



**CT Department of Public Health
Solicitation - Request for Proposal
December 2007**

RFP # 2008 – 2037

The RFP number has been assigned to this Request and must be shown on all correspondence or other documents associated with this Request and must be referred to in all communications.

Title: Development of a statewide health information technology plan.

The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds for the development of a statewide health information technology plan (CT Health IT Plan).

Funding

A total of up to \$700,000 of state funds is available to support this project from contract start through June 30, 2009, subject to satisfactory performance.

Eligibility

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

Closing Date

An original and **eleven** copies of the completed proposal must be received at the DPH office no later than 4:30 P.M. on February 15, 2008. In addition, an electronic copy of the completed proposal must be submitted to the email address of the DPH Project Manager by the closing date and time.

Place Due/Project Manager

CT Department of Public Health
Planning Branch
410 Capitol Avenue, MS# 11-PSI
P.O. Box 340308
Hartford, CT 06134-0308
Attention: Project Manager: Julianne Konopka, Health Information Systems and Reporting
E-mail address: julianne.konopka@ct.gov

Further Information

Applicants are encouraged to send a written notice of their intent to apply to the DPH. This notice can be sent using either the postal address or the e-mail address provided under "place due" above.

All questions regarding the preparation of proposals in response to this RFP must be submitted in writing by January 17, 2008 to the DPH Project Manager. A copy of all written questions and responses will be provided to all applicants who request the RFP or who send a written request for such information to the DPH Project Manager. Responses to questions will be sent via e-mail to applicants who submitted a written notice of their intent to apply.

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I. Statement of Purpose

In the 2007 legislative session, the Connecticut General Assembly passed Public Act No. 07-2 (see Attachment A), An Act Implementing the Provisions of the Budget Concerning Human Services and Public Health, authorizing in Section 68 of that Act, the Department of Public Health, in consultation with the Office of Health Care Access to contract, through a competitive bidding process, for the development of a state-wide health information technology plan.

The purpose of this Request for Proposals (RFP) is for the CT Department of Public Health (DPH), in consultation with the Office of Health Care Access, to contract with an organization to develop a statewide health information technology plan (CT Health IT Plan).

The selected organization will be designated as the lead health information exchange (HIE) organization for the state of Connecticut from the contract start date until June 30, 2009. The designated lead HIE organization will serve as the State's lead consulting resource for the development and growth of Health Information Exchanges (HIE) in Connecticut.

This award is restricted to the development of a Connecticut Health IT plan and does not in any way sanction or authorize the implementation of HIE technology by the applicant awarded this contract. Nor does this contract establish any preferences by the State for any future HIE activity or State of Connecticut contract awards. **Pursuant to Connecticut General Statutes §1-101nn(b), the selected applicant organization and any business with which such organization is associated, is not eligible to serve as a contractor for any subsequent contract or to serve as a subcontractor or consultant for the entity awarded such contract for which this contract plans specifications.**

II. Definitions

Electronic Health Information System: An information processing system, involving both computer hardware and software that deals with the storage, retrieval, sharing and use of health care information, data and knowledge for communication and decision making, and includes: (A) An electronic health record that provides access in real-time to a patient's complete medical record; (B) a personal health record through which an individual, and anyone authorized by such individual, can maintain and manage such individual's health information; (C) computerized order entry technology that permits a health care provider to order diagnostic and treatment services, including prescription drugs electronically; (D) electronic alerts and reminders to health care providers to improve compliance with best practices, promote regular screenings and other preventive practices, and facilitate diagnoses and treatments; (E) error notification procedures that generate a warning if an order is entered that is likely to lead to a significant adverse outcome for a patient; and (F) tools to allow for the collection, analysis and reporting of data on adverse events, near misses, the quality and efficiency of care, patient satisfaction and other healthcare-related performance measures.

Health Care Provider: means any person, corporation, limited liability company, facility or institution operated, owned or licensed by this state to provide health care or professional services, or an officer, employee or agent thereof acting in the course and scope of his employment.

Health Information Exchange (HIE): The mobilization of healthcare information electronically across organizations within a region or community. The HIE System refers primarily to the information technology required to exchange health information electronically.

Interoperability: The ability of two or more systems or components to exchange information and to use the information that has been exchanged and includes: (A) The capacity to physically connect to a network for the purpose of exchanging data with other users; (B) the ability of a connected user to demonstrate appropriate permissions to participate in the instant transaction over the network; and (C) the capacity of a connected user with such permissions to access, transmit, receive and exchange usable information with other users.

