

State of Connecticut, Department of Public Health

Public Health Initiatives Branch

Health Education, Management, and Surveillance Section

Request for Proposals:

**Connecticut WIC Program
Local Agency Services**

RFP # 2007-0903



November 30, 2006

Department of Public Health, Public Health Initiatives Branch
Health Education, Management, and Surveillance Section (HEMS)
WIC Program
RFP # 2007-0903

The Connecticut Department of Public Health (DPH) is pleased to announce the availability of funds for agencies to provide services to participants of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) as a WIC Local Agency. The service area included in this Request for Proposals (RFP) is all 169 towns and cities within the State of Connecticut.

Funding

A total of \$ 6,500,000 of federal funds from the United States Department of Agriculture is available annually for three Federal fiscal years starting October 1, 2007 to support local agency operations of this Program. Funding will be approved from year to year, subject to the availability of funds and satisfactory performance. It must be noted that the WIC Program is operated as a discretionary program of the United States Department of Agriculture, and as such is provided with grant funding from year to year.

Eligibility

Applications will be accepted from hospitals, health centers, city, district, and town health departments, community action agencies, and other non-profit human service organizations. Per federal regulation, priority is given to certain entities, as defined in Section VIII; Review Criteria, page 13.

Closing Date

An original and eight copies of the completed proposal and budget package must be received by Health Education, Management and Surveillance staff at the DPH offices no later than 4:00 P.M. on February 28, 2007.

Place Due

Department of Public Health
Public Health Initiatives Branch
Health Education, Management and Surveillance Branch
410 Capitol Avenue, MS#11 WIC
P.O. Box 340308
Hartford, CT 06134-0308
Attention: Renee Coleman-Mitchell, Section Chief

Further Information

A Bidders' Conference will be held on December 11, 2006 at the Connecticut DPH in Hartford from 10:00 AM to 12:00 PM to provide an overview of the RFP and to answer questions. In order to attend the Bidders' Conference, complete the registration form in Appendix J and confirmation and directions will be sent. Attendance at the Bidders' Conference is optional and not required in order to submit a proposal.

Any questions regarding the preparation of proposals in response to this RFP must be submitted in writing via fax at 860-509-8391 on December 12/15 at 4 PM to the contact listed above. A copy of all written questions and responses will be provided to all applicants who have submitted a letter of intent.

A letter of intent is required from all bidders anticipating application. Letters of intent are due on December 20, 2006 at 4 PM.

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I. Statement of Purpose

The State of Connecticut Department of Public Health is seeking proposals to provide direct services to applicants and participants of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC Program) through multiple service sites within the overall designated service area. The intent of the request is to identify agencies that can provide these necessary services in compliance with the Department of Public Health, WIC Program.

The Department is seeking local agencies that can demonstrate the ability to ensure optimal WIC services and cost-effective service delivery, including the following:

- ❖ Positive participant impact through the location and accessibility of program space and hours as well as culturally and linguistically appropriate services offered;
- ❖ Appropriate range and quality of related services;
- ❖ Linkages with area health care providers serving the target population;
- ❖ Cost of operations within the limit of available funds;
- ❖ Financial integrity/solvency;
- ❖ History of compliance with State WIC Office or related DPH programs;

II. Background

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program), which began operating nationally in January 1974, provides nutritious food, nutrition and health education, and referral services for categorically eligible individuals found to be at nutritional and/or medical risk. Categorically eligible individuals are defined as pregnant, breastfeeding and postpartum women, infants, and children up to age five who reside in Connecticut. Participants must meet income guidelines, currently 185% of the federal poverty level, as defined by the Office of Management and Budget. The WIC Program in Connecticut is administered by the Department of Public Health, Public Health Initiatives Branch, in the Health Education, Management, and Surveillance Section. The Connecticut WIC Program receives funding from the United States Department of Agriculture to operate the program statewide. The Department of Public Health, in turn, contracts with local agencies for the delivery of program services.

The WIC Program was created in recognition of the critical importance of nutrition in an overall national public health agenda. Positive changes in diet and nutritional status have been shown to occur when nutrition services are provided in conjunction with special supplemental foods. The Program's mission is to promote and maintain the health and well-being of nutritionally at-risk women, infants and young children. As an adjunct to public health, WIC's scope has expanded over the years to address pressing health and social issues that affect maternal and child health, which includes the use of referral and coordination systems with other health and social service programs. The extent to which WIC functions as an adjunct to health care depends upon the Program's ability to facilitate participant access to other health and social services in the community.

Currently, WIC services are provided to approximately 52,000 participants monthly through a service provider network of 17 local agency sponsors at 76 service sites statewide. Local agency sponsors include hospitals, health centers, city and town health departments, and community action agencies throughout the State. Most of the current agencies have been in place for many years. WIC foods are provided to participants in the form of WIC food checks issued by the local agency. WIC participants redeem these food checks at over 700 WIC-authorized retail grocery stores and pharmacies under agreements with the Connecticut Department of Public Health, WIC Program.

WIC Nutritionists prescribe a carefully defined package of supplemental, nutritious foods that may include milk, eggs, cheese, iron-fortified cereals, juice, and peanut butter or beans; to address the specific nutrient needs of individual participants at important stages of human growth and development. Nutrition education and counseling are provided to address both the WIC participant's immediate nutritional risk condition, as well as long term goals to achieve improved dietary practices. WIC Programs link participants to other vital health care and social services that, in conjunction with improved nutrition, promote healthy lifestyles.

WIC is an important initiative in the fight to reduce infant mortality and morbidity and to improve the health of nutritionally at-risk women, infants and children. Findings from a body of studies demonstrate that WIC is cost-effective and has proven positive health effects for participants, such as improved birth outcomes, improved children's diets, increased breastfeeding rates and savings in health care costs.

These studies show that:

- ⇒ women receiving prenatal WIC services, compared with demographically similar women who did not receive services, have lower rates of low birth weight babies.
- ⇒ providing prenatal WIC services substantially reduces costs for infant medical services. First-year medical savings total \$3.07 for every dollar invested in prenatal WIC services.
- ⇒ WIC services have a positive effect on infant mortality that is independent of prenatal care.
- ⇒ savings in health care costs range from \$1.77 to \$3.13 for each dollar spent on WIC. These dramatic effects are due in large part to WIC working in concert with numerous other health care programs such as maternal and child health services, immunization, migrant and community health services and Medicaid.
- ⇒ WIC helps to reduce anemia, a nutritional problem affecting one in four low-income children, helping to protect children from the behavioral and cognitive deficiencies associated with anemia.

⇒ WIC has a significant positive effect on children's intakes of iron, folate, and vitamin B-6.

⇒ prenatal WIC participation, combined with breastfeeding advice, significantly increases the initiation of breastfeeding.

For additional information please refer to www.fns.usda.gov/wic/resources/

The goals of the Connecticut WIC Program are stated as follows:

- 1) To improve the nutritional status and prevent nutrition-related problems of all eligible women, infants, and children by providing program services.
- 2) To manage the program in an accountable, efficient and effective manner.
- 3) To evaluate the effectiveness of the WIC Program.

These goals remain consistent from year to year, although program objectives and the action steps to reach them may change.

The desired client-based outcomes for each local agency are:

- ✓ To increase access to, and utilization of, primary and preventive health care and other essential public health services in order to improve the health status of the client/target population.
- ✓ To assure that quality health care and related public health activities are provided to the eligible population.
- ✓ To assure that community-based providers assess the health risks of WIC clients, and an appropriate health care plan is implemented.

To track the local agency's success in attaining the stated outcomes the State WIC Office compile SWIS system produced reports. Progress made on the established measures is reported by the State WIC Office to each local agency on a semi-annual basis.

III. Program Services to be Provided – An Overview

For clarity here, services are divided into three areas: Nutrition and Program Services; Administration; and Coordination, Outreach and Evaluation. In addition to these descriptions, more detail on the services to be provided is included in Attachment D: Program Services to be Provided.

1) Nutrition and Program Services

Eligibility Determination and Certification

Eligibility for the WIC Program is based on category, residency, income and nutritional risk. Certification is the process followed by each local WIC program during which an individual's eligibility for WIC services is determined. Individuals who meet the eligibility criteria as specified by the State WIC Office are to be certified for WIC services.

If funding constraints are identified by the State WIC Office, a waiting list may be instituted if their level of risk is not currently being served.

Nutrition Education and Counseling

Nutrition education is a key to WIC's effectiveness, since participants learn about ways to make healthy food choices to achieve long-term health benefits. Local agencies offer all participants at least two nutrition education contacts during each six-month certification period. Nutrition education and counseling must address the participant's needs and concerns about nutrition, breastfeeding, nutritional risk, dietary restrictions, food selection, and food preparation.

Breastfeeding Promotion and Support

The State WIC Office supports the promotion of breastfeeding as the preferred and optimal way to nourish infants. Local WIC Programs must implement all breastfeeding promotion and support policies, procedures, and coordination activities to ensure that all women receive this message as well as the information and education necessary to breastfeed successfully.

WIC Supplemental Foods

Local WIC nutrition staff prescribe individually tailored food packages of WIC-approved foods responsive to identified nutritional needs and preferences. Monthly food checks, redeemable for specific nutritious foods, are given to enrolled participants by local WIC program staff. These checks are then taken by WIC participants to authorized food stores and pharmacies to be redeemed for eligible foods.

Farmers' Market Coupons

During the summer, the Connecticut WIC Program and the Connecticut Department of Agriculture operate the WIC Farmer's Market Nutrition Program. Through this program, local WIC program staff provide eligible WIC participants with coupons redeemable for fresh produce at their local farmers' market.

