per client of those using the QuitLine, as well as the cost per quit.

School Based Prevention Programs:

- 1) Confirm use of the approved curriculum at each school.
- 2) Develop and administer tools to measure the effectiveness of programming, including the satisfaction of students, teachers and administrators regarding tobacco curriculum, instruction and policies.
- 3) Provide a final report that analyzes and evaluates the effectiveness of each school district program, to include at least the following:
 - (a) Policy assessment, expansion, implementation and enforcement;
 - (b) Implementing, enforcing and sustaining the key principles and recommendations of the Centers for Disease Control and Prevention *Guidelines for School Health Programs to Prevent Tobacco Use*;
 - (c) Curriculum development and implementation;
 - (d) Family and community involvement;
 - (e) Tobacco use cessation efforts among students and staff;
 - (f) Referral mechanisms;
 - (g) Participant satisfaction.

- 4) Report on the strengths and weaknesses of the school-based tobacco use prevention and cessation programs for use in future planning and implementation, and identify areas in need of additional services and/or programmatic changes.
- 5) Provide a cost analysis to determine the cost per student to implement the CDC *Guidelines for School Health Programs to Prevent Tobacco Use* key principles and recommendations in each school district.

Counter Marketing Campaign:

- 1) Develop and administer tools to measure the effectiveness of the campaign.
- 2) Submit a report that analyzes and evaluates the effectiveness of the counter marketing campaign that will include but not be limited to the following:
 - (a) Campaign design;
 - (b) Focus groups and testing;
 - (c) Reaching targeted populations at different points in time, including making recommendations for adjustments and evaluating adjustments;
 - (d) Interaction with the Connecticut Quitline;
 - (e) Participant satisfaction;
 - (f) Ability to effect changes in attitudes and/or beliefs in local communities;
 - (g) Community involvement and organization;
 - (h) Public relations.
- 3) Include in the report the strengths and weaknesses of the counter marketing campaign for use in future planning and implementation, and identify areas in need of additional services and/or programmatic changes.

Statewide Tumor Tissue Biorepository Feasibility Study and Lung Tissue Biorepository Demonstration Project:

Feasibility Study:

- 1) Submit a report that evaluates the process utilized for the feasibility study, to provide quality assurance of the review process. This will ensure all pros and cons have been identified and addressed for each of the various models identified for a statewide cancer tissue biorepository (for example, virtual biorepository, discard biorepository, cryopreserved tissue biorepository or a combination of these), including a review of budget figures including project sustainability, expected participation by laboratories, confidentiality issues, status of legislation and an implementation plan.

Demonstration Project:

- 1) Submit a report that evaluates the development of the lung tissue biorepository, including a review of agreements or memoranda of understanding (MOUs) developed with stakeholders, policies and procedures, current budget and anticipated future budget as the project expands to additional laboratories, as well as an estimation of the anticipated overall success of the project.

VI. Supervision

DPH Tobacco Use Prevention and Control Program staff will provide oversight and technical assistance.

VII. Review Criteria

Proposals submitted in response to this notice will be reviewed in two steps; first, to determine whether the minimum requirements have been met (see Attachment C, Minimum Requirements Checklist). Second, to determine the technical merit of the proposals and the extent to which they meet the goals and intent of the RFP.

A. Minimum Requirements

Proposals will be screened for completeness and compliance with the requirements specified in the RFP (see Attachment C, Minimum Requirements Checklist). Applicants who fail to follow instructions or to include all required elements may be deemed incomplete and removed from further review.

In addition, applicants with long-standing, significant outstanding or unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.

B. Technical Requirements

Complete proposals will be reviewed for technical merit based on the following criteria:

1. The extent to which the applicant has demonstrated successful experience providing similar services (See Attachment D for criteria and scoring breakdown).
2. The Department's prior experience with the applicant organization, including issues of contract compliance.

3. The extent to which references provided support the applicant's success in providing similar services.
4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.
5. The extent to which adequate time is allocated to manage the services to be provided, including the use of subcontractors, if warranted.
6. The extent to which the profile of staff that will be working on this project is clear and adequate to manage the services to be provided.
7. The extent to which a thorough work plan is presented, with measurable objectives and specific, appropriate timelines.
8. The extent to which a cost-effective budget is presented which follows eligibility guidelines.
9. The extent to which the applicant provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract.
10. The **FISCAL COMPETITIVENESS OF THE PROPOSAL.**

C. Review Process

Proposals that meet the minimum requirements will be reviewed by a panel of appropriate staff and outside experts. Recommendations concerning the selection of a proposal for funding will be made by this panel, submitted in rank order to the DPH Commissioner based on team scores for each proposal. The final selection is at the discretion of the DPH Commissioner.

