The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds for county education programs for the prevention of Lyme disease (LD).

**Funding**
A total of up to $100,000 of state LD funds is available to support this project for the period April 1, 2008 – December 31, 2008. It is expected that two programs totaling $50,000 each will be funded (one in Fairfield County and one in Windham County). Support beyond the project period above is subject to the availability of state funds and successful completion of contract requirements.

**Eligibility**
Eligibility for funds to conduct a county education program for the prevention of Lyme disease is limited to those local health departments/districts that meet the following minimum criteria:

A. Have a full-time health director as defined by Connecticut’s General Statutes 19a-76-1: “Full-time local director of health” or “director” means a municipal or district director of health who is responsible for enforcing public health laws and administering public health programs; and is employed on a full-time basis by a district or municipality; and, 

B. The local health department/district must be located within either Windham or Fairfield County.

The following local health departments/districts meet the above criteria and are eligible to apply for funds to support a county education program for the prevention of LD.

**Windham County**
- Eastern Highland Health District
- Northeast Health District
- North Central Health District

**Fairfield County**
- Bethel Health Department
- Bridgeport Health Department
- Danbury Health Department
- Fairfield Health Department
- Greenwich Health Department
- Trumbull Monroe Health District
- New Canaan Health Department
- New Fairfield Health Department
- Newtown Health District
- Norwalk Health Department
- Ridgefield Health Department
- Naugatuck Valley Health District
- Stamford Health Department
- Stratford Health Department
- Westport Weston Health District
- Wilton Health Department
**Closing Date**

An original and five copies of the completed proposal must be received by the DPH no later than 4:30 P.M. on Thursday February 21, 2008.

To assist the DPH in planning for and executing the applications submitted under this Request For Proposal (RFP), all local health departments/districts intending to submit a proposal are requested to inform the DPH of their intent by **Thursday January 24, 2008**. The letter of intent must include the name of your health department/district, address, identify a contact person and provide an email address and phone number of the identified contact person. The letter of intent can be faxed to (860) 509-7910 or mailed to the address below.

**Place Due**
Department of Public Health  
Public Health Initiatives Branch  
410 Capitol Avenue, MS#11EPI  
P.O. Box 340308  
Hartford, CT 06134-0308  
Attention: Matthew Cartter, MD, MPH, Epidemiology Program Coordinator  
matt.cartter@ct.gov

**Further Information**
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 Thursday January 24, 2008 to Matthew Cartter, MD, MPH, Epidemiology Program Coordinator, DPH Project Manager. A copy of all written questions and responses will be provided to all applicants who submit a letter of intent or who send a written request for such information to the DPH Project Manager. Questions may be mailed to the address above or faxed to (860) 509-7910.
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I. Statement of Purpose
The purpose is to solicit proposals from local health departments/districts to conduct a county education program to prevent Lyme disease (LD). Strategies for the prevention of LD will also contribute to prevention of other tick-borne diseases of concern in Connecticut. The program will focus on the use of integrated strategies that individuals may adopt to reduce peri-domestic tick abundance, promotion of personal protective practices to avoid tick bites and transmission of disease from ticks, and awareness of the signs and symptoms of LD.

II. Background
Connecticut has one of the most comprehensive LD surveillance systems in the country. Surveillance conducted for more than 20 years clearly shows that Connecticut is among the states with the highest reported rates of LD (52.5 cases per 100,000 population in 2006). Surveillance also shows that LD can be acquired in any county in Connecticut, that some areas of the state remain more affected than others, and that the disease has spread inland and westward along the coast since the mid 1970’s. These findings have been supported by tick studies that show infected ticks in all counties of Connecticut.

Persons with the highest risk for tick bites and LD are those residing in suburban residential developments with adjacent wooded tracts and rural homes within woodland environments where hosts for the tick flourish. In Connecticut, most cases of LD are probably acquired peri-domestically. Also at increased risk are persons who work or recreate in areas that have habitats supportive of tick populations.

While many communities in Connecticut have made educational materials about LD prevention available to concerned residents, more comprehensive and intensive local programs are needed to encourage adoption of prevention measures and to reduce the risk of tick-borne illnesses for residents. In addition to personal protective measures, control of ticks in residential locations, particularly in areas of high disease incidence can reduce the number of cases of LD and other tick-borne diseases.