2) **Administration**

Staffing

The local WIC program must have sufficient qualified staff to perform the full range of WIC nutrition and program services, while meeting state and federal guidelines for WIC service provision. These individuals must: 1) reflect the cultural and ethnic composition of the WIC population to be served from the proposed service areas, and 2) meet the minimum qualifications for their positions.

Management Information System

The State WIC Office maintains software called the Statewide WIC Information System (SWIS). The enrollment, certification, and food check production information for each applicant must be entered into SWIS by local WIC program staff. The State WIC Office provides the equipment for this computer system, which includes personal computers, notebook computers and printers to the Local WIC

Programs. Main office locations are equipped with personal computers and printers, while the notebook computers are used at portable (satellite) sites. Local WIC program staff are responsible for the transportation and safety of this equipment from day to day.

State WIC Office technical and program staff support the WIC computer system. Support and training is available through programming staff who develop and maintain WIC system applications, Help Desk staff who assist with the answering of programmatic and technical questions, and field service staff who maintain and repair WIC computer equipment and networks (Refer to Section XII Attachment F).

Caseload Management

Local WIC Programs must manage their anticipated caseloads to provide maximum services. Applicants must provide rationale and data to support their proposed caseload and any future year increases, if necessary (Refer to Section XII Attachment C). Effective caseload management involves the development and implementation of an Outreach Plan that attains and maintains the assigned caseload, in coordination with the State Office. This is accomplished through networking with community providers, promotional campaigns, targeted program marketing and referrals with an emphasis on high risk and disenfranchised populations. Strategies for recruiting new participants and reducing 'no-show' rates are an important part of caseload management.

Food Checks

The Statewide WIC Information System produces checks, which WIC participants use to purchase WIC-approved foods. The checks include a prescription for specific amounts of WIC-approved foods, which have been selected by a nutritionist to meet the partial needs of individual WIC participants. Procedures must be in place at local WIC programs to ensure that WIC food checks are issued to participants in an accountable manner. This may include the need for timely investigations by local WIC program staff of potential fraudulent activities.

Vendor Management

The State WIC Office authorizes retail grocery stores and pharmacies to accept WIC food checks, and monitors these stores. An appropriate number and distribution must be maintained to assure adequate participant access.

WIC participants may redeem checks only at these authorized retail food stores or pharmacies. Local WIC program staff must log any issues or complaints related to vendor management and what action local agency staff took. All serious issues or complaints are referred to the State WIC Office (Refer to Section XII, Attachment D, page 30, Food Delivery System).

Reports and Record Keeping

Local WIC programs are required to submit annual program plans, evaluation and outreach reports, and budgets along with monthly financial reports. Participant files must be maintained for three years beyond the date they are terminated from the program.

Meetings

The State WIC Office schedules statewide business meetings for local WIC program coordinators and program nutritionists approximately six times per year. Attendance to these meetings is **mandatory**. These meetings provide an opportunity for local WIC programs to receive program updates, training in new program procedures, participation in WIC policy development, communication issues, and participation in in-service programs. Also **mandatory** is the attendance at State WIC Office–sponsored training events. Other meetings and workgroups occur throughout the year, and appropriate local WIC program staff are encouraged to participate.

Communications

Local WIC Programs are expected to address how daily email or other e-communications between the State WIC Office and the Local Agency main sites will be maintained and monitored.

3) **Coordination, Outreach, and Evaluation**

Coordination, Referrals and Outreach

Local WIC Programs are expected to have cooperative activities that maximize the effectiveness of the health care and prevention system and enable WIC participants to receive appropriate, comprehensive health care and social services in place. Referrals to health and social service programs are provided for WIC participants by local WIC program staff. In turn, these health and social service programs refer those potentially eligible to WIC as part of our community-based service coordination. The Local WIC Program Coordinator is responsible for direct outreach activities to bring new participants into the Program.

These responsibilities include WIC’s coordination with other local health and social service agencies, and outreach activities to ensure ongoing local awareness of the WIC Program.

Sites and Accessibility

Local WIC Programs must establish and maintain sites and hours that ensure participant access to WIC services in a cost-effective manner, including availability for ‘walk-ins’ and extended morning, noontime, evening and/or weekend hours for working applicants and participants. Special consideration will be given to proposals that include week-end hours. All sites must maintain adequate staffing to ensure that appropriate nutrition staff see participants, as well as utilize appropriate space to ensure participant confidentiality.

Program Monitoring and Evaluation

The State WIC Office monitors the performance of local programs through site visits and financial reviews, ongoing data analysis, review of program reports as well as the ability of the local WIC program to achieve expected WIC results and measures. The local WIC program will be expected to engage in self-evaluation as well. USDA also conducts management evaluations of WIC operations at the local WIC offices. Local WIC programs are required to comply with all USDA requests for information and observation of services provided. Failure to meet performance standards will require the development of Corrective Action Plans. In addition, timely responses to ad-hoc requests for programmatic information and other surveys are required.

Quality Assurance

Local WIC Programs must develop and implement a system of Quality Assurance in which designated staff regularly review all aspects of local WIC program services including staff interactions with participants, check issuance systems, data quality, and participant records. Problems or issues which are determined as a result of Quality Assurance activities must be investigated and addressed in a timely manner and included in the annual evaluation report that must be submitted by the local WIC program to the State WIC Office.

IV. Proposal Content Requirements

Proposals must be submitted on the DPH Application Forms included in the attachments to this RFP. All requirements of this RFP must be met. Content requirements not addressed by the DPH Application Forms must be submitted in narrative form. All pages should be numbered, and page numbers cross-referenced on Attachment I, Minimum Requirements Checklist.

Note: Budget submissions must be bound separately from the rest of the proposal response.

A. Applicant Information Form 1	Attachment H, Application
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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 any subsequent contract, if applicable.

Competitiveness of the budget will be considered as part of the proposal review process. Total program cost should be included in "Applicant Information".

In accordance with the Cash Management and Improvement Act, payments to local WIC agencies are made on a biweekly basis during the contract period.

For effective communications with the State WIC Office, it is necessary to have accurate information about contractor staff that is responsible for certain functions.

Provide the name, title, address, telephone, email and fax number 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 concerning the applicant's legal status.

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 identification 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 Attachment H, Application Forms 3, 4, and 5

Attachment D includes further information regarding the activities needed in order to provide WIC local agency services.

Service areas are identified in Section XII Attachment B. Expected client caseloads by town are included in Section XII Attachment C. Applicants must identify a proposed service area from the map listing in Attachment B. Bidders are encouraged to submit bids that propose the provision of WIC services in alignment with service area boundaries. However, bidders can bid on more than one service area but separate proposals must be received for each service area bided. **Proposals seeking to cover only a part of a service area will not be accepted.**

The applicant's approach to providing these services must be addressed in the proposal. Local WIC Programs must follow the guidelines for provision of WIC services as described in the federal regulations, the State WIC Regulations, and the Connecticut State WIC Plan of Program Operation and Administration. These three documents are available for review at the State WIC Office at the Department of Public Health by appointment. The WIC Federal Regulations are available at <http://www.fns.usda.gov/wic/lawsandregulations/default.htm>

In the "Services to be Provided" section of Attachment H; the applicant needs to respond in detail to each of the questions. *The applicant must include a statement of need as to how the caseload figure was arrived at, and what activities support recruitment of that anticipated caseload.*

A comprehensive and realistic **workplan** with measurable objectives describing the tasks to be performed, deliverables and timelines, including a

project start date, must be provided on Form 4 included in addition to the narrative response. Although the project start date is expected to be October 1, 2007, there may be a need for exceptions to assure appropriate installation of new WIC service sites. **The expected project start date needs to be included, and will be considered as part of the review criteria for this RFP.**

D. Staffing/Resumes Attachment H, Application Form 6

The proposal must describe the staff assigned to this program, 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 the program. Resumes must be provided for all professional staff assigned to the project. If positions are not currently filled, provide the job category and description of job duties that will be used in recruitment efforts.

In order to be considered, the proposal needs to include the host agency job specifications and salary range for all proposed staff.

Note that sample local agency job descriptions are included as Attachment E in Section XII.

E. Contract Compliance Attachment H, Application Forms 7, 8, 9 and 10

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**.

Proposals from private entities totaling \$500,000 or more in any 12-month period must include a completed Bid/Proposal Affidavit. Refer to Section XII, Attachment H Application Forms, Form 10.

F. Budget Attachment H, Application Form 11

A total of \$ 6,500,000 of federal funds from the United States Department of Agriculture is available annually for each of three Federal fiscal years starting October 1, 2007 to support local agency operations of this Program.

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Attachment for each fiscal year proposed. All costs (personnel, space, 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. Total program cost should be included in "Applicant Information". The proposed budget is subject to change during the contract award negotiations.

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.

Applicants must submit proof of good financial standing, as evidenced by copies of the most recent audit of the entity including financial statements.

FINANCIAL OVERVIEW: Connecticut WIC Program

Over the years, local agency contract amounts have only slightly increased or been level-funded. Administrative funding has been reduced due to a drop in caseload as well as the revision of funding formulas from the program sponsor. Economies of scale at larger local WIC programs are noted. Sponsoring agencies typically incur a share of the program operating costs (in-kind or funding), usually space and maintenance, in order to provide the necessary program services within the federal funds allocated. There is no overall increase in program funding expected in the foreseeable future. Applicants are encouraged to include in-kind amounts, if any.