Standard electronic format: A format using open electronic standards that: (A) enable health information technology to be used for the collection of clinically specific data; (B) promote the interoperability of health

care information across health care settings, including reporting to local, state and federal agencies; and (C) facilitate clinical decision support.

III. Proposal Content Requirements

Proposals must be submitted on the DPH Application Forms included in Attachment B. All requirements of this RFP must be met. The narrative section of the proposal must be limited to twenty-five pages not including references and attachments. **Please be advised that anything in the Application may be subject to Freedom of Information (see Section X of this RFP.)** Content requirements not addressed by the DPH Application Forms must be submitted in narrative form with numbered pages.

A. Applicant Information

1. Contact 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.

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

- a. Contract and legal documents/forms
- b. Contract deliverable progress reports
- c. Financial expenditure reports

2. Qualifications of Applicant Organization

Please indicate whether or not the applicant organization is incorporated, the type (i.e., for profit, non-profit, governmental) of organization applying for funding, the fiscal year for the applicant organization, the organization's federal employer ID number, and if the applicant organization is registered as a Connecticut Minority Business Enterprise and/or Women Business Enterprise.

All items listed below must be included in your application:

- a. A description of the extent of the applicant organization's operations in Health IT.
 1. Scope of involvement and support from healthcare and information technology organizations in Connecticut.
 2. Documentation of the organization's experiences with Health IT and HIE initiatives at the national, state and local levels.
- b. Information sufficient to demonstrate the financial viability of the applicant organization.
- c. A description of any litigation, whether resolved or pending, involving the applicant's organization and the State of Connecticut within the past five years.
- d. A description of any litigation, whether resolved or pending, involving the applicant's organization and any other entity involving any matter related to the subject of this RFP within the past five years.

B. Connecticut Health Information Technology Plan Development

The CT Health IT Plan must address all of the following items. Please provide the organization's detailed approach to developing these items within the proposed Plan.

1. Assessment of the status of current HIE technologies and practices operating in CT.
2. General standards and protocols for health information exchange.
3. Electronic data standards to facilitate the development of a statewide, integrated electronic health information system in Connecticut for use by health care providers and institutions that

are funded by the state including hospitals, community health care centers, physician groups, and other providers receiving funds from the State. Such electronic data standards shall:

- 3.1. include provisions relating to security, privacy, data content, structures and format, vocabulary, maintenance and transmission protocols,
 - 3.2. be compatible with any national data standards in order to allow for interstate interoperability,
 - 3.3. permit the collection, sharing, and access of health information in a standard electronic format,
 - 3.4. be compatible with the requirements for an electronic health information system, and,
 - 3.5. include rules and standards for the sharing, aggregation and storage of person-specific and aggregated health data.
4. Functional characteristics of an Electronic Health Information System as defined in Section 68(a)(1) of PA 07-2.
 5. Implementation strategies, including, but not limited to a plan for pilot programs for health information exchange, and projected costs and sources of funding for such pilot programs. Pilot programs may be used as a mechanism to assess different business models, e.g. storage and recovery of federated vs. centralized health data.
 6. Consumer education and outreach about the HIE to health care providers.
 7. Coordination with state government agencies, public and private health systems, and healthcare providers to link HIE activities to support quality improvement initiatives.
 8. Coordination with other HIE organizations, states, and the federal government.
 9. Survey of each provider group (including private practitioners) to determine their current infrastructure (ie. staffing, hardware, software, training needs, etc.)
 10. Risk benefit analysis of the secondary uses of health care data (i.e. how it will be used and how it will be protected.)
 11. Assessment and analysis of federated versus centralized data systems.
 12. Projected timeline and detailed budget estimates for development of a fully functional statewide, integrated electronic health information system, including the infrastructure needs of each provider group. Include a phased-in timeline, incentives to get providers involved and estimated costs for each provider group that will participate in the HIE System.
 13. How Connecticut will transition to the National Health Network once it is available.
 14. Identified barriers to implementation of the CT Health IT Plan and proposed actions to address each barrier.

C. Budget

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application in Attachment B. All costs (travel, printing, supplies, etc.) must be included in the contract price. Cost effectiveness, value delivered and competitiveness of the budget will be considered as part of the proposal review process.

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 amount of the bid may not be increased after the proposal is submitted. All cost estimates will be considered as "not to exceed" quotations against which time and expenses will be charged.

The proposed budget is subject to change during the contract award negotiations.

The selected Contractor will be required to provide DPH with four copies of any subcontract. All contractor requirements will also be applied to all the subcontractors.

Copies of state set aside certifications for small and/or minority business must also be provided.