In 1994-1997, the DPH, the Connecticut Agricultural Experiment Station (CAES) and the University of Connecticut (UCONN) collaborated to establish a LD intervention project in the 12-town area of Lyme, Connecticut. In 1998, the DPH, in collaboration with the CAES, the UCONN, and the Westport-Weston Health District initiated a community intervention program for the prevention of LD and other tick-borne illnesses. In 2001, the program was expanded to include towns in the Ledge Light and Torrington Area health districts. This program, funded by the federal Centers for Disease Control and Prevention, focused on the use of community-based resources to increase adoption of environmental and personal protective measures to reduce the risk of tick bites. Lessons learned from these demonstration projects may benefit other LD endemic communities in Connecticut.

Through this RFP process, the DPH proposes to establish state-funded county education programs for the prevention of LD in Fairfield and Windham counties. During 1996-2006, the DPH received the highest average annual number of reports relative to population from Windham County and overall the highest average annual number of reported cases from Fairfield County.
III. Proposal Content Requirements
Proposals must be submitted on the DPH Application Forms included in Attachment A. 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.

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 the DPH to communicate effectively with the applicant, it is necessary to have accurate information about the applicant’s staff who are responsible for certain functions.

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

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

Accurate information is needed by the DPH concerning the applicant’s legal status.

Please indicate whether or not the agency is incorporated, the type of agency applying for funding, the fiscal year for the applicant agency, the agency’s federal employer ID number and/or town code number, 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 applicant must provide the following services and the applicant’s approach must be addressed in the proposal:

1. Design and develop a county-wide education plan for the prevention of Lyme disease.

2. An education plan focused on those prevention measures that individuals may adopt and include: a) integrated strategies to reduce peri-domestic tick abundance, b) promotion of personal protective practices to avoid tick bites and transmission of disease, and c) awareness of the signs and symptoms of LD.

3. Prevention strategies that are multifaceted and may include, but not limited to, oral presentations to community groups, distribution of printed materials, maintenance of information on the health department web site, public service announcements, press releases and interviews with local media outlets.

4. Prevention strategies based on the distribution and demographic characteristics of the county residents.
D. Budget
The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application in Attachment A. All costs (travel, printing, supplies, etc.) must be included in the contract price. **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 Applicant must provide DPH with four copies of any subcontract. All information required of the Applicant must be applied to the subcontractor as well.

Payments will be negotiated based on time frames and deliverables described in section V of this RFP.

E. Workplan
A comprehensive and realistic workplan with measurable objectives describing tasks to be performed, deliverables and timelines, including a project start date, must be provided on the Application Forms included in Attachment A. The workplan 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.**

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. Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project on the form included in Attachment A. Resumes must be provided for all 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 A.
IV. Application Procedures
Applicants must complete their proposal using the following procedures:

A. An original and five copies of the completed proposal must be addressed to:

   Department of Public Health
   Public Health Initiatives Branch
   410 Capitol Avenue, MS#11EPI
   P.O. Box 340308
   Hartford, CT 06134-0308
   Attention: Matthew Cartter, MD, MPH, Epidemiology Program Coordinator

   The proposal must be received by the DPH no later than 4:30 P.M. on Thursday February 21, 2008.

B. The proposal must be completed on the Application Forms included in Attachment A and meet all requirements of this RFP.

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

D. Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by DPH.

E. Notification of the outcome of proposal review will be mailed to all applicants. A contract will be mailed to the successful applicants with an anticipated start date on or about April 1, 2008.

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 workplan described in Section III of this RFP (workplan forms are included in Attachment A). A payment schedule will be negotiated based upon the following deliverables:

   The contractor will have to submit two written progress reports: a mid-year progress report and a year-end progress report. The progress reports shall include but not limited to documenting progress on project activities including the strategies and specific activities planned, and the target populations served by the activities.