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

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

The selected Contractor must provide DPH with copies of any subcontract. All information required of the contractor must be applied to the subcontractor as well. Copies of state set aside certifications for small and/or minority businesses must also be provided. Subcontractors providing certification information must meet OSHA requirements.

WIC Nutritionists working under contract are considered subcontractors, and a Subcontractor Schedule needs to be included.

V. Application Procedures

Applicants must submit a letter of intent by December 15, 2006.

The letter of intent must include the anticipated service area for the applicant. However, changes to the service area between the letter of intent and the final application are acceptable.

Any questions on the preparation of responses to this RFP need to be submitted in writing by December 15, 2006.

All questions and responses will be mailed to anyone submitting a letter of intent.

Applicants must complete their proposal using the following procedures:

- 1) An original and eight copies of the completed proposal must be addressed to:

Renee Coleman-Mitchell, Section Chief
Department of Public Health
Public Health Initiatives Branch
Health Education, Management, and Surveillance Section (HEMS)
410 Capitol Avenue, MS#11 WIC
P.O. Box 340308
Hartford, CT 06134-0308

and must be received by HEMS staff no later than February 28, 2007 by 4:00 P. M.

- 2) The proposal must be completed on the Application Forms included in the attachments, with any additional pages as needed, and meet all requirements of this RFP.
- 3) All pages must be numbered, and cross-referenced on Attachment I: Minimum Submission Requirements Checklist.
- 4) An authorized official of the applicant organization must sign the proposal.
- 5) Supplemental information will not be considered after the deadline for submission of proposals, unless specifically requested by DPH.
- 6) Notification of the outcome of proposal review will be mailed to all applicants. A contract will be mailed to the successful applicant and will be effective by October 1, 2007.

VI. Deliverables

In the course of providing the required services of this contract, several documents must be produced and delivered to the State WIC Director for approval. These documents, along with the required services, will be indicators for measuring the performance of the contractor. Development of these deliverables must be included as objectives in the project work plan.

1. Each local agency shall prepare and implement an annual program plan (approved by the Department) that includes sections on:
 - (a) background of the local agency and the service area;
 - (b) personnel assigned to the local WIC program;
 - (c) programming (including a needs assessment, goals and measurable objectives, action plans and methods of evaluation);
 - (d) systems and procedures for administration, certification, outreach, and nutrition education components; and,

(e) lesson plans for nutrition education for the upcoming year.

The workplan submitted with this RFP will be used as the basis of the annual program plan for Year One of the contract.

2. Each year, a WIC Program Budget is prepared, using State-supplied budget forms. These budget preparation forms divide all planned expenses into four functional areas: General Administration, Client Services, Nutrition Education, and Breastfeeding Promotion and Support costs.
3. Each quarter, the local agency must document time spent by all personnel on WIC nutrition education and breastfeeding promotion and support activities for a one-month period. This cost accounting time study provides the percentages by which the monthly expenditures are distributed among the four functional areas.
4. Reports of expenditures and cash flow for each month must be submitted by the 20th of the following month.
5. Local WIC agencies must also maintain inventories of WIC check stock and any special infant formulas on hand. These inventories must be physically confirmed and submitted monthly. Inventories of breast pumps must be maintained and submitted upon request.
6. At the end of each fiscal year, an annual Evaluation Report must be submitted, which details the activity of the preceding year including outreach activities, goal achievement, program evaluation and outcome measures. Quarterly data reports are prepared by the State WIC Office to assist the local WIC program as they monitor their performance.

VII. Supervision

Overall supervision is provided by the State WIC Director within the Public Health Initiatives Branch, Health Education, Management, and Surveillance Section. At the local level, a designated Program Coordinator ensure supervisory oversight.

VIII. 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 I, Minimum Submission Requirements Checklist). Second, to determine the technical merit of the proposals, and the extent to which they meet the goals and intent of the RFP.

A. Minimum Requirements

Proposals will be screened for completeness and compliance with the requirements specified in the RFP (see Attachment I, Minimum Submission Requirements Checklist). Responses from applicants who fail to follow instructions or to include all required elements will be deemed incomplete and

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

B. Technical Requirements

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

1. The extent to which the applicant has demonstrated successful experience providing similar services. Through scoring bonuses, priority is given in the following order, per USDA regulation (only one applies): Public or private non-profit health agencies that provide ongoing, routine pediatric and obstetric care or administrative services (including community health centers); public or private nonprofit health or human service agencies that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services; public or private nonprofit health or human service agencies that will enter into a written agreement with private physicians, licensed by the state, in order to provide ongoing, routine, pediatric and obstetric care to a specific category of participants (women, infants, or children); public or private nonprofit human service agency that enters into a written agreement with private physicians, licensed by the state, to provide ongoing, routine pediatric and obstetric care; public or private nonprofit health or human service agencies that provide ongoing, routine pediatric and obstetric care through referral to a health care provider.
2. The Department's prior experience with the applicant organization, including issues of contract compliance.
3. The extent to which references provided support the applicant's success in providing similar services. These references must be submitted as letters of support with the application.
4. The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.
5. The extent to which an accessible location will be used for providing program services.
6. The extent to which accessible and adequate hours will be used for providing program services.
7. The extent to which adequate staff time is allocated to manage the services to be provided.
8. The extent to which adequate space will be available to manage the services to be provided.
9. The extent to which the profiles of staff that will be working on this project are clear and adequate to properly manage the services to be provided. Any exceptions to the suggested staffing pattern must be noted and explained.

10. The extent to which a thorough work plan is presented, with measurable objectives and specific, appropriate timelines.
11. The extent to which a cost-effective budget is presented which follows the guidelines.
12. The extent to which the applicant organization is in good financial status.
13. 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.
14. The extent to which the applicant provides evidence that it can support secure high-speed web access via DSL or other means
15. The expected start date of the project.
16. The fiscal competitiveness of the proposal.

C. Review Process

A panel of DPH staff and outside experts will review proposals that meet the minimum requirements. This panel will make recommendations concerning the selection of a proposal for funding. Recommendations to the 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 Human Services Agreement will be developed between the applicant and the Department that details services to be provided, budget and reporting requirements. No financial obligation by the State can be incurred until a contract is fully executed.

IX. 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(a) of the Connecticut General Statutes, the awardees 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 awardees 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 awardees 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 awardees 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.

X. 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.

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.

XII. ATTACHMENTS

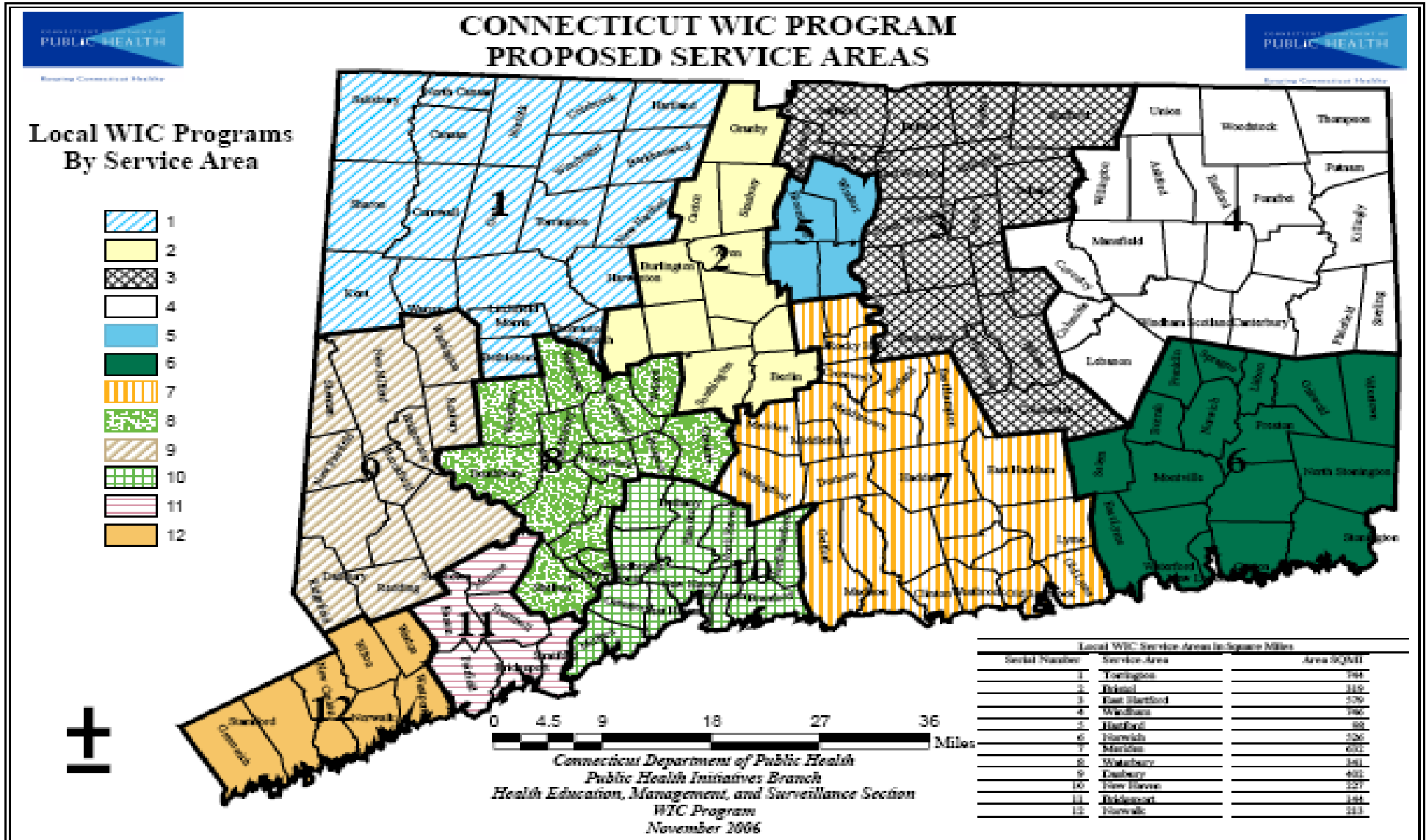
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DEFINITIONS