Following the final selection, a Human Services Agreement will be developed between the applicant and the Department that details services to be provided, budget and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.

VIII. Regulatory Compliance

The applicant is required to be in compliance with any applicable provisions of the Regulations of Connecticut State Agencies, if a current recipient of funding from DPH and with State Non-discrimination and Affirmative Action laws, rules and regulations.

Moreover, in accordance with Section 4a-60 of the Connecticut General Statutes, as amended by Public Act 07-142, Section 9, the awardee shall agree and warrant that in the performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status (including civil unions, per Public Act 07-245, Section 2), national origin, ancestry, sex, mental retardation, mental or physical disability, but not limited to, blindness, unless it is shown by the awardee that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or the State of Connecticut.

Also, in accordance with Section 4a-60a of the Connecticut General Statutes, as amended by Public Act 07-142, Section 10, the awardee shall agree and warrant that in performance of this award, he/she will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or the State of Connecticut, and that employees are treated, when employed, without regard to their sexual orientation.

Also, in accordance with Section 46a-81c(1) of the Connecticut General Statutes, as amended by Public Act 07-245, Section 3, the awardee shall agree and warrant that in performance of this award, he/she by him/herself or his/her agent, except in the case of a *bona fide* occupational qualification or need, will not refuse to hire or employ or bar or discharge from employment any individual or discriminate against such person in compensation or in terms, conditions, or privileges of employment, because of the person's sexual orientation or civil union status.

The awardee shall further agree to provide the Commission on Human Rights and Opportunities with such information requested by the Commission concerning the employment practices and procedures of the awardee as they relate to the provisions of Section 4a-60 and Regulations of Connecticut State Agencies, Sections 46a-68J-2 to 46a-68K-8.

Further, in accordance with the Contract Compliance Regulations of Connecticut State Agencies, the applicant will be required to complete the Notification To Bidders form and the Workforce Analysis Questionnaire as part of the application process (included in Attachment E).

IX. Affirmative Action Notice

DPH strongly supports the concept and implementation of affirmative action to overcome the present effects of past discrimination. DPH urges its bidders, suppliers, contractors and awardees to implement affirmative action plans and programs of their own, and hereby notifies all DPH bidders, suppliers, contractors and awardees that DPH will not knowingly do business with, or make awards to, any individual or organization excluded from participation in any federal or state contract program, or found to be in violation of any state or federal anti-discrimination law.

X. Rights Reserved to the State

The State reserves the right to reject any and all proposals, in whole or in part, to waive technical defects, irregularities and omissions if, in its judgment, the best interest of the State will be served.

XI. ATTACHMENTS

This attachment provides further information regarding each of the projects that will be included in the program evaluation.

Community Tobacco Use Cessation Programs:

There will be two types of community cessation programs funded, general community cessation programs available to all Connecticut residents (approximately 10 programs may be funded) and community cessation programs targeting those with mental illness or those with co-occurring mental and substance use disorders (approximately 20 programs may be funded under one administrative lead agency). Although the programs will each be targeting different populations, their activities will be similar in scope.

Community tobacco use cessation programs will conduct either individual or individual and group tobacco use cessation counseling. Cessation counseling shall be provided at no cost to the participant. All services and materials must adhere to the *DHHS Clinical Practice Guidelines - Treating Tobacco Use and Dependence* (http://www.surgeongeneral.gov/tobacco/treating_tobacco_use.pdf) and nicotine replacement therapy (NRT) will be made available for participants when medically appropriate at no cost to the participant.

Each program will train any health care provider or medical staff within the agency in the US Department of Health and Human Services, (DHHS) Public Health Service, Clinical Practice Guideline for Treating Tobacco Use and Dependence. They will also include components into a reminder system or flow sheet for incorporation into client records and orient all agency staff on this system.

Each program will provide follow up care for tobacco users to prevent relapse in the form of a relapse group and/or additional individual counseling.

Each cessation program site will be given a Microsoft Access Database and data collection forms to collect data from each program participant. This data will be de-identified and then sent to DPH at quarterly intervals.