D. Work Plan

Provide a plan for implementing the proposed scope of work including the business plan and the process for satisfying state oversight requirements. The work plan must include target dates for completing each stage of implementation assuming a contract start date of 4/1/08, resources and dependencies for completing each stage, and deliverables. The work plan must be presented in a logical time sequence.

A comprehensive work plan with measurable objectives describing tasks to be performed, staff, including subcontracted staff, assigned to each task, deliverables and timelines, including a project start date, must be provided on the Application Forms included in Attachment B. The work plan must be consistent with the RFP and the project's goals and objectives. The project start date will be considered as part of the review criteria for this RFP.

E. Project Summary (Attachment C)

Use the format provided in Attachment C. The summary shall include a statement of objectives and the technical methods to be employed written in lay language. Limit summaries to the space provided on Attachment C. (Note: Because the Project Summary will be available to the public, do not include proprietary information in the Summary.)

F. Project Staffing

The proposal must describe all staff (applicant organization staff and subcontracted staff) assigned to this project, including the extent to which they have the skill sets and relevant experience in health care, health information technology, organizational development, complex project planning and development, project management and working with public and private sector public health and human service agencies. An organizational chart must be included in this section to illustrate the staffing plan for this project.

Job descriptions, hours per week, and hourly rates must be provided for all staff (including subcontracted staff) assigned to this project on the form included in Attachment B. Resumes must be provided for all professional staff assigned to this project and currently on staff.

G. Letters of Commitment

Applicants must submit letters of commitment from individuals or businesses included in the proposal as part of a subcontract. These letters must state their agreement to participate in the project at the contracted rate shown in the budget and describe the project-related work that they will do.

H. Letters of Reference

Applicants must include at least five (5) letters of reference from individuals or businesses that have worked with the Applicant on healthcare and/or information technology projects.

I. Disclosures

Applicants must disclose the names of any officers or Board members that currently work for the State of Connecticut, have worked for the State of Connecticut in the past five years, or have immediate family members who currently work for the State of Connecticut, or have worked for the State of Connecticut in the past five years. Applicants must also disclose any contracts that they currently hold with the State of Connecticut, which organization, and for what purpose.

J. 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 included in Attachment B. Compliance with the conditions listed in these Assurances is mandatory.

IV. Application Procedures

An original and eleven copies of the completed proposal must be addressed to Project Manager, Julianne Konopka, Section Chief, Planning Branch, Health Information System and Reporting and must be received at DPH no later than 4:30 P.M. on February 15, 2008. In addition, an electronic copy of the proposal must be submitted to the email address of the DPH Project Manager by the closing date.

The proposal must be completed on the Application Forms included in Attachments B and C and meet all requirements in Section III, Proposal Content Requirements.

The proposal must be signed by an authorized official of the applicant organization.

Supplemental information will not be considered after the deadline unless requested by DPH.

Notification of the outcome of proposal review will be mailed to all applicants.

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. Development of these deliverables must be included as objectives in the project work plan (work plan forms are included in Attachment B).

- A. An electronic version of the current work plan in Microsoft Project within 30 days of contract execution and on the first of each month during the period of the contract.
- B. Written status reports on the first of each month throughout the period of the contract, identifying key progress, obstacles encountered, and plans to overcome these obstacles.
- C. Periodic meetings with the DPH Project Manager.
- D. Submission of the CT Health IT Plan outline for review and approval by DPH.
- E. Submission of each draft of the CT Health IT Plan and comment by DPH.
- F. Submission of the final CT Health IT Plan to DPH.
- G. 100 bound copies of the final plan and an electronic version of the plan in a manner prescribed by DPH.

VI. Review Process

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 D, 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. Additionally, an interview may be requested of the highest ranked applicants.

An interagency group of state employees as well as representatives of health care providers will review proposals and advise the CT Department of Public Health and the Office of Health Care Access. Recommendations will be submitted in rank order based on Team Scores for each proposal. The final selection is at the discretion of the Department of Public Health.

The CT Department of Public Health reserves the right to issue a provisional award to the top finalist and negotiate any additional terms and conditions prior to entering into any final agreement.

A. Minimum Requirements

Proposals will be screened for completeness and compliance with the requirements specified in the RFP (see Attachment D, Minimum Requirements Checklist). Applicants who fail to follow instructions or to include all required elements will be deemed incomplete and may be removed from further review. In addition, *applicants with long-standing, and/or significant outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.*

B. Technical Requirements (See Attachment E)

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.
2. The extent to which references support the applicant's success in providing similar services.
3. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP and the statutory requirements of PA 07-2, Section 68. (See Section III B CT Health IT Plan Development.)
4. The extent to which a comprehensive work plan is presented and the process for satisfying state oversight requirements is addressed. (See Section III D Work Plan, and Section G Letters of Commitment.)
5. The extent to which the profile of staff (applicant organization staff and subcontracted staff) assigned to this project is clear and adequate to manage the services to be provided. (See Section III F. - Project Staffing.)
6. The extent to which a cost effective budget is presented which accomplishes the goals as outlined in this RFP. (See Section III C Budget and the Budget forms included in Attachment B.)
7. 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.