1. “Children” means persons who have had their first birthday but have not yet attained their fifth birthday.
2. “Caseload management” means the process of distributing the program resources to the neediest individuals.
3. “Cash Management and Improvement Act” provides the methodology for federal funds to be transferred to the State Treasury on a timely basis.
4. “Contractor” means the entity that contracts with the State of CT. WIC program to deliver services.
5. “Category” means an indication of whether an individual is a pregnant woman, breastfeeding woman, postpartum woman, infant or child.
6. “CPA” is a Competent Professional Authority which can be a physician licensed in Connecticut, nutritionist, dietitian, registered nurse licensed in Connecticut, Physician’s assistant as defined in Section 20-12a, as amended, of the general statutes
7. “Department” means the State of Connecticut Department of Public Health.
8. “Fair hearing” is an administrative proceeding through which a program beneficiary can appeal a denial of WIC Program benefits.
9. “High risk” criteria mean nutritional risk criteria defined in the State WIC Manual, as amended from time to time.
10. “Local Agency” means an administrative unit of a health or human service agency, public or private, under contract with the State of Connecticut Department of Public Health to administer the WIC Program in a designated area of the State.
11. “Nutritionist” means an individual who is paid either in whole or in part by the local WIC Program and whose primary responsibility is the provision of nutrition services. This person shall hold a bachelor’s or master’s degree in clinical nutrition, community nutrition, dietetics, home economics, or similar, with an emphasis in nutrition, nutritional sciences, or public health nutrition from a four year or post baccalaureate institution that is accredited by a recognized regional accrediting body.
12. “Nutritional risk” means: (1) detrimental or abnormal nutritional conditions detectable by biochemical or anthropometric measurements; (2) other documented nutritionally related medical conditions; (3) dietary deficiencies that impair or endanger health; or (4) conditions that predispose persons to inadequate nutritional patterns or nutritionally related medical conditions.

DEFINITIONS, Continued

13. “Outreach” means the systematic attempt to provide services to the entire WIC eligible community.
14. “Participant” means pregnant women, breastfeeding women, and postpartum women, infants and children who are receiving supplemental foods or food instruments under the WIC program.
15. “Program Coordinator” means the individual and/or the designated lead responsible for the overall management of a Local Program.
16. “Program sponsor” refers to the United States Department of Agriculture.
17. “Connecticut WIC Program” is the network of all WIC program sites in the state, including the State WIC office.
18. “State WIC office” is the administrative lead of the CT WIC Program, based at the State of Connecticut Department of Public Health.
19. “SWIS” means the Statewide WIC Information System, which is a system of computer programs, manuals, and reports used for the purpose of collecting, processing, and maintaining participant and check redemption data.
20. “Target populations” refers to the pregnant, breastfeeding, and postpartum women, infants, and children up to age five that the WIC Program may serve.
21. “USDA” refers to the United States Department of Agriculture – the State WIC program is administered by the Department of Public Health in accordance with the USDA regulations, 7 CFR 246.1, through 246.28, as amended.
22. “WIC approved foods” means foods authorized by the Department for purchase with WIC checks as evidenced on the WIC Program Food List.



EXPECTED CASELOAD BY TOWN

TOWN	#	TOWN	#	TOWN	#	TOWN	#
ANDOVER	4	ELLINGTON	72	NEWTON	37	VERNON	507
ANSONIA	493	ENFIELD	553	NORFOLK	13	VOLUNTOWN	17
ASHFORD	46	ESSEX	21	N. BRANFORD	49	WALLINGFORD	333
AVON	10	FAIRFIELD	97	NORTH CANAAN	11	WARREN	2
BARKHAMSTED	23	FARMINGTON	64	NORTH HAVEN	87	WASHINGTON	18
BEACON FALLS	22	FRANKLIN	7	N. STONINGTON	20	WATERBURY	5,378
BERLIN	33	GLASTONBURY	74	NORWALK	1,663	WATERFORD	83
BETHANY	5	GOSHEN	14	NORWICH	976	WATERTOWN	132
BETHEL	85	GRANBY	15	OLD LYME	20	WESTBROOK	66
BETHLEHEM	9	GREENWICH	247	OLD SAYBROOK	50	WEST HARTFORD	363
BLOOMFIELD	296	GRISWOLD	127	ORANGE	23	WEST HAVEN	1,771
BOLTON	17	GROTON	881	OXFORD	27	WESTON	5
BOZRAH	12	GUILFORD	43	PLAINFIELD	327	WESTPORT	13
BRANFORD	191	HADDAM	19	PLAINVILLE	128	WETHERSFIELD	106
BRIDGEPORT	6,175	HAMPTON	21	PLYMOUTH	145	WILLINGTON	36
BRIDGEWATER	2	HARTFORD	7,121	POMFRET	25	WILTON	4
BRISTOL	1,138	HARTLAND	3	PORTLAND	90	WINCHESTER	276
BROOKFIELD	17	HARWINTON	19	PRESTON	19	WINDHAM	1,075
BROOKLYN	49	HEBRON	34	PROSPECT	33	WINDSOR	319
BURLINGTON	21	KENT	22	PUTNAM	240	WINDSOR LOCKS	120
CANAAN	41	KILLINGLY	477	REDDING	2	WOLCOTT	54
CANTERBURY	49	KILLINGWORTH	16	RIDGEFIELD	7	WOODBURGH	7
CANTON	23	LEBANON	38	ROCKY HILL	79	WOODBURY	26
CHAPLIN	10	LEDYARD	74	SALEM	12	WOODSTOCK	57
CHESHIRE	40	LITCHFIELD	32	SALISBURY	13		
CHESTER	18	LYME	1	SCOTLAND	4		
CLINTON	133	MADISON	19	SEYMOUR	131		
COLCHESTER	125	MANCHESTER	875	SHARON	10		
COLEBROOK	4	MANSFIELD	120	SHELTON	243		
COLUMBIA	20	MARLBOROUGH	11	SHERMAN	7		
CORNWALL	7	MERIDEN	2,036	SIMSBURY	21		
COVENTRY	64	MIDDLEBURY	12	SOMERS	32		
CROMWELL	55	MIDDLEFIELD	27	SOUTHBURY	33		
DANBURY	1,477	MIDDLETOWN	870	SOUTHINGTON	243		
DARIEN	2	MILFORD	374	S. WINDSOR	58		
DEEP RIVER	60	MONROE	30	SPRAGUE	42		
DERBY	241	MONTVILLE	66	STAFFORD	141		
DURHAM	17	MORRIS	17	STAMFORD	2,878		
EASTFORD	1	NAUGATUCK	518	STERLING	50		
EAST GRANBY	19	NEW BRITAIN	2,856	STONINGTON	137		
EAST HADDAM	31	NEW CANAAN	7	STRATFORD	516		
EAST HAMPTON	62	NEW FAIRFIELD	23	SUFFIELD	21		
E. HARTFORD	1,694	NEW HARTFORD	25	THOMASTON	71		
EAST HAVEN	305	NEW HAVEN	8,080	THOMPSON	110		
EAST LYME	83	NEWINGTON	126	TOLLAND	33		
EASTON	3	NEW LONDON	908	TORRINGTON	762		
EAST WINDSOR	128	NEW MILFORD	171	TRUMBULL	54		

TOTAL SERVED: 61,141

Program Services to be Provided

The following pages are intended to provide a more detailed overview of the services to be provided under this RFP. Program services are divided here in to the following categories:

- ⇒ Administration, which includes staffing, scheduling, establishment and maintenance of site locations, financial accountability, and reporting.
- ⇒ Participant Services, which includes determination of participant eligibility, certification, nutrition education, and food delivery.
- ⇒ Program Outreach and Coordination.

Administration

Local WIC agencies must operate the program in compliance with the Federal Regulations that govern the WIC Program (7 CFR part 246), and Sections 19a-59c-1 through 19a-59c-6, inclusive, of the Regulations of Connecticut State Agencies; as well as with the State of Connecticut, Department of Public Health contractual terms, and the State WIC Plan of Program Operation and Administration.

A. Staffing

The classifications for local WIC agency staffing are **Local WIC Program Coordinator or designated lead, Local WIC Program Nutritionist, WIC Nutritionists, WIC Nutrition Aides, and WIC Program Assistants**. Local agencies are encouraged to have staff culturally and linguistically representative of the population served.

Each service area shall employ one full-time **Local WIC Program Coordinator/designated lead** who shall be responsible for the overall operation of the local WIC Program. Any exceptions to a full time position must be approved. The Local WIC Program Coordinator shall meet the following qualifications:

Hold a master's degree from an institution accredited by a recognized regional accrediting body in public health, health administration, administration, business administration, or a health science. Also, a bachelor's degree from an institution accredited by a recognized regional accrediting body (preferably with courses in the administrative sciences); and one year of full time employment planning or administering a program, including supervising personnel, or any combination of the above experience and training totaling six years. A bachelor's degree will count for four years and a master's degree an additional one year. Non-supervisory professional level experience in a WIC Program may be substituted for up to two years.