Each cessation program contractor will conduct follow-up surveys with participants of programs to access quit status at three months and nine months after their completion of the program. A self evaluation of the program is to be conducted which will include effectiveness of services, marketing of program, quit rates, quit attempts, participant satisfaction and all additional outreach or counseling activities.

The **Community Tobacco Use Cessation Programs** should target populations that have a documented disparate use of tobacco products compared to the general population. These disparate populations include, but are not limited to: low socio-economic, low educational attainment, youth, young adults ages 18-24, pregnant women, and lesbian/gay/bisexual/transgender (LGBT) men and women.

The **Specialized Tobacco Use Cessation Programs** will target people with mental illness or co-occurring mental and substance use disorders who are currently not being treated in a facility run by the Department of Mental Health and Addiction Services. In addition to adhering to the *Department of Health and Human Services Clinical Practice Guidelines – Treating Tobacco Use and Dependence*, services should also include adaptations from the Tobacco Cessation Leadership Network, Bringing Everyone Along Reference Guide: (http://www.tcln.org/pdfs/BEA_Resource_Guide-web.pdf)

Connecticut Telephone Quitline:

The Connecticut Quitline is a toll free telephone help line that offers all Connecticut residents no-cost information about tobacco use cessation that includes telephone counseling sessions, referrals to local cessation programs, and follow-up support. The Quitline is open from 8 AM to 3AM, 7 days a week. Services are offered in a minimum of English and Spanish on site, and other languages are available through AT&T translation services.

Callers can choose to enroll in the one-call or the multiple-call tobacco cessation program. When they enroll they receive telephone-based treatment session(s) with trained Quit Coaches, Nicotine Replacement Therapy when available, recommendations on type, dose, and duration of medications if appropriate, Quit Guides designed to help tobacco users actively self-manage their addiction and quit attempt and web access to worksheets and other information.

Telephone cessation services follow evidence-based practices, principles of motivational interviewing and a cognitive approach.

A fax referral system is in place for health care providers to refer patients interested in quitting to the Quitline. The Quitline will make pro-active calls to the referred tobacco users to discuss the services available and enroll them into the Quitline program.

The Connecticut Quitline maintains a data collection system capable of tracking and documenting caller information including but not limited to socioeconomic, demographic, referral source, patterns of tobacco use, stage of change, and quit attempt history. The data system has the ability to collect, store and report data elements included in the proposed minimum data set for quitlines outlined by the North American QuitLine Consortium.

Weekly, Monthly and Annual reports are submitted to DPH demonstrating quitline usage. Raw data is also submitted quarterly. The Quitline also conducts caller satisfaction and quit rate surveys at seven months and thirteen months post enrollment.

School-Based Tobacco Use Prevention and Cessation Programs:

School districts awarded funding will be expected to implement tobacco use prevention and cessation programs based on the following recommendations from the The Centers for Disease Control and Prevention *Guidelines for School Health Programs to Prevent Tobacco Use* (CDC, 2006):

- Develop and enforce a comprehensive school policy on tobacco use;
- Provide instruction about short- and long-term negative physiologic and social consequences of tobacco use, social influences on tobacco use, peer norms regarding tobacco use, and refusal skills;
- Provide tobacco use prevention education in grades K-12;
- Provide program-specific training on tobacco-use prevention for teachers;
- Involve parents or families in supporting school-based programs to prevent tobacco use;
- Support cessation efforts among students and school staff that use tobacco. Schools should provide access to cessation programs that help students and staff stop using tobacco rather than punishing them for violating tobacco-use policies; and
- Assess the tobacco-use prevention program at regular intervals.

Any instruction, curriculum and cessation programs implemented in the school-based approach must meet the requirements of evidenced-based practices and programs.

Countermarketing Campaign:

The Countermarketing and media contractor will develop and implement a media plan with clearly defined objectives, strategies and outcome measures.

Using the results from the focus groups conducted by the contractor, the contractor will develop and implement a culturally competent, integrated, two-prong tobacco use prevention and cessation counter-marketing campaign targeting youth (Middle and High school), young adults ages 18- 24 (College Students and "Straight to Work"), and adults.