VII. Contract Terms

This RFP will result in an award in the form of a contract to develop a statewide health information technology plan and serve as the State's lead health information exchange organization.

Contract awards are contingent upon the applicant submitting the following:

Evidence that the applicant organization is registered with the State of Connecticut Secretary of State's Office to do business in CT.

Certificate of Authority, Certificate of Legal Existence or Certificate of Good Standing, as applicable, from the State of Connecticut Secretary of the State's Office, prior to execution of the contract;

Tax clearance statement from the State of Connecticut Department of Revenue Services within sixty (60) days of the execution of the contracts; and,

Statement from the State of Connecticut Department of Labor regarding employee contributions within sixty (60) days of the execution of the contract.

A contract will be developed between the applicant and the Department of Public Health 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.

As part of the contract award made from the RFP, the State and applicant will negotiate additional terms and conditions, as well as mutually acceptable terms for termination or cancellation of the award.

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 the state and with State Non-discrimination (see Attachment F) and Affirmative Action laws, rules and regulations.

Moreover, in accordance with Section 4a-60 of the Connecticut General Statutes, 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, national origin, ancestry, sex, sexual orientation, mental retardation, mental or physical disability, 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 and the State of Connecticut.

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 B).

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. Proposal as a Public Record

The Department of Public Health is a public agency and its records, including responses to this RFP, are public records. See Conn. Gen. Stat. §§1-200 et seq., and especially §1-210(b)(4) and §1-210(b)(5)(B). Due regard will be given for the protection of proprietary or confidential information contained in all proposals received. However, applicants should be aware that all materials associated with this RFP are subject to the terms of the Connecticut Freedom of Information Act ("FOIA") and all applicable rules, regulations and administrative decisions. If an applicant is interested in preserving the confidentiality of any part of its proposal, it will not be sufficient merely to state generally in the proposal that the proposal is proprietary or confidential in nature and not, therefore, subject to release to third parties. Instead, those particular sentences, paragraphs, pages or sections that an applicant believes to be exempt from disclosure under the FOIA must be specifically identified as such. Convincing explanation and rationale sufficient to justify each exemption consistent with Section 1-210(b) of the FOIA must accompany the proposal. The rationale and explanation must be stated in terms of the prospective harm to the competitive position of the applicant that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the FOIA. An applicant should not request that their entire proposal, nor the majority of the proposal, be confidential. Any submitted proposal, once execution of a contract is complete, and any completed contract will be considered public information except for any privileged material (if substantiated as outlined in this paragraph).

XI. 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.

The State reserves the right to negotiate and require additional terms and conditions prior to entering into any final agreement.

The State reserves the right to request additional information from applicants and their subcontractors to demonstrate continued financial responsibility.

The State reserves the right to specify all applicable guidelines and requirements for the deliverables acceptance process. Applicants may propose an approach to deliverable acceptance and a proposed schedule for such activities and reflect this approach in the project work plan.

XII. ATTACHMENTS

Attachment A



House Bill No. 8002

June Special Session, Public Act No. 07-2

AN ACT IMPLEMENTING THE PROVISIONS OF THE BUDGET CONCERNING HUMAN SERVICES AND PUBLIC HEALTH.

Sec. 68. (NEW) (Effective July 1, 2007) (a) As used in this section:

(1) "Electronic health information system" means an information processing system, involving both computer hardware and software that deals with the storage, retrieval, sharing and use of health care information, data and knowledge for communication and decision making, and includes: (A) An electronic health record that provides access in real-time to a patient's complete medical record; (B) a personal health record through which an individual, and anyone authorized by such individual, can maintain and manage such individual's health information; (C) computerized order entry technology that permits a health care provider to order diagnostic and treatment services, including prescription drugs electronically; (D) electronic alerts and reminders to health care providers to improve compliance with best practices, promote regular screenings and other preventive practices, and facilitate diagnoses and treatments; (E) error notification procedures that generate a warning if an order is entered that is likely to lead to a significant adverse outcome for a patient; and (F) tools to allow for the collection, analysis and reporting of data on adverse events, near misses, the quality and efficiency of care, patient satisfaction and other healthcare-related performance measures.