- Note: if the Local WIC Program Coordinator is being hired in an agency with a caseload of less than 2,600 participants, the candidate must also meet the qualifications of a WIC Nutritionist.

Each service area shall employ one full time **Local WIC Program Nutritionist** who shall report to the Local WIC Program Coordinator. The Local WIC Program Nutritionist is responsible for the nutrition services component of that program. Local WIC Program Nutritionists and WIC Nutritionists are designated by the Program as Competent Professional Authorities (CPA), (*see definitions*) who are authorized to determine nutritional risk and prescribe supplemental foods. The Local WIC Program Nutritionist shall meet the following qualifications:

Attachment D, Program Services to be Provided, Continued

Hold a master's degree from an institution accredited by a recognized regional accrediting body in either nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition or home economics with a major in foods and nutrition, and one year of professional experience in nutrition in a health agency or health care facility, or a bachelor's degree from a four year institution accredited by a recognized regional accrediting body with a major in either foods and nutrition, community nutrition, nutrition education or nutritional sciences and two years of professional experience in nutrition in a health agency or health care facility.

Successful completion of a Commission on Accreditation/Approval of Dietetics Education (CAADE) accredited/approved supervised practice program (e.g., a Coordinated Program, Dietetic Internship or Approved Pre-Professional Practice/AP4 Program) or a master's degree in nutrition education can qualify for one year of work experience. Persons with a master's degree in nutrition who do not have a bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level.

The classification of **WIC Nutritionist** includes all nutritionists other than the Local WIC Program Nutritionist paid for in whole or in part by the local WIC Program. Nutritionists who are hired by local agencies shall have a bachelor's degree from a four year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences.

The classification of **WIC Nutrition Aide** includes all individuals, other than nutritionists, who are paid for in whole or in part by the local WIC Program and whose primary responsibility is the provision of paraprofessional nutrition services. Nutrition aides hired by local agencies shall demonstrate to the satisfaction of the Local WIC Program Nutritionist the ability to communicate clearly both orally and in writing in English, and in another language when it is deemed appropriate. In addition, the ability to establish rapport with individuals and small groups, and successful completion of the department's paraprofessional training program within one year of appointment to the position.

Additionally, the local agency must designate a staff person to coordinate local agency breastfeeding promotion and support activities. This individual must meet the qualifications of a CPA, have at least one (1) year of experience in counseling women about how to successfully breastfeed and/or have the credentials of IBCLC (International Board-Certified Lactation Consultant).

The classification of **WIC Program Assistant** includes all clerical and secretarial personnel paid for in whole or in part by the local WIC Program. Program Assistants hired by the WIC Program need to have the ability to communicate clearly orally and in writing in English, and in another language when deemed appropriate. In addition, the ability to perform basic computer and telephone skills is needed.

Job Descriptions

Sample job descriptions for a Local WIC Program Coordinator, Local WIC Program Nutritionist, Local WIC Nutritionist, Local WIC Nutrition Aide and Local WIC Program Assistant are included in Attachment E.

Attachment D, Program Services to be Provided, Continued

Staffing Pattern

A suggested staffing pattern for WIC Local Agencies is based on program caseload. The pattern is as follows:

Program Enrollment	Total Number of Staff	Distribution by Function			
		Program Coordinator	Nutritionist	Nutrition Aide	Clerical
900-1400*	4.5	1	1.5	1	1
1401-1800*	5	1	2	1	1
1801-2600*	6	1	2	1	2
2601-3000	7	1	3	1	2
3001-3400	8	1	4	1	2
3401-3800	9	1	4	2	2
3801-4200	10	1	4	2	3
4201-4600	11	1	4	2	4
4601-5000	12	1	5	2	4
5001-5400	13	1	5	3	4
5401-5800	14	1	5	3	5
5801-6200	15	1	6	3	5
6201-6600	16	1	7	3	5
6601-7000	17	1	7	4	6
7001-7400	18	1	7	4	6
7401-7800	19	1	8	4	6
7801-8200	20	1	8	5	6

* In agencies with caseloads of 2,600 participants or less, the program coordinator must also meet the qualifications of a nutritionist.

Note: it is recognized that individual instances may justify either more or less staffing than the suggested pattern. Examples of this include multiple program satellite sites, extended program hours of operation and size of the service area.

B. Scheduling

The local agency will be expected to establish an appropriate agency schedule for both staff and WIC participants. This should include arrangements for participants and applicants who are employed, students or those who live in rural areas, to ensure program access. Local WIC Programs should remain open continuously during business hours, and extended morning, evening, and/or weekend hours are encouraged.

C. Establishment and Maintenance of Sites

The local agency needs to obtain space for program operations: both for a permanent local agency 'main' location, as well as any satellite (part-time) sites. These sites should be located where participants are concentrated, as well as accessible. Hours of operation need to accommodate the identified caseload for the particular area served by a main office and by any of the proposed satellite offices. Smoking must be prohibited in places when WIC Program functions are performed.

D. Financial Accountability

Each local WIC Program must maintain accurate and fully documented records for financial management of all program funds received, food delivery, certification, nutrition education, outreach, civil rights, and fair hearings. All WIC program funds must be properly accounted for.

Financial records must be retained for a minimum of three years following the submission of the final expenditure report for the period to which the reports pertain. Participant and vendor files must be retained for three years beyond the period in which they were terminated. Civil rights and fair hearing files must be retained for three years. The State WIC Office reserves the right to require longer retention of records for the resolution of any audit or litigation. Any records being destroyed must be destroyed in a manner that protects confidentiality.

E. Reporting

Each local agency shall prepare and implement a **Program Plan** approved by the Department that comprises the following sections:

- **PART I** An introductory component that includes an operational description with program hours, listing of staff and of service sites, assigned caseload and current participation, racial/ethnic landscape of clients, staff and the community, past and/or planned contribution to the host agency initiatives, and any ongoing endeavors. Significant community partnerships, if any, should also be included.
- **PART II** A one to two page overview to present the program's mission, include a summary of the planning process, and present the needs identified as priorities.
- **PART III** A work plan specific to each program area organizes goals, objectives and connects resources to activities to outcomes.

The Local WIC Program Coordinator is responsible for the integration of all plan components into a document that clearly represents the plans and operating procedures for the local program. The Local WIC Program Nutritionist is responsible for the nutrition services sections of the program plan. Each local agency revises their program plan annually.

At the end of each fiscal year, an **Evaluation Report** is submitted which summarizes whether the agency has reached its goals and objectives as stated in their prior program plan.

Submitted with the local agency program plan for the following year is the **WIC Program Budget**. The annual budget is prepared using State-supplied budget forms. These budget preparation forms divide all planned expenses into four functional areas: General Administration, Client Services, Nutrition Education, and Breastfeeding Promotion and Support costs. The actual "budget" is twelve separate dollar figures, one for each line item, representing the total planned expenditures for all four areas combined.

Attachment D, Program Services to be Provided, Continued

The twelve line item categories used are as follows:

Expense Category	Description, if needed
Salaries	Include costs of all gross salaries and wages.
Fringe Benefits	Include employer's contributions or expenses for social security, life and health insurance plans, unemployment compensation insurance coverage, worker's compensation insurance, and retirement plans.
Equipment	Includes equipment purchases only. (Note: the Connecticut Department of Public Health provides all computer equipment) The State WIC Director must approve all equipment purchases over \$1000 per item in advance.
Contracted Services	In cases where services are not provided by the parent agency, or performed by members of the WIC staff, the local agency may contract with providers for such services.
Space Rental	The rental cost of space in privately or publicly owned buildings is allowable. The total cost of space, whether in a privately or publicly owned building, may not exceed the rental cost of comparable space and facilities in a privately owned building in the same locality. The cost of utilities, insurance, security, janitorial service, elevator service, grounds upkeep, normal repairs, and alterations are allowable to the extent they are not otherwise included in rental or other charges for space.
Supplies	Includes office supplies, books, publications, videos, food demonstration supplies and breastfeeding promotion aids.
Postage	
Telephone	
Printing	Include the total costs for printing and reproducing forms, reports, manuals, and informational literature.
Travel - In-State	
Other	Includes continuing education costs, equipment and high-speed Internet access maintenance costs, equipment rentals and any other allowable WIC Program costs that do not correspond with any other line items. (Note: equipment rental charges over \$50.00 per month shall be approved in advance by the State WIC Program.)

INDIRECT COSTS ARE NOT ALLOWED.

Within each of the four functional areas, the allowable costs include:

General Administration: All costs generally considered to be overhead or management costs. Salaries, Fringe Benefits, Equipment, Contracted Services, Space Rental, Supplies, Postage, Telephone, Printing and Reproduction, Travel - In-State, Other (outreach, maintain payroll, personnel, administrative, fiscal and program records, audit expenses, if necessary, legal services).

Client Services: All costs expended to deliver food and other client services and benefits. Salaries, Fringe Benefits, Contract Services, Material Preparation, Space Rental, Application Processing, Medical Supplies, Travel-In-State, Notification of Rights, Transfer of Certification, Planning of Certification, Telephone, Training, Conduct Surveys, Income Determination, Diet Assessment, Equipment, Anthropometric Measurements, Other Assessments, Miscellaneous Documentation.

Nutrition Education: All costs directly related to general Nutrition Education. NOTE: Nutrition Education expenditures combined with Breastfeeding Promotion and Support Expenditures must account for at least 25% of program expenditures. Salaries, Fringe Benefits, Planning for Nutrition Education, Travel – In-State, Material Preparation, Material Procurement, Equipment, Printing and Reproduction, Training Staff, Counseling Individuals, Group Education, Continuing Education, Data Collection, Evaluation, Monitoring, Telephone, Space Rental.