VI. Supervision
A DPH designee within the Public Health Initiatives Branch, Infectious Diseases Section, will provide oversight.
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. Applicants who fail to follow instructions or to include all
required elements will be deemed incomplete and removed from further review. In
addition, applicants with long standing, significant outstanding unresolved issues on
current and prior year contracts with the DPH 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. Documentation of internal infrastructure to support project activities as
demonstrated by resumes of key project personnel. (15 points)

2. Support for the LD prevention education program from community residents and
organizations as demonstrated by letters of support with committed resources.
(10 points)

3. Description of the LD prevention education program consistent with the services to
be provided. (25 points)

4. Quality of the work plan describing project timelines. (20 points)

5. Likelihood that the proposed program will be practical and sustainable. (15 points)

6. The extent to which the proposed budget is reasonable, clearly justified and
consistent with the intended use of the RFP. (15 points)

C. Review Process
Proposals, which 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. Recommendations to the DPH
Commissioner will be submitted in rank order based on Team Scores for each
proposal. The final selection is at the discretion of the DPH Commissioner.

Following the final selection, a Personal Service Agreement will be developed
between the applicant and the DPH 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 her/his 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 A).
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
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: ___________________________

TOTAL PROGRAM COST:   $___________________

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

____________________________  _________________
Signature of Authorizing Official:    Date

_____________________________________________________
Typed Name and Title

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

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

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<th>Name</th>
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#### Program Progress Reports:

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<th>Tel. No.</th>
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#### Financial Expenditure Reporting Forms:

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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

1. Describe your experience providing the kinds of services described in the “Services to be Provided” section of the RFP.

2. Provide at least two references (with their telephone numbers) that may be contacted to support your description of your experience in providing these services.
3. Briefly describe the approach to the services you will provide as outlined in the “Services to be Provided” section of the RFP. Use the Workplan form to elaborate (see Section E of this application).

4. Briefly state the hours of operation of your organization and indicate the suitability of these hours to the Services and Deliverables required in this proposal.
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:

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

II. Line #11 Contractual (Subcontracts) provide the total of all subcontracts and complete Subcontractor Schedule.

III. Lines #6 - #13 complete categories as appropriate,

IV. Line # 14: Other Expenses are any other types of expense that do not fit into the categories listed.
   For example: Equipment (purchasing a computer at a cost of $1,500). Please note that the state’s definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least $2,500 or more.

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

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

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

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

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

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

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

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

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

Example:

<table>
<thead>
<tr>
<th>Line Item (Description)</th>
<th>Amount</th>
<th>Justification - Breakdown of Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>$730</td>
<td>1,659 miles @ .44 = $730.00 outreach workers going to meetings and site visits.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach Educator $20/hr x 20hrs/wk x 50wks</td>
<td>$20,000</td>
</tr>
<tr>
<td>Travel 590 miles @ .44 cents/mile</td>
<td>260</td>
</tr>
<tr>
<td>Supplies</td>
<td>500</td>
</tr>
<tr>
<td>Total</td>
<td>$20,760</td>
</tr>
</tbody>
</table>

Example B. Fee for Service:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop and Produce</td>
<td></td>
</tr>
<tr>
<td>500 Videos @ $10 each</td>
<td>$5,000</td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

Example C. Hourly Rate:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Assurance Review of 200 Patient Charts</td>
<td>$5,000</td>
</tr>
<tr>
<td>by Nurse Clinician 200 hours @ $25/hour</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

***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.
### Contract Period: April 1, 2008 to December 31, 2008

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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</thead>
</table>

#### 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
# Budget Justification Schedule B

<table>
<thead>
<tr>
<th>Line Item (Description)</th>
<th>Amount</th>
<th>Justification including Breakdown of Costs</th>
</tr>
</thead>
<tbody>
<tr>
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</table>


## Subcontractor Schedule A-Detail

### #1

<table>
<thead>
<tr>
<th>Program:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Subcontractor Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone: (     ) (     -     )</td>
<td></td>
</tr>
</tbody>
</table>

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

Indicate One:  MBE  WBE  Neither

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Amount</th>
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</table>

Total Subcontract Amount:

### #2

| Subcontractor Name: |          |
| Address: |          |
| Telephone: (     ) (     -     ) |          |

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

Indicate One:  MBE  WBE  Neither

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Amount</th>
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</tbody>
</table>