- a. Prong 1- A statewide media/countermarketing campaign delivering high-impact messages designed to prevent tobacco use initiation, facilitate cessation, and shape social norms related to tobacco use. A variety of media can be used including television, radio, outdoor, print, and interactive media. The EX campaign will also be tied into modes of advertising when appropriate. Messages will be developed and media used that specifically resonates with each of the targeted populations.
- b. Prong 2- Local community, grassroots media/countermarketing efforts targeting sub-groups of the targeted populations disproportionately effected by tobacco use are to be designed and implemented to prevent tobacco use initiation, facilitate cessation, and shape social norms related to tobacco use. A variety of media strategies can be used including

public relations efforts at local, social, and health promotion events, community organizing, and partnership. Messages will be developed and media used that specifically resonates with each of the targeted populations.

The contractor will purchase previously created advertisements from other states and agencies from the Centers for Disease Control and Prevention Media Campaign Resource Center or develop new creative.

The contractor should involve members of the targeted population in the development of messages and in the planning and implementation of the campaign, and educate these stakeholders in media literacy and the media practices of the Tobacco Industry.

The contractor may subcontract with a grassroots community advocate to assist in recruiting focus group members and directing messages to reach subpopulations at the local community level.

Statewide Tumor Tissue Biorepository Feasibility Study and Lung Tissue Biorepository Demonstration Project:

Feasibility Study:

The contractor will investigate different options for developing a statewide tumor tissue biorepository. Examples of different options include a virtual biorepository, a discard biorepository, a cryopreserved tissue biorepository or a combination of these different operating models. This biorepository will be utilized for the collection of tumor tissue as a statewide research resource for molecular and genetic analysis. The investigation into the feasibility of such a biorepository will include initiating an appropriate process to define what is needed, how it will fit with other efforts at DPH and in the state, and what the start up and operational costs, infrastructure, and sustainability needs will be. A financial and implementation plan will also be developed.

Demonstration Project:

The contractor will set up a lung tissue biorepository demonstration project for the development of hospital agreements, policies, procedures (including confidentiality and legislative aspects) and infrastructure to collect and store tissues, serum, and data, as well as a mechanism for researchers to utilize them.

Non-Discrimination Provisions for State of Connecticut Contracts *

*Note: Attachment B is provided for your information only. The forms in this Attachment do not need to be completed for the RFP. These will be used for applicants awarded funding and requested during the contract development process.

The Office of the Attorney General has approved the following nondiscrimination certification forms to assist executive branch agencies in complying with the State of Connecticut's contracting requirements, pursuant to the Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended by Public Act 07-245 and Sections 9 and 10 of Public Act 07-142.

By law, a contractor must provide the State with documentation in the form of a company or corporate policy adopted by resolution of the board of directors, shareholders, managers, members or other governing body of such contractor to support the nondiscrimination agreement and warranty under C.G.S. §§ 4a-60a and 46a-68h.

The first of these forms is designed to be used by corporate or other business entities; the **second is to be used only by individuals** who are to sign and perform contracts with the State in their individual capacity. One or the other of these certifications is required for all State contracts, regardless of type, term, cost, or value.

Pursuant to C.G.S. § 46a-56(b), State agencies may apply to the Commission on Human Rights and Opportunities (CHRO) for a waiver from this requirement when entering into contracts with the entities listed below:

- Municipalities or other political subdivisions of the State;
- Quasi-public State agencies;
- Other state governments (including the District of Columbia);
- The federal government;
- U.S. territories and possessions;
- Federally recognized Indian tribal governments; and
- Foreign governments.

The appropriate certification must be signed by an authorized signatory of the contractor (or, in the case of an individual contractor, by the individual) and submitted to the awarding State agency at the time of contract execution. The appropriate form is required for all contracts signed on and after June 25, 2007.

Non-discrimination Regarding Sexual Orientation. Unless otherwise provided by Conn. Gen. Stat. § 46a-81p, the Contractor agrees to the following provisions required pursuant to § 4a-60a of the Connecticut General Statutes:

- (a)(1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the State of Connecticut, and that employees are treated when employed without regard to their sexual orientation;
- (2) The Contractor agrees to provide each labor union or representatives of workers with which such Contractor has a collective bargaining agreement or other Contract or understanding and each vendor with which such Contractor has a Contract or understanding a notice to be provided by the commission on human rights and opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