Breastfeeding: All costs expended for the promotion and support of breastfeeding. Salaries, Fringe Benefits, Material Preparation, Material Procurement, Space Rental, Printing and Reproduction, Contract Services, Counseling, Training, Continuing Education, Breastfeeding Promotion and Support, Telephone, Travel – In-State.

Revenue, expenditures and cash on hand shall be reported to the State WIC Office monthly by each local agency. These are reported on the state office-supplied **Cash Flow Report and Monthly Expenditure Report** forms, and are due each month by the 20th of the following month.

At the end of each year, settlement of the contract account shall be made for each of the twelve line items as separate accounts. Differences are totaled to enable settlement with a single payment. Nutrition education expenditures must account for at least 25% of the total expenditures.

The local agency shall document time spent by all personnel on WIC nutrition education and breastfeeding promotion and support activities for a one-month period each year. The summary of this **Cost Accounting Study** provides percentages by which the monthly expenditures are distributed among the four functional areas (above). Local agencies can request approval to conduct a new cost accounting study if there are changes in the utilization of personnel time.

Attachment D, Program Services to be Provided, Continued

Local WIC agencies must also maintain **inventories** of WIC check stock and any special infant formulas on hand. These inventories must be physically confirmed monthly and be submitted to the State WIC Office (Refer to Section VI, Deliverables #6) Both WIC check stock and infant formulas need to be stored in secured areas.

Additional reporting requirements to the State WIC Office include an annual report of outreach activities, which includes the date and description of activity and results; a written request for the destruction of any program records (municipalities must write to the Public Records Administrator at the State Library for authorization); and submission of any local agency audit reports.

Participant Services

Local WIC agencies must provide quality nutrition education and participant services within the parameters of the Federal and State WIC Regulations.

Local program staff shall not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, age, national origin, sex, or disability in any manner prohibited by the laws of the United States or of the State of Connecticut. Any individual who applies to or participates in the WIC program or who applies for employment or is employed by the WIC Program has the right to file a discrimination complaint.

A. Determination of Participant Eligibility

The process of certification determines an applicant's eligibility to receive the program benefits in accordance with the Federal Regulations of the WIC Program and State Guidelines. Local WIC Program staff must develop a system to certify as eligible for WIC benefits all applicants who are within the WIC-approved categories, who meet the physical presence, identity, and residency requirements; who meet the income guidelines, and who are at nutritional risk using the following processing standards:

Categorical Eligibility

An applicant must be in one of the WIC-approved categories: Pregnant women, postpartum women up to six months after the termination of pregnancy, breastfeeding women up to the breastfeeding infant's first birthday, infants from birth to their first birthday, and children to their fifth birthday.

Physical Presence Requirement

Individuals who are being certified must be physically present at the WIC local agency or satellite at the time of each certification (initial and/or subsequent). Physical presence shall be documented in the individual's certification file. Certain exceptions are allowed on a case-by-case basis.

Identity Requirement

Individuals who are being certified must present documentation of their identity at certification.

Residency Requirement

Individuals who are being certified must present documentation to confirm they are a resident of the state of Connecticut.

Income Eligibility

An applicant's immediate family unit income shall be at or below 185% of the Office of Management and Budget's poverty guidelines. Recipients of the Food Stamp Program, Temporary Assistance for Needy Families (TANF) Program or the HUSKY A/Medicaid program are automatically income-eligible for the WIC program

Nutritional Risk

Applicants must be at nutritional risk to be certified for WIC Program benefits, based on established criteria. Nutritional risk shall be determined and documented by a local agency Competent Professional Authority (CPA) or by a CPA who has a written contract with the local agency. Nutritional risk determinations that are documented by contracted staff shall be reviewed and countersigned by a local agency CPA.

A health care provider who is a CPA but who is not on the staff of the local agency may provide health and nutrition assessment referral data to the WIC Program for the purpose of the WIC nutritional risk assessment. All such referrals are reviewed and countersigned by a local agency CPA.

For determination of nutritional risk, optimally, a complete nutritional assessment will be performed, which includes, but is not limited to, a medical history, a clinical assessment, anthropometric measurements, hematological measurements, and a dietary assessment. At a minimum, height or length and weight measurements shall be obtained. A hematological test for anemia such as a hemoglobin or a hematocrit test shall be obtained.

A diet assessment questionnaire shall be completed for each participant as part of the certification process. The food frequency form shall also be completed if certification is based solely on dietary problems. A nutritionist, another local agency CPA or a nutrition aide trained and supervised by the program nutritionist shall administer the questionnaire and the food frequency.

B. Certification Process

WIC participants being certified are assigned to one of the following nutritional risk priorities:

- 1) Priority I: Pregnant women, breastfeeding women, and infants at certain nutritional risk.
- 2) Priority II: Except those infants who qualify for Priority I, infants up to six months of age of women whose medical records document that they were at nutritional risk during pregnancy.
- 3) Priority III: Children at certain nutritional risk.
- 4) Priority IV: Pregnant or breastfeeding women and infants with certain nutritional risks.
- 5) Priority V: Children at nutritional risk.
- 6) Priority VI: Postpartum women at nutritional risk.

Participants must be certified, using the prescribed nutrition risks and priority system in place, within certain timeframes: Application begins when the applicant visits the local program during office hours to make a written or oral request for program benefits. Employed individuals seeking to apply for participation in the program shall be given a convenient appointment so as to minimize the time that such an individual is absent from the workplace for the purpose of applying for the program. Certain participants must be notified of their eligibility or ineligibility within ten days of the initial date of the request for program benefits. All other applicants shall be notified of their eligibility or ineligibility within 20 days of the date of the initial request for program benefits.

At least *two people* shall be involved in the certification process for each participant. This must be reflected on the certification form by having the CPA complete and sign the medical/nutritional assessment and another WIC staff member shall be responsible for the income eligibility determination.

Certification schedules are coordinated with medical visits, and the established WIC certification schedules must be followed. The standard length of the certification period is six months. Exceptions to this are pregnant women, who are certified until six weeks after delivery, children who are approaching their fifth birthday and infants, who are certified up to their first birthday.

Applicant abuse of the WIC Program, which includes knowingly and deliberately misrepresenting circumstances to obtain benefits, verbal or physical abuse or threat of physical abuse of local program, clinic or vendor staff or property results in a denial of participation in the WIC Program. However, the applicant must be given full opportunity to appeal. Participant abuse of the WIC Program can also result in disqualification or suspension from the WIC Program. Participant violations fall into three categories dependent on the severity of the violation.

C. Nutrition Education

The local agency makes nutrition education available to each participant, parent, guardian, or caregiver at least twice every six months through individual or group sessions which are appropriate to the individual participant's nutritional needs and based upon the U.S. Dietary Guidelines (USDA and U.S. Department of Health and Human Services, Home and Garden Bulletin No. 232 Sixth Edition, 2005). All pregnant participants shall be encouraged to breastfeed unless contraindicated for health reasons as determined by a physician.

The local agency offers newly enrolled participants an explanation of the general purpose and scope of WIC, the Food Delivery System, encourages participants to attend all nutrition education activities, explains the importance of obtaining health care, explains that it is illegal to participate in more than one WIC Program at the same time, and explains the reasons a participant can be terminated. Also:

- ⇒ The participant's nutritional risk condition and ways to achieve an adequate diet.
- ⇒ The type and amount of food approved by the program.

Attachment D, Program Services to be Provided, Continued

C. Nutrition Education, Continued

- ⇒ The importance of the supplemental foods being consumed by the participant for whom they are prescribed rather than by the whole family.
- ⇒ That the program is a supplemental rather than a total food program.
- ⇒ The nutritional value of the supplemental food.
- ⇒ The importance of health care.

The local agency shall offer subsequent nutrition education contacts as described in the local agency plan, to include a discussion of the following:

Participants' particular nutritional needs according to their categorical eligibility, i.e., needs of pregnant, breastfeeding, postpartum women, infants and children.

- ⇒ Relationship of diet to health.
- ⇒ The benefits of consuming a variety of foods including those not provided by the program.
- ⇒ Nutrients of special interest or need to the participant.
- ⇒ Additional topics at the local agency's discretion, as described in the local agency plan.

Each local agency must implement a plan to promote breastfeeding among participants, which includes offering support systems, and all local agencies must provide information on the dangers of drug, alcohol and tobacco use, the need for childhood immunizations, the importance of good nutrition, and the benefits of a daily supply of folic acid in the diets of women of childbearing age. Local agencies are expected to make appropriate referrals.

The local agency must document nutrition education in each participant's file, including the topics discussed, date, staff signature, and participant refusal or inability to attend or participate. Nutritionists develop and implement a nutrition care plan for each high-risk participant and any other participant who wishes to have such a plan.

D. Food Delivery System

Once a WIC participant has been certified, a competent professional authority on staff of the local agency prescribes a food package for each participant according to the federal requirements that delineate the quantity of food to be prescribed to participants. The foods allowed on the WIC Program have been selected according to their nutrient content, cost, availability and acceptability. These foods are grouped into "food packages" designed to supplement the participant's nutrient and caloric needs. This food package is based on the participant's age, nutritional status, living accommodations, and personal preferences.