(2) "Interoperability" means the ability of two or more systems or components to exchange information and to use the information that has been exchanged and includes: (A) The capacity to physically connect to a network for the purpose of exchanging data with other users; (B) the ability of a connected user to demonstrate appropriate permissions to participate in the instant transaction over the network; and (C) the capacity of a connected user with such permissions to access, transmit, receive and exchange usable information with other users.

(3) "Standard electronic format" means a format using open electronic standards that: (A) Enable health information technology to be used for the collection of clinically specific data; (B) promote the interoperability of health care information across health care settings, including reporting to local, state and federal agencies; and (C) facilitate clinical decision support.

(b) On or before November 30, 2007, the Department of Public Health, in consultation with the Office of Health Care Access and within available appropriations, shall contract, through a competitive bidding process, for the development of a statewide health information technology plan. The entity awarded such contract shall be designated the lead health information exchange organization for the state of Connecticut for the period commencing December 1, 2007, and ending June 30, 2009. The statewide health information technology plan shall include, but not be limited to:

(1) General standards and protocols for health information exchange.

(2) Electronic data standards to facilitate the development of a statewide, integrated electronic health information system for use by health care providers and institutions that are funded by the state. Such electronic data standards shall (A) include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols, (B) be compatible with any national data standards in order to allow for interstate interoperability, (C) permit the collection of health information in a standard electronic format, and (D) be compatible with the requirements for an electronic health information system.

(3) Pilot programs for health information exchange, and projected costs and sources of funding for such pilot programs.

(c) Not later than December 1, 2008, and annually thereafter, the Department of Public Health, in consultation with Office of Health Care Access, shall report, in accordance with section 11-4a of the general statutes, to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services, government administration and appropriations and the budgets of state agencies on the status of the state-wide health information technology plan.

REQUEST FOR PROPOSAL
RFP # 2008-2037
(Development of a statewide health information technology plan)

DEPARTMENT OF PUBLIC HEALTH
PLANNING BRANCH

III. PROPOSAL CONTENT REQUIREMENTS

A. Applicant Information

1. Contact Information

Applicant Agency:

Legal Name

Address

City/Town	State	Zip Code
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Telephone No.	FAX No.	E-Mail Address
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Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____

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

Signature of Authorizing Official:	Date
------------------------------------	------

Typed Name and Title

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

- 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)

APPLICATION FORMS

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

--

Fax No.

Program Progress Reports:

--	--	--

Name

Title

Tel. No.

--	--	--

Street

Town

Zip Code

--

Fax No.

Financial Expenditure Reporting Forms:

--	--	--

Name

Title

Tel. No.

--	--	--

Street

Town

Zip Code

--

Fax No.

Incorporated: Yes No

Type of Agency: Public Private Other _____
Explain

Profit Non Profit

Federal Employer I.D. Number: _____

Medicaid Provider Status: Yes No

Minority Business Enterprise (MBE): Yes No

Women Business Enterprise (WBE): Yes No

--

Agency Fiscal Year

--

Town Code No.

--

Medicaid Number

APPLICATION FORMS

III A. 2. Qualifications of Applicant Organization (See Section III. A. 2)

III. B. Statewide Health IT Plan Development

Please provide the applicant organization's detailed approach to developing these items within the proposed Plan. To facilitate proposal review, each item must be clearly labeled (ie. III B. 1, III B 2, etc.):

1. Assessment of the status of current HIE technologies and practices operating in CT.

2. General standards and protocols for HIE.

3. Electronic data standards to facilitate the development of a statewide, integrated electronic health information system in Connecticut for use by health care providers and institutions that are funded by the state including hospitals, community health care centers, physician groups, institutions, and other providers receiving funds from the State. Such electronic data standards shall:

3.1 include provisions relating to security, privacy, data content, structures and format, vocabulary, maintenance and transmission protocols,

3.2 be compatible with any national data standards in order to allow for interstate interoperability,

3.3 permit the collection, sharing, and access of health information in a standard electronic format,

3.4 be compatible with the requirements for an electronic health information system, and,

3.5 include rules and standards for the sharing, aggregation and storage of person-specific and aggregated health data.

4 Functional characteristics of an Electronic Health Information System as defined in Section 68(a)(1) of PA 07-2.

5 Implementation strategies, including, but not limited to, a plan for pilot programs for health information exchange, and projected costs and sources of funding for such pilot programs. Pilot programs may be used as a mechanism to assess different business models, e.g. storage and recovery of federated vs. centralized health data.

6. Consumer education and outreach about the HIE to health care providers.

7. Coordination with state government agencies, public and private health systems, and healthcare providers to link HIE activities to support quality improvement initiatives.