- (3) The Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to § 46a-56 of the Connecticut General Statutes;
 - (4) The Contractor agrees to provide the commission on human rights and opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts concerning the employment practices and procedures of the Contractor which relate to provisions of this section and § 46a-56 of the Connecticut General Statutes.
- (b) The Contractor shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a Contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with § 46a-56 of the Connecticut General Statutes provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the State of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

Nondiscrimination and Affirmative Action Provisions in Contracts of the State and Political Subdivisions Other Than Municipalities. The Contractor agrees to comply with provisions of § 4a-60 of the Connecticut General Statutes:

- (a) Every Contract to which the state or any political subdivision of the state other than a municipality is a party shall contain the following provisions:
- (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved;
 - (2) The Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the commission;
 - (3) The Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other Contract or understanding and each vendor with which such Contractor has a Contract or understanding, a notice to be provided by the commission advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment;

- (4) The Contractor agrees to comply with each provision of this section and Conn. Gen. Stat. §§ 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to Conn. Gen. Stat. §§ 46a-56, 46a-68e and 46a-68f;
 - (5) The Contractor agrees to provide the commission of human rights and opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this section and Conn. Gen. Stat. § 46a-56. If the Contract is a public works Contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works project.
- (b) For the purposes of this section, “minority business enterprise” means any small Contractor or supplier of materials fifty-one per cent or more of capital stock, if any, or assets of which is owned by a person or persons:
- (1) Who are active in the daily affairs of the enterprise?
 - (2) Who have the power to direct the management and policies of the enterprise; and
 - (3) Who are members of a minority, as such term is defined in subsection (a) of Conn. Gen. Stat. § 49-60g.
- (c) For the purposes of this section, “good faith” means that degree of diligence, which a reasonable person would exercise in the performance of legal duties and obligations. “Good faith efforts” shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements. Determinations of the Contractor’s good faith efforts shall include but shall not be limited to the following factors: The Contractor’s employment and subcontracting policies, patterns and practices; affirmative action advertising; recruitment and training; technical assistance activities and such other reasonable activities or efforts as the commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
- (d) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the commission, of its good faith efforts.
- (e) Contractor shall include the provisions of subsection (a) of this section in every subcontract or purchase order entered into in order to fulfill any obligation of a Contract with the state and such provision shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with Conn. Gen. Stat. § 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

NONDISCRIMINATION CERTIFICATION

(By corporate or other business entity regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)

I, Non-Discrimination Provisions for State of CT Contract signer's name, signer's title, of name of entity, an entity lawfully organized and existing under the laws of name of state or commonwealth, do hereby certify that the following is a true and correct copy of a resolution adopted on the ____ day of ____, 20____ by the governing body of name of entity, in accordance with all of its documents of governance and management and the laws of name of state or commonwealth, and further certify that such resolution has not been modified, rescinded or revoked, and is, at present, in full force and effect.

RESOLVED: That name of entity hereby adopts as its policy to support the nondiscrimination agreements and warranties required under Connecticut General Statutes § 4a-60(a)(1) and § 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, the undersigned has executed this certificate this ____ day of ____, 20____.

Signature

Effective June 25, 2007

NONDISCRIMINATION CERTIFICATION

(By individual contractor regarding support of nondiscrimination against persons on account of their race, color, religious creed, age, marital or civil union status, national origin, ancestry, sex, mental retardation, physical disability or sexual orientation.)

I, signer's name, of business address, am entering into a contract (or an extension or other modification of an existing contract) with the State of Connecticut (the "State") in my individual capacity for if available, insert "Contract No. _____"; otherwise generally describe goods or services to be provided. I hereby certify that I support the nondiscrimination agreements and warranties required under Connecticut General Statutes Sections 4a-60(a)(1) and 4a-60a(a)(1), as amended in State of Connecticut Public Act 07-245 and sections 9(a)(1) and 10(a)(1) of Public Act 07-142.

WHEREFORE, I, the undersigned, have executed this certificate this _____ day of _____, 20_____.