The Connecticut WIC Program utilizes a statewide computerized information system* for processing and tracking local agency functions, i.e. participant certification, check issuance, nutrition education documentation, budget and expenditure reporting. This is a local area network-based system, where each local agency operates independently during the day. Central

Attachment D, Program Services to be Provided, Continued

D. Food Delivery System, Continued

files are maintained at the state level on a mainframe, and are kept synchronized with the local agency databases through automated nightly communications. The system is used by local agencies to (1) complete the enrollment of a participant during the initial certification visit, and (2) provide checks which are used by the participant to purchase approved foods at authorized retail stores. Through the certification process, participants are enrolled in the program, through a succession of screens, which capture all necessary information about new participants including demographic, health, and risk information. Once appropriate staff has assigned the food package, checks are printed while the participant waits. A maximum of three months worth of checks may be issued at one time. The checks, which specify the type and amount of food to be purchased, must be used within the 30-day period printed on each check. Each family is issued a WIC identification card or folder that must be presented when they shop at the WIC-approved food store or pharmacy.

* (Further information on the Statewide WIC Information System is available in Attachment F)

All checks must be signed for by the WIC participant/guardian, and local WIC program staff must account for all checks. The person signing for the WIC Program checks must be the WIC participant/guardian, or their authorized alternate. Each WIC participant may have one assigned alternate.

Each day, the local agency receives a computer-generated dual/possible dual participation report that may identify possible simultaneous WIC participation by an applicant in more than one program. This report must be validated immediately to counter any attempts at participant fraud.

Program Outreach and Coordination

The State WIC Program assigns the number of participants to be served by each local agency. The State WIC agency may adjust the caseload and direct the local agency to initiate a waiting list, deny WIC benefits to the lowest priority groups or terminate participants in mid-certification due to funding shortages. When the local agency's assigned caseload level is reached, the local agency shall continue to enroll any individual who meets the criteria for priorities I through IV unless notified otherwise in writing by the State WIC Program.

During each certification and recertification process, all applicants must be given the opportunity to register to vote, in compliance with the National Voter Registration Act of 1993.

Local agencies shall annually publicize, in a newspaper serving that program's area, the availability of WIC benefits including eligibility criteria and the location of local agency offices.

Local agencies encourage referrals to WIC through the distribution of written information at least once per year to hospitals, area health care providers, local clinics, community action agencies, social agencies, churches, neighborhood centers, welfare agencies, and other organizations in the service area that serve potential WIC eligibles. Local agencies use outreach

Program Outreach and Coordination, Continued

materials that are targeted to individuals at high risk, reflect ethnic and cultural dimensions of the communities, and that are in appropriate foreign languages. Local agencies also promote the WIC Program as a community nutrition program, which operates as an adjunct to health care.

Referrals to the Food Stamp, Temporary Assistance for Needy Families (TANF), Medicaid/HUSKY A and child support enforcement programs are provided to all adult WIC participants, parents or guardians. Information is also provided on other potential sources of local food assistance, particularly to applicants who are found ineligible or who are placed on a waiting list.

Local WIC programs obtain participant feedback once a year, through a patient satisfaction survey as well as a survey of participants' views on nutrition education.

SAMPLE JOB DESCRIPTIONS

LOCAL WIC PROGRAM COORDINATOR

QUALIFICATIONS:

A master's degree from an institution accredited by a recognized regional accrediting body in either public health, health administration, administration, business administration, or a health science. A bachelor's degree from an institution accredited by a recognized regional accrediting body (preferably with courses in the administrative sciences), and one year of full time employment planning or administering a program, including supervising personnel, or any combination of the above experience and training totaling six years. A bachelor's degree will count for four years and a master's degree an additional one year. Non-supervisory professional level experience in a WIC Program may be substituted for up to two years.

DESCRIPTION OF WORK:

Statement of Duties

Responsible for the overall operation of a local WIC Program. Ensures that all components of a local WIC Program are carried out in an effective and efficient manner.

Examples of Duties:

- ❖ Develops an annual plan and budget in compliance with Federal and State regulations and guidelines.
- ❖ Assures that the local program adheres to all Federal and State regulations and guidelines.
- ❖ Assures that good fiscal management practices are adhered to.
- ❖ Submits all required reports to the State WIC Office in a timely and accurate manner.
- ❖ Assures proper certification of eligibility of applicants.
- ❖ Assures that procedures are in place for individuals to receive health services.
- ❖ As needed, provides WIC Program services to eligible participants.
- ❖ Directs and coordinates a referral system with health care providers and other community health and nutrition programs.
- ❖ Directs all aspects of the local program component of the food delivery system including:
 - ✓ Distribution of the food checks to participants.
 - ✓ Assurance of safeguards for WIC checks.
- ❖ Assures that procedures are in place, which will maximize the participation of individuals in nutrition education programs offered by the local program.
- ❖ Formulates outreach systems to target program services to the neediest individuals.
- ❖ Develops criteria for evaluation, conducts evaluation and assessment of program.

SAMPLE JOB DESCRIPTIONS, Continued

LOCAL WIC PROGRAM NUTRITIONIST

QUALIFICATIONS:

A Master's degree from an institution accredited by a recognized regional accrediting body in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, home economics, or similar, with a major in foods and nutrition and one year of responsible experience in nutrition in a health agency or health care facility, OR

A Bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences and two years of responsible experience in nutrition in a health agency or health care facility.

Successful completion of a Commission on Accreditation/Approval of Dietetics Education (CAADE) accredited/approved supervised practice program (e.g., a Coordinated Program, Dietetic Internship or Approved Pre-Professional Practice/AP4 Program) or a master's degree in nutrition education can qualify for one year of work experience. Persons with a master's degree in nutrition who do not have a bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level.

DESCRIPTION OF WORK:

Statement of Duties

Responsible for the nutrition services component of the local WIC Program.

Examples of Duties

- ❖ Develops the nutrition component of the annual local WIC plan in compliance with Federal and State regulations and guidelines.
- ❖ Participates in the development of the nutrition education budget.
- ❖ Implements the nutrition component plan of the local program.
- ❖ Assures proper certification of eligible applicants.
- ❖ As a Competent Professional Authority (CPA) on the staff of the local program, determines and documents nutritional risk of WIC participants.
- ❖ Is responsible for the diet assessment of WIC participants.

SAMPLE JOB DESCRIPTIONS, Continued

LOCAL WIC NUTRITIONIST

QUALIFICATIONS:

A Master's degree from an institution accredited by a recognized regional accrediting body in nutritional sciences, community nutrition, clinical nutrition, dietetics, public health nutrition, home economics, or similar with a major in foods and nutrition and one year of responsible experience in nutrition in a health agency or health care facility, OR

A Bachelor's degree from a four-year institution accredited by a recognized regional accrediting body with a major in foods and nutrition, community nutrition, nutrition education, or nutritional sciences and two years of responsible experience in nutrition in a health agency or health care facility.

Successful completion of a Commission on Accreditation/Approval of Dietetics Education (CAADE) accredited/approved supervised practice program (e.g., a Coordinated Program, Dietetic Internship or Approved Pre-Professional Practice/AP4 Program) or a master's degree in nutrition education can qualify for one year of work experience. Persons with a master's degree in nutrition who do not have a bachelor's degree in foods and nutrition must have successfully completed the equivalent subject matter at the graduate level to compensate for any courses not completed at the undergraduate level.

DESCRIPTION OF WORK:

Statement of Duties

Responsible for providing nutrition education, information, and referrals to participants of the WIC Program.

Examples of Duties

- ❖ As a Competent Professional Authority (CPA) on the staff of the local program, determines and documents nutritional risk of WIC participants.
- ❖ Is responsible for the diet assessment of WIC participants.
- ❖ Assures proper certification of eligible applicants.
- ❖ Assists with the implementation of the nutrition component plan of the local program.
- ❖ Assists with meeting local program objectives.
- ❖ Provides nutrition education and counseling that is appropriate to the WIC participant.
- ❖ Other duties as assigned.

SAMPLE JOB DESCRIPTIONS, Continued

LOCAL WIC NUTRITION AIDE

QUALIFICATIONS:

Demonstration of the following to the satisfaction of the WIC Program Nutritionist:

- 1) The ability to communicate clearly both orally and in writing in English and another language when the Program Nutritionist deems appropriate, and
- 2) The ability to establish rapport with individuals and small groups, and
- 3) Successful completion of the department's paraprofessional training program within one year of appointment to the position.

DESCRIPTION OF WORK:

Statement of Duties

Assists with the implementation of the nutrition services component of the local program under the supervision of the local WIC Program Nutritionist.

Examples of Duties

- ❖ Assists in the certification of WIC applicants by performing one or more of the following activities: Interviewing, which may include administering a diet assessment questionnaire and a food frequency form; dietary assessment; entering data into the Statewide WIC Information System (SWIS); plotting growth and prenatal weight gain data, and orienting participants to the program.
- ❖ Provides and documents nutrition education contacts, except for high-risk participants.
- ❖ Performs necessary paperwork, related to certification and nutrition education, as assigned.
- ❖ Assists in the preparation of nutrition education materials (e.g., newsletters and pamphlets), visual aids (e.g., bulletin boards, displays), and activities (e.g., classes).
- ❖ Attends and participates in all training and continuing education sessions offered by the State WIC Program.
- ❖ Other duties as assigned.

SAMPLE JOB DESCRIPTIONS, Continued

LOCAL WIC PROGRAM ASSISTANT

The classification of **WIC Program Assistant** includes all clerical and secretarial personnel paid for in whole or in part by the local WIC Program. Clerks hired by the WIC Program need to have the ability to communicate clearly orally and in writing in English, and in another language when deemed appropriate. In addition, the ability to perform basic computer and telephone skills is needed

QUALIFICATIONS:

High school diploma or GED equivalency.