8. Coordination with other HIE organizations, states, and the federal government.

9. Survey of each provider group (including private practitioners) to determine their current infrastructure (ie. staffing, hardware, software, training needs, etc.)

10. Risk benefit analysis of the secondary uses of health care data (i.e. how it will be used and how it will be protected.)

11. Assessment and analysis of federated versus centralized data systems.

12. Projected timeline and detailed budget estimates for development of a fully functional statewide, integrated electronic health information system, including the infrastructure needs of each provider group. Include a phased-in timeline, incentives to get providers involved and estimated costs for each provider group that will participate in the HIE system.

13. How Connecticut will transition to the National Health Network once it is available.

14. Identified barriers to implementation of the CT Health IT plan and proposed actions to address each barrier.

APPLICATION FORMS

III. C. BUDGET

Instructions:

1. Budget Summary Sheet

For Line Item #1 through #6, **Personnel**, provide for each position:

- a) The name of the position and the name of person holding that position.
- b) Calculation: the hourly rate, the # hours per week assigned to work on the project, and the total # of weeks
- c) The fringe benefit rate

- ◆ For Line Item #12 **Contractual (Subcontracts)** provide the total of all subcontracts, which must then be listed on the Subcontractor Schedule.
- ◆ A Budget Justification must be completed for each line item in the budget.
- ◆ Other Expenses are any other types of expense that does not fit into the categories listed.
- ◆ For Line Item #18, **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.
- ◆ For Line Item #18a **Administrative Costs**, this can include direct program related costs such as bookkeeping, accounting, supervision, clerical support, postage, printing, etc.
- ◆ For Line Item #18b **Indirect Costs**, these are costs incurred by an organization for common or joint objectives that cannot be specifically assigned to a particular project or program. Examples of indirect costs are facility operation, maintenance costs, liability insurance, rent and general administrative costs.
- ◆ Both **Administrative and Indirect Costs** must be itemized on the Budget Justification Schedule. Any costs which have a separate line item in the Budget Summary may not be duplicated as an Administrative or Indirect Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an administrative or indirect cost.

2. Budget Justification

- ◆ 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. For example, travel must include the rate per mile and # of miles.
- ◆ For contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided, although a line item justification is not necessary. Use additional sheets as necessary.

3. Subcontractor Schedule - Detail

- ◆ This form must be completed if there are subcontractors. All subcontractors used 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. The actual detail should be submitted when it is available.
- ◆ Provide the subcontractors full legal name, address and telephone number; indicate subcontractor payment basis and detail (see examples below); whether they are a Minority Owned Business Enterprise (MBE) or Women Owned Minority Business Enterprise (WBE), and provide the total of the subcontract.

APPLICATION FORMS

Subcontract Payment Basis and Detail:

- ◆ For each subcontractor, choose the appropriate category for the type of subcontract using the basis by which it is paid:

A. Budget Basis

B. Fee for Service

C. Hourly Rate

Then provide the detail for each subcontract. Detail must be provided for each subcontractor.

Example A. Budget Basis

1 Outreach Educator @ 40 hrs wk	\$20,000
Travel 1000 miles @ \$.26/mile	260
Supplies	<u>500</u>
Total	\$20,760

Example B. Fee for Service:

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

Example C. Hourly Rate:

Quality Assurance Review of 200 Patient Charts by Nurse Clinician

200 hours @ \$25/hour	\$5,000
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APPLICATION FORMS

D. Budget Summary

Category	Amount
Personnel:	
1. a. Name & Position: _____ ,	
b. Calculation:	
c. Fringe Benefit: _____ %	
2. a. Name & Position: _____ ,	
b. Calculation:	
c. Fringe Benefit: _____ %	
3. a. Name & Position: _____ ,	
b. Calculation:	
c. Fringe Benefit: _____ %	
4. a. Name & Position: _____ ,	
b. Calculation:	
c. Fringe Benefit: _____ %	
5. a. Name & Position: _____ ,	
b. Calculation:	
c. Fringe Benefit: _____ %	
6. a. Name & Position: _____ , _____ :	
b. Calculation:	
c. Fringe Benefit: _____ %	
7. Travel _____ per mile X _____ miles	
8. Training	
9. Educational Materials	
10. Office Supplies	
11. Medical Materials	
12. Contractual (Subcontracts - Complete Subcontractor Schedule A)	
13. Telephone	
14. Advertising	
15. Other Expenses (List Below)	
a.	
b.	
c.	
d.	
e.	
f.	
16a. Administrative Costs (if allowed)	
16b. Indirect Costs (if allowed)	
Total Requested	
18. Other Program Income:	

APPLICATION FORMS

Budget Justification

Line Item (Description)	Amount	Justification including Breakdown of Costs

III. D. Work plan (make as many blank pages as needed and assume a project start date of 4/1/2008)-See Section III.D.

Services to be Provided	Activities	Staff Position(s) Responsible	Expected Outcomes	Measures of Success	Timetable - Start/End Dates

APPLICATION FORMS

E. Project Summary – Use the format provided in Attachment C.

F. Project Staffing (see Section III. F. of this RFP.)

Please provide the information requested below for staff providing services under this proposal.