Signature

Effective June 25, 2007

MINIMUM REQUIREMENTS CHECKLIST
Program Evaluation

Applicant

- (1) An original and six copies of the completed proposal must be postmarked by March 25, 2009. _____
- (2) Proposal is completed on Application Forms included in Attachment E. _____
 - a. Signed Statement of Adherence to Assurances included in proposal. _____
 - b. Completed Notification to Bidders form included in proposal. _____
 - c. Completed Workforce Analysis Questionnaire included in proposal. _____
 - d. Completed Tobacco Industry Funding and Partnership Certification included in proposal. _____
- (3) Resumes provided for all management and professional staff assigned to this project. _____
- (4) At least three letters of reference provided. _____
- (5) The proposal is signed by an authorized official of the Applicant Organization. _____
- (6) Format for narrative is in Font Size 12, single-spaced with one-inch margins and narrative is no more than 15 pages. _____

**PRELIMINARY REVIEW TEAM TECHNICAL CRITERIA WORKSHEET
Program Evaluation**

| <u>Criteria:</u> | <u>Applicant</u> | <u>Maximum Points</u> | <u>Bidder's Points</u> |
|--|------------------|-----------------------|------------------------|
| 1. The extent to which applicant has demonstrated successful experience providing similar services such as: | | | |
| a. Has effectively described their approach to designing and implementing a process and outcome evaluation of cessation programs. Evaluating the following: <ul style="list-style-type: none"> ◆ Overall systems changes; ◆ Patient and health care provider satisfaction; ◆ Program referral processes; ◆ Effectiveness of training; ◆ Quit rates; ◆ Marketing and outreach activities; ◆ Overall program effectiveness. | | (20) | () |
| b. Has effectively described their approach to designing and implementing a process and outcome evaluation of the CT Quitline. Evaluating the following: <ul style="list-style-type: none"> ◆ Overall system operations; ◆ Caller satisfaction; ◆ Fax referral program; ◆ Quit rates; ◆ Marketing and outreach activities; and ◆ Overall program effectiveness. | | (20) | () |
| c. Has effectively described their approach to designing and implementing a process and outcome evaluation of school-based programs. Evaluating the following: <ul style="list-style-type: none"> ◆ Curriculum development and implementation; ◆ Minimum number of hours of instruction; ◆ Policy development, implementation and enforcement; ◆ Access to cessation services; ◆ Family and community involvement; and ◆ Participant satisfaction. | | (20) | () |
| d. Has effectively described their approach to designing and implementing a process and outcome evaluation of the media & countermarketing campaign. Evaluating the following: <ul style="list-style-type: none"> ◆ Campaign design; ◆ Focus groups and testing; ◆ Ability to reach targeted populations; ◆ Participant satisfaction; ◆ Implementation schedule; ◆ Messages are being communicated to the targeted audience; ◆ Public relations, community organization; and ◆ Changes in community involvement. | | (20) | () |

ATTACHMENT D

| | | |
|---|--------------|------------|
| e. Has effectively described their approach to evaluating the Statewide Tumor Tissue Biorepository Feasibility Study and the Lung Cancer Biorepository Demonstration Project including reviews of the following: | (20) | () |
| ♦ Coordination of all appropriate partners; | | |
| ♦ Development of appropriate policies and procedures; | | |
| ♦ Infrastructure; | | |
| ♦ Budgets; | | |
| ♦ Confidentiality and Legislative Issues; and | | |
| ♦ Complete development plan | | |
| f. The applicant effectively describes method of examining progress of each program area to reduce tobacco use in the targeted population. | (20) | () |
| g. The applicant describes methods to identify strengths and weaknesses of each program area and to identify areas in need of additional services and programmatic changes. | (20) | () |
| 2. The Department's prior experience with the applicant organization including issues of contract compliance. | (10) | () |
| 3. The extent to which references support the applicant's success providing similar services. | (10) | () |
| 4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP. | (20) | () |
| 5. The extent to which adequate time is allocated to manage the services to be provided, including the appropriate use of subcontractors. | (20) | () |
| 6. The extent to which the profile of staff who will be working on this project is clear and adequate to manage the services to be provided. | (10) | () |
| 7. The extent to which a thorough work plan is presented with measurable objectives and specific, appropriate timelines. | (30) | () |
| 8. The extent to which a cost effective budget is presented which follows eligibility guidelines. | (30) | () |
| 9. The extent to which contractor provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract. | (10) | () |
| 10. The fiscal competitiveness of the proposal. | (20) | () |
| TOTAL | (300) | () |

* Numerical values for each criterion are established as part of the RFP development process to allow for weighting of criteria important to the goals of the RFP.

REQUEST FOR PROPOSAL

RFP # 2009-0919

Program Evaluation

DEPARTMENT OF PUBLIC HEALTH

PUBLIC HEALTH INITIATIVES BRANCH

Tobacco Use Prevention and Control Program

A. Applicant Information

Applicant Agency: _____

Legal Name

Address

City/Town

State

Zip Code

Telephone No.