At least one year of experience working in a medical office or performing clerical duties.

Demonstration of the following:

The ability to communicate clearly both orally and in writing in English, and another language when deemed appropriate, and

The ability to establish rapport with individuals

In addition, WIC Program Assistants need to have the ability to perform basic computer and telephone skills, as well as to complete basic clerical tasks.

DESCRIPTION OF WORK:Statement of Duties

Assists with providing WIC Program participant services including scheduling appointments and updating demographic data and responding to phone calls.

Examples of Duties

- ❖ Assists in the certification of WIC applicants by performing the following activities: Interviewing, to obtain basic demographic data such as name, address, and contact information; verifying identity, residency, and income eligibility by reviewing paperwork presented; entering all data into the Statewide WIC Information System (SWIS).
- ❖ Performs reminder phone calls for upcoming appointments, and follow up phone calls for missed appointments.
- ❖ Answers WIC phone, handles calls for requests for general information, rescheduling appointments, lost checks, etc as assigned by local WIC Program Coordinator.
- ❖ Performs necessary paperwork, as assigned, including maintaining participant files and accurate documentation.
- ❖ May assist in the preparation of materials (e.g., newsletters), visual aids (e.g., bulletin boards or program displays), and activities (e.g., health fairs) in conjunction with other local agency staff.
- ❖ Other duties as assigned.

MANAGEMENT INFORMATION SYSTEM DESCRIPTION

All local agency and satellite sites use the Statewide WIC Information System (SWIS). SWIS is the computerized information system used for processing and tracking most local agency functions such as participant certification, check issuance, nutrition education documentation, budget and expenditure reporting.

SWIS is a LAN-based system, utilizing the Windows network operating system. Programs are written in FoxPro, which is a distributed relational database management system (RDBMS). Each local agency operates independently during the day. Local agency satellite site operations are performed on laptop computers, which have been transported and set up by local agency staff for the day's operations. The central database is maintained at the state level on an IBM mainframe and is kept synchronized with the local agency databases by automated nightly communications.

Operational Overview of a WIC LAN

The Connecticut WIC program uses two types of personal computer configurations:

1. Permanent: The hardware is installed and remains in the office. The PC that stores the agency's data is called the file server. This data is accessible to all workstations. With this type of arrangement, daily operations with regard to the LAN generally consist of the following:
 - ◆ The PC /Workstation and the file server are the foundation of the WIC network. The workstation is where data entry and data retrieval takes place. The file server in most offices is just a specially configured PC that shares the database files with all other workstations. It can also be used as a workstation to run SWIS. At the largest agencies, the file server is a dedicated box for server use only. Some workstations may have a dot matrix printer attached for producing checks. One of the workstations, referred to as the Comm PC, is specially configured with a modem attached to a phone line to provide 24-hour communication with the state system. All workstations (except the Comm PC and the file server) are started at the beginning of business and shut down at the close of business each day. The Comm PC and file server must remain on at all times.
 - ◆ The file server, Ethernet switch and networked laser printer(s) require very little attention from the local agency WIC staff. These items are always on and are generally shut down for maintenance only. Periodically, the laser printers need to be refilled with paper or toner.
2. Portable: Laptop computers are used for satellite sites. The laptop that stores the site's data functions as a file server while at the satellite location. Once the equipment is set up, the daily operations are much like that of a permanent site with the data being accessible to all laptops. Set up consists of the following:
 - ◆ One laptop must be designated as the file server and contain the participant data for that location. This data is copied (downloaded) from the permanent site's file server onto the laptop before traveling to the satellite.

MANAGEMENT INFORMATION SYSTEM DESCRIPTION, Continued

- ◆ At the satellite, each laptop is plugged into an AC outlet and also connected to the Ethernet switch via a Category 5 patch cable. The dot matrix printers used for check printing are also set up at this time.
- ◆ At the close of business, the laptop server must be returned to the office to upload the day's activity (new data) to the permanent site's file server. This completes the daily operations for that satellite.

The Typical WIC Local Area Network

Based upon current statistics, the typical Local Area Network (LAN) for a WIC agency consists of the following equipment:

- ◆ 7 PCs or workstations (One of which will double as a Comm PC and one will double as the file server).
- ◆ 1 Modem with a dedicated analog phone line
- ◆ 1 16-port Ethernet switch
- ◆ 1 or 2 laser printers with network interface cards, for printing reports.
- ◆ 5 Dot Matrix printers (2 for satellite sites) for printing checks.
- ◆ 1 Patch Panel/Punch down or a centralized wiring panel. *
- ◆ Category 5 unshielded twisted pair (UTP) cabling. This cabling must be properly connected to a centralized wiring panel on one end and terminated at each PC location and networked laser printer location with an RJ45 data jack. *
- ◆ 4 Laptop computers, one 5-port Ethernet switch and 4 patch cables (each 10-14 feet long) for those agencies that have satellite sites.

** The local agency is responsible for the purchase and installation of this item.*

Configuration and Wiring

Utilizing Category 5 UTP (Unshielded Twisted Pair) cable, the WIC agency networks (including satellite sites) are configured in an Ethernet topology.

A PC, or workstation as it is often referred to, consists of a CPU (Central Processing Unit), monitor, keyboard and mouse. Also, a dot matrix printer may be connected to print WIC checks.

Each agency must have a dedicated analog phone line to connect to the Comm PC's modem. This connection provides 24-hour access for the state computer system and also provides internet/email access for the local agency.

Diagrams depicting the typical MIS setup follow.

MANAGEMENT INFORMATION SYSTEM DESCRIPTION, Continued

Typical Layout of a WIC Agency LAN

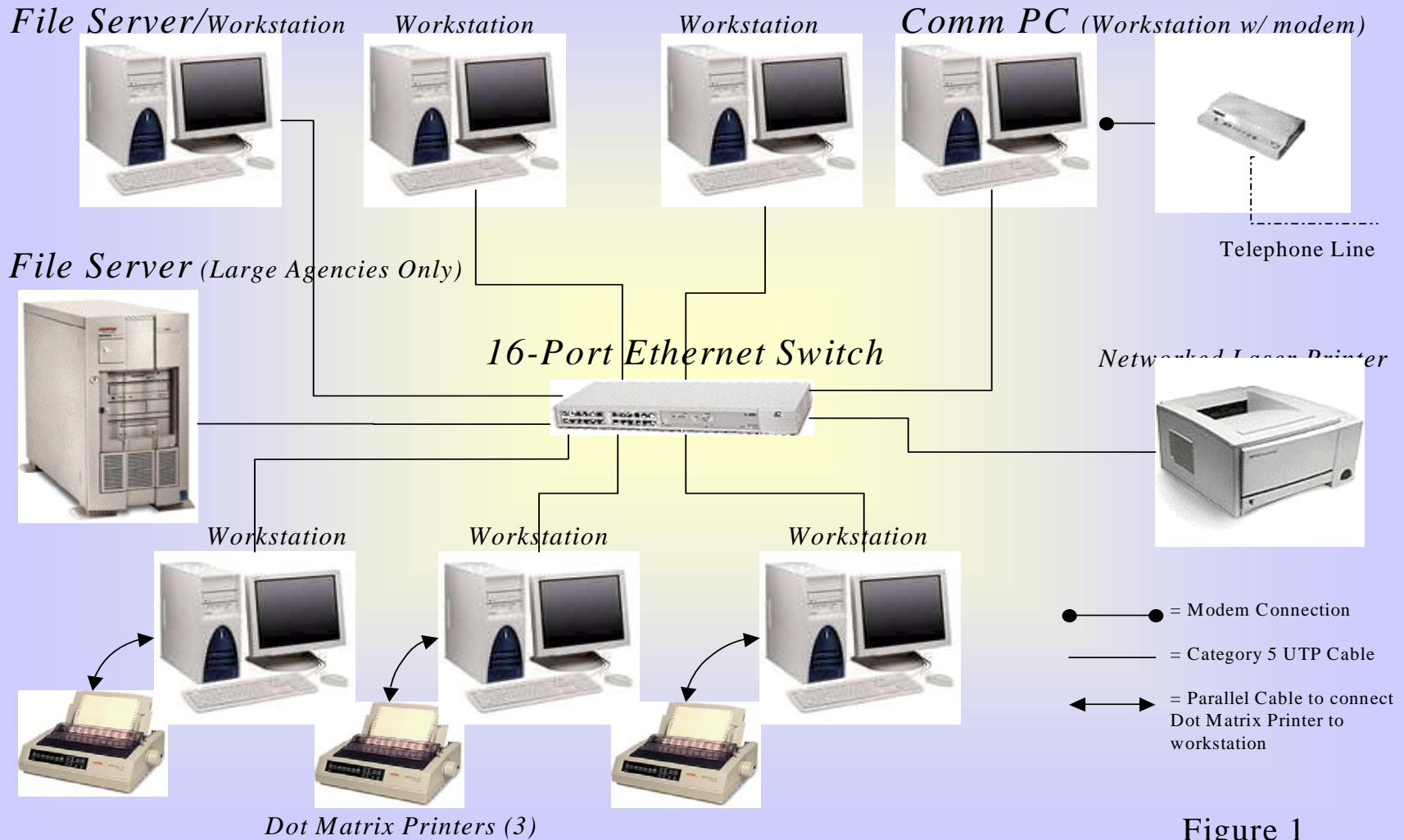


Figure 1

Typical Layout of a WIC Satellite LAN