Professional Staff*	Name	Title	Hourly Rate	Assigned to Project: # hrs/wk
Position 1				
Position 2				
Position 3				
Position 4				
Clerical/ Support Staff:				
Position 1				
Position 2				

***Attach Resumes for all professional staff assigned to this project and currently on staff.**

III. G. Letters of Commitment

Provide letters of commitment from individuals or businesses included in the proposal as part of a subcontract. These letters must state their agreement to participate in the project at the contracted rate shown in the budget and describe the project-related work that they will do.

III. H. Letters of Reference

Provide at least five (5) letters of reference (with their telephone numbers) from individuals or businesses that have worked with the Applicant on healthcare and/or information technology projects.

III. I. Disclosures

Applicants must disclose the names of any officers or Board members that currently work for the State of Connecticut, have worked for the State of Connecticut in the past five years, or have immediate family members who currently work for the State of Connecticut have worked for the State of Connecticut in the past five years. Applicants must also disclose any contracts that they currently hold with the State of Connecticut, which organization, and for what purpose.

III. J. Contract Compliance (Complete Assurances, Notification to Bidders and Workforce Analysis Questionnaire per Section III. J. of this RFP.

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 which 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.

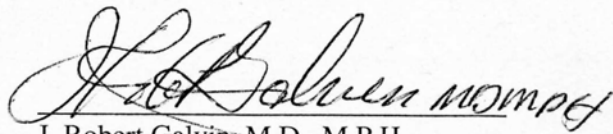
This Department will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any class protected under state or federal law. Contractors whose overall employment statistics are not reflective of the general employment area 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, detach along dotted 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:

WORKFORCE ANALYSIS

Contractor Name:
Address:

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

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

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

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

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

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

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

4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?

YES NO Explanation:

Contractor's Authorized Signature Date

Attachment C

Project Summary (in Non-Technical Language)

Title of Project

Amount requested \$

Applicant Organization

List of subcontractors, if any

One sentence description. This Project's purpose is to

Project Summary (Limit to this side of form)

Applicant

1. Resumes provided for all professional staff assigned to this project. _____
2. Completed Notification to Bidders form included in proposal. _____
3. Completed Workforce Analysis Questionnaire included in proposal. _____
4. Signed Statement of Adherence to Assurances included in proposal. _____
5. Proposal includes the name, title, address, telephone and fax number of staff persons responsible for the completion and submittal of contract and legal documents/forms, contract deliverable progress reports and financial expenditure forms. _____
6. Proposal includes the names of any officers or Board members that currently work for the State of Connecticut (CT), have worked for the State of CT in the past five years, or have immediate family members who currently work for the State of CT or have worked for the State of CT in the past five years. Proposal also discloses any contracts that The applicant currently holds with the State of CT, which organization, and for what purpose. _____
7. An original and 11 copies of the completed proposal must be received at DPH no later than 4:30 PM on February 15, 2008. In addition, an electronic copy of the completed proposal must be submitted to the e-mail address of the DPH Project Manager by the closing date and time. _____
8. Proposal is completed on Application Forms included in Attachment B. _____
9. The proposal is signed by an authorized official of the Applicant Organization. _____