Total Subcontract Amount:

### #3

| Subcontractor Name: |          |
| Address: |          |
| Telephone: (     ) (     -     ) |          |

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

Indicate One:  MBE  WBE  Neither

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Amount</th>
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</tbody>
</table>

Total Subcontract Amount:
## E. Workplan (make as many blank pages as needed)

<table>
<thead>
<tr>
<th>Services to be Provided</th>
<th>Activities</th>
<th>Staff Position(s) Responsible</th>
<th>Expected Outcomes and Measures of Success</th>
<th>Timetable</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
F. Staffing

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

<table>
<thead>
<tr>
<th>Professional Staff*</th>
<th>Name</th>
<th>Title</th>
<th>Hourly Rate</th>
<th>Assigned to Project: # hrs/wk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position 1</td>
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<tr>
<td>Position 2</td>
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<tr>
<td>Position 3</td>
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<tr>
<td>Position 4</td>
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<tr>
<td>Clerical/Support Staff:</td>
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<tr>
<td>Position 1</td>
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<tr>
<td>Position 2</td>
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</tbody>
</table>

*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 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.

11 Sep 04

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

PHONE: (860) 509-7101 FAX: (860) 509-7111
410 Capitol Avenue - MS#13COM, P.O. Box 340308, Hartford, Connecticut 06134-0308
Affirmative Action/Equal Employment Opportunity Employer
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:
________________________________________________________________________________
Complete the following Workforce Analysis for employees on Connecticut worksites who are:

<table>
<thead>
<tr>
<th>Job Categories</th>
<th>Overall Totals (sum of all cols. male &amp; female)</th>
<th>White (not of Hispanic Origin)</th>
<th>Black (not of Hispanic Origin)</th>
<th>Hispanic</th>
<th>Asian or Pacific Islander</th>
<th>American Indian or Alaskan Native</th>
<th>People with Disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
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<tr>
<td>Officials &amp; Managers</td>
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<td>Professionals</td>
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<td>Technicians</td>
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<td>Office &amp; Clerical</td>
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<td>Craft Workers (skilled)</td>
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<td>Operatives (semi-skilled)</td>
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<td>Laborers (unskilled)</td>
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<td>Service Workers</td>
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<td>Totals Above</td>
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<td>Totals 1 year Ago</td>
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<td>FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)</td>
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<td>Apprentices</td>
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<td>Trainees</td>
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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
### Applicant

#### Criteria: | Maximum Points | Bidder’s Points |
<table>
<thead>
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<tbody>
<tr>
<td>1. Documentation of internal infrastructure to support project activities as demonstrated by resumes of key project personnel.</td>
<td>15</td>
</tr>
<tr>
<td>2. Support for the LD prevention education program from community residents and organizations as demonstrated by letters of support with committed resources.</td>
<td>10</td>
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<tr>
<td>3. Description of the LD prevention education program consistent with the services to be provided.</td>
<td>25</td>
</tr>
<tr>
<td>4. Quality of the work plan describing project timelines.</td>
<td>20</td>
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<tr>
<td>5. Likelihood that the proposed program will be practical and sustainable.</td>
<td>15</td>
</tr>
<tr>
<td>6. The extent to which the proposed budget is reasonable, clearly justified and consistent with the intended use of the RFP.</td>
<td>15</td>
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</tbody>
</table>

**Total Score** | | |
## ATTACHMENT C  MINIMUM REQUIREMENTS CHECKLIST

Applicant

1. An original and 5 copies of the completed proposal received by DPH no later than 4:30 pm on Thursday February 21, 2008.  
    [ ]

2. Listed on the RFP as an eligible local health department /district  
    [ ]

3. The proposal is signed by an authorized official of the Applicant Organization.  
    [ ]

4. Resumes provided for all professional staff assigned to this project.  
    [ ]

5. Completed Notification to Bidders form included in proposal.  
    [ ]

6. Completed Workforce Analysis Questionnaire included in proposal.  
    [ ]

7. Signed Statement of Adherence to Assurances included in proposal.  
    [ ]

8. Proposal is completed on Application Forms included in Attachment A.  
    [ ]