FAX No.

E-Mail Address

Contact Person: _____ Title: _____

Telephone No: _____

PROGRAM COST: \$ _____

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

Signature of Authorizing Official:

Date

Typed Name and Title

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

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

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

B. CONTRACTOR INFORMATION

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

Contract and Legal Documents/Forms:

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

Program Progress Reports:

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

Financial Expenditure Reporting Forms:

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

Incorporated: YES NO

Agency Fiscal Year:

Type of Agency: Public Private Other,
Explain:

Profit Non-Profit

Federal Employer I.D. Number:

Town Code No:

Medicaid Provider Status: YES NO

Medicaid Number:

Minority Business Enterprise (MBE): YES NO

Women Business Enterprise (MBE): YES NO

C. Services to be Provided, Continued

4.) Describe the project oversight that will be provided on a day-to-day basis as well as account management and media buy verification activities.

5.) Describe your previous experience working with subcontractors and what oversight methods will be utilized.

D. Budget**a. Instructions Budget Summary 1****I. Personnel** (lines #1 - #5) each person funded:

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

Example:

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

- II. Line #11 **Contractual (Subcontracts)** provide the total of all subcontracts and complete Subcontractor Schedule.
- III. Lines #6 - #13 complete categories as appropriate, use line # 10) **Medical Materials** for estimated costs of pharmacotherapy.
- IV. Line # 14: Other Expenses are any other types of expense that do not fit into the categories listed.
- V.*****Audit Costs**, the cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The cost of State Single Audits (CGS 4-23 to 4-236) is allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**
- VI. Line Item #15 **Administrative and General Costs**, these are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at:
<http://www.ct.gov/opm/cwp/view.asp?a=2981&q=382994>.
- VII. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.
- VIII. **Other Income** list any other program income such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.

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

b. Budget Justification Schedule B

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

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

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

Example:

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

c. Subcontractor Schedule A--Detail

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

II. Detail of Each Subcontractor:

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

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

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

Example A. Budget Basis

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

Example B. Fee for Service:

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

Example C. Hourly Rate:

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

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

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

*** Complete Subcontractor Schedule A

**Subcontractor Schedule A-Detail
#1**

Program Area:

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

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

#2

Program Area:

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

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

#3

Program Area:

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

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

E. Work plan (make as many blank pages as needed)

| Services to be Provided | Activities | Staff Position(s) Responsible | Expected Outcomes and Measures of Success | Timetable |
|-------------------------|------------|-------------------------------|---|-----------|
| | | | | |

F. Staffing

Profile of Staff Providing Services (see Section E of this RFP)
 Please provide the information requested below.

| Management and Professional Staff* | Name | Title, Type of Project Support to be Provided | Assigned to Project: # Hrs/Wk/Month |
|------------------------------------|------|---|-------------------------------------|
| Position 1 | | | |
| Position 2 | | | |
| Position 3 | | | |
| Position 4 | | | |
| Position 5 | | | |
| Position 6 | | | |
| Position 7 | | | |
| Position 8 | | | |
| Position 9 | | | |
| Position 10 | | | |

***Attach Resumes for all Professional Staff**

G. Assurances

Any prospective contractor must agree to adhere to the following conditions and **must positively state such in the proposal. Please read, sign, date and return this statement with your proposal.**

- A. **Conformance with Statutes** - Any contract awarded as a result of this RFP must be in full conformance with statutory requirements of the State of Connecticut and the Federal Government.
- B. **Ownership of Proposals** - All proposals in response to this RFP are to be the sole property of the State, and subject to the provisions of Sections 1-19 of the Connecticut General Statutes (Re: Freedom of Information).
- C. **Reports and Information** - The contractor shall agree to supply any information required by DPH: including evaluation and billing information in the time, manner and format directed by DPH.

The contractor shall permit access by properly authorized DPH staff to the contractor's premises, staff and participant and financial records, at any reasonable time.

The right to publish, distribute or disseminate any and all information or reports, or any part thereof, shall accrue to DPH without recourse. The contractor shall maintain written records to substantiate costs incurred under the contract.