**ATTACHMENT E REVIEW TEAM TECHNICAL
CRITERIA WORKSHEET**

Applicant

<u>Criteria:</u>	<u>Maximum Points</u>	<u>Bidder's Points</u>
<p>1. The extent to which applicant has demonstrated successful experience providing similar services. <i>Section III.A.2. Qualifications of the Applicant organization, Consider the scope of involvement and support from healthcare and Information technology organizations in CT, documentation of the Organization's experience with Health IT and HIE initiatives at the National, state and local levels and extent to which the Financial viability of the applicant has been demonstrated.</i></p>	(8)	()
<p>2. The extent to which references support the applicant's success providing similar services. <i>Section III. H. Five letters of reference.</i></p>	(5)	()
<p>3. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP and the statutory requirements of PA 07-2, Section 68. <i>Consider the applicant's approach to developing each of the items outlined in Section III B., Items 1-15 for the CT Health IT plan development (see worksheet).</i></p>	(36)	()
<p>4. The extent to which a comprehensive work plan is presented and the process for satisfying state oversight requirements is addressed. <i>Section III. D. Work Plan and G. Letters of Commitment: The work plan must be completed on the form included on page 24 in Attachment B and include services to be provided, activities, staff persons responsible (including subcontracted staff), expected outcomes, measures of success and timetable – start/end dates. The work plan must be of sufficient detail to communicate the level of collaboration and contribution to be requested by the contractor of community partners, participants in the governance structure and governing body of the contractor and of the state. The letters of commitment (see Section III G) must be included for all individuals and businesses included in the proposal as part of a subcontract and describe the project-related work that they will do.</i></p>	(19)	()

- | | | |
|--|-----------------------|-------------------|
| <p>5. The extent to which the profile of staff (applicant organization staff and subcontracted staff) assigned to this project is clear and adequate to manage the services to be provided.</p> <p><i>Section III F. Project Staffing. Consider the skill sets and relevant experience of project staff in health care, health information technology, organizational development, complex project planning and development, project management and working with public and private sector public health and human service agencies. Also consider the clarity and appropriateness of the organizational chart to illustrate the staffing plan for the project, job descriptions, hours per week, hourly rates and resumes of professional staff assigned to the project.</i></p> | <p>(15)</p> | <p>()</p> |
| <p>6. The extent to which a cost effective budget is presented that accomplishes the goals as outlined in the RFP.</p> <p><i>Section III C. Budget. The budget must use the budget forms included in Attachment B of this RFP and include all costs, including subcontract costs.</i></p> | <p>(15)</p> | <p>()</p> |
| <p>7. 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.</p> | <p>(2)</p> | <p>()</p> |
| <p>TOTAL</p> | <p>(100)</p> | <p>()</p> |

**Worksheet for Item 3, REVIEW TEAM TECHNICAL CRITERIA WORKSHEET
(See Section III B. Items 1-15.)**

	POINTS	
	<u>Maximum</u>	<u>Bidder's</u>
Assessment of the status of current HIE technologies and practices operating in CT.	(2)	()
General standards and protocols for HIE.	(2)	()
General standards and protocols for HIE. Electronic data standards to facilitate the development of a statewide, integrated electronic health information system in Connecticut for use by health care providers and institutions that are funded by the state including hospitals, community health care centers, physician groups, and other providers receiving funds from the State. Such electronic data data standards shall:		
include provisions relating to security, privacy, data content, structures and format, vocabulary, maintenance and transmission protocols	(2)	()
be compatible with any national data standards in order to allow for interstate interoperability	(2)	()
permit the collection, sharing, and access of health information in a standard electronic format	(2)	()
be compatible with the requirements for an electronic health information system, and	(2)	()
include rules and standards for the sharing, aggregation and storage of person-specific and aggregated health data.	(2)	()
Elements specified in the definition of an Electronic Health Information System as provided in Section 68(a)(1) A-F of PA 07-2.	(2)	()
Implementation strategies, including, but not limited a plan for pilot programs for health information exchange, and projected costs and sources of funding for such pilot programs. Pilot programs may be used as a mechanism to assess different business models, e.g. storage and recovery of federated vs. centralized health data.	(2)	()
Consumer education and outreach about the HIE to health care providers.	(2)	()
Coordination with state government agencies, public and private health systems, and healthcare providers to link HIE activities to support quality improvement initiatives.	(2)	()

Coordination with other HIE organizations, states, and the federal government.	(2) ()
Survey of each provider group (including private practitioners) to determine their current infrastructure (ie. staffing, hardware, software, training needs, etc.)	(2) ()
Risk benefit analysis of the secondary uses of health care data (i.e. how it will be used and how it will be protected.)	(2) ()
Assessment and analysis of federated versus centralized data systems.	(2) ()
Projected timeline and detailed budget estimates for development of a fully functional statewide, integrated electronic health information system, including the infrastructure needs of each provider group. Include a phased-in timeline, incentives to get providers involved and estimated costs for each provider group that will participate in the HIE system.	(2) ()
How CT will transition to the National Health Network once it is available.	(2) ()
Identified barriers to implementation of the CT Health IT plan and proposed actions to address each barrier.	(2) ()
TOTAL SCORE FOR ITEM 3	(36) ()

Attachment F- Non-Discrimination Provisions for State of Connecticut Contracts*

**Note: Attachment F is provided for 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 will be required 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 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