- D. **Timing and Sequence** - Timing and sequence of events resulting from this RFP will ultimately be determined by the State.
- E. **Stability of Proposed Prices** - Any price offerings from applicants must be valid for a period of 120 days from the due date of applicant proposals.
- F. **Oral Agreements** - Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.
- G. **Amending or Canceling Requests** - The State reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point to the issuance of the written agreement, if it is in the best interests of the agency and the State.
- H. **Rejection for Default or Misrepresentation** - The State reserves the right to reject the proposal of any applicant that is in default of any prior contract or for misrepresentation.

- I. **State’s Clerical Errors in Awards** - The State reserves the right to correct inaccurate awards resulting from its clerical errors.
- J. **Rejection of Proposals** - Proposals are subject to rejection in whole or in part if they limit or modify any of the terms and conditions and/or specifications of the RFP.
- K. **Applicant Presentation of Supporting Evidence** - An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities, and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.
- L. **Changes to Proposals** - No additions or changes to the original proposal will be allowed after submittal, unless specifically requested by DPH.
- M. **Collusion** - By responding, the applicant implicitly states that the proposal is not made in connection with any competing applicant submitting a separate response to the RFP, and is in all respects fair and without collusion or fraud. It is further implied that the applicant did not participate in the RFP development process, had no knowledge of the specific contents of the RFP prior to its issuance, and that no employee of the agency participated directly or indirectly in the applicant’s proposal preparation.
- N. **Subcontracting** - In a multi-contractor situation, DPH requires a single point of responsibility and accountability.

The undersigned acknowledges receiving and reading the aforementioned assurances and agrees to these terms and conditions as set forth by the Department of Public Health.

Signature

Date

On behalf of:

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



J. Robert Galvin, M.D., M.P.H.
Commissioner

M. Jodi Rell
Governor

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health is an affirmative action employer, in compliance with all state and federal laws which prohibit discrimination and mandate affirmative action to overcome the present effects of past discrimination. Accordingly, we require that the individuals and organizations with which we do business do not engage in discriminatory practices.

This Department and our contractors shall fully comply with the CONTRACT COMPLIANCE REGULATIONS OF CONNECTICUT STATE AGENCIES, Sections 46a-68j-21 through 46a-68j-43, which establish procedures for evaluating compliance with Connecticut General Statutes, Section 4a-60, the state's nondiscrimination contract provisions. We require our contractors to cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities pertinent to these regulations.

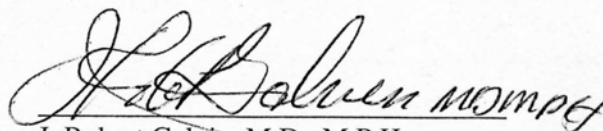
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area may be required to submit evidence of good faith efforts to ensure that their personnel policies and practices do not have a discriminatory impact.

As part of our contract compliance program, bidders, contractors, subcontractors, and suppliers are encouraged to develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market. The existence and active administration of voluntary plans will be a factor in deciding contract approvals and the continuation of existing contracts, in accordance with Section 46a-68j-30.

This Department also solicits and encourages the participation of minority business enterprises as bidders, awardees, contractors, suppliers, and subcontractors.

All bidders and contractors shall be notified of this policy, must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process.

17 Sep 04
Date


J. Robert Galvin; M.D., M.P.H.
Commissioner of Public Health



NOTIFICATION TO BIDDERS

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

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

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

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

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

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

Signature

Date

On behalf of:

Contractor Name:
Address:

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

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

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

- Have you successfully implemented an Affirmative Action Plan? YES NO
Date of implementation: _____ If the answer is "No", explain.
- a) Do you promise to develop and implement a successful Affirmative Action?
 YES NO Not Applicable Explanation:
- Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-18 of the Connecticut Department of Labor Regulations, inclusive: YES NO Not Applicable Explanation:
- According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area? YES NO Explanation:
- If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?
 YES NO Explanation:

Contractor's Authorized Signature

Date

**State of Connecticut
Department of Public Health
Tobacco Use Prevention and Control Program**

Tobacco Industry Funding and Partnership Certification

I, _____ certify that _____ has not
(Agency)
received funding or engaged in partnerships, either formal or informal, with any Tobacco Company within the last three (3) years. The above-mentioned agency will not accept funding nor engage in partnerships with any Tobacco Company during the contract period, should we be awarded funds from the CT Department of Public Health, Tobacco Use Prevention and Control Program.

Contractor's Authorized Signature

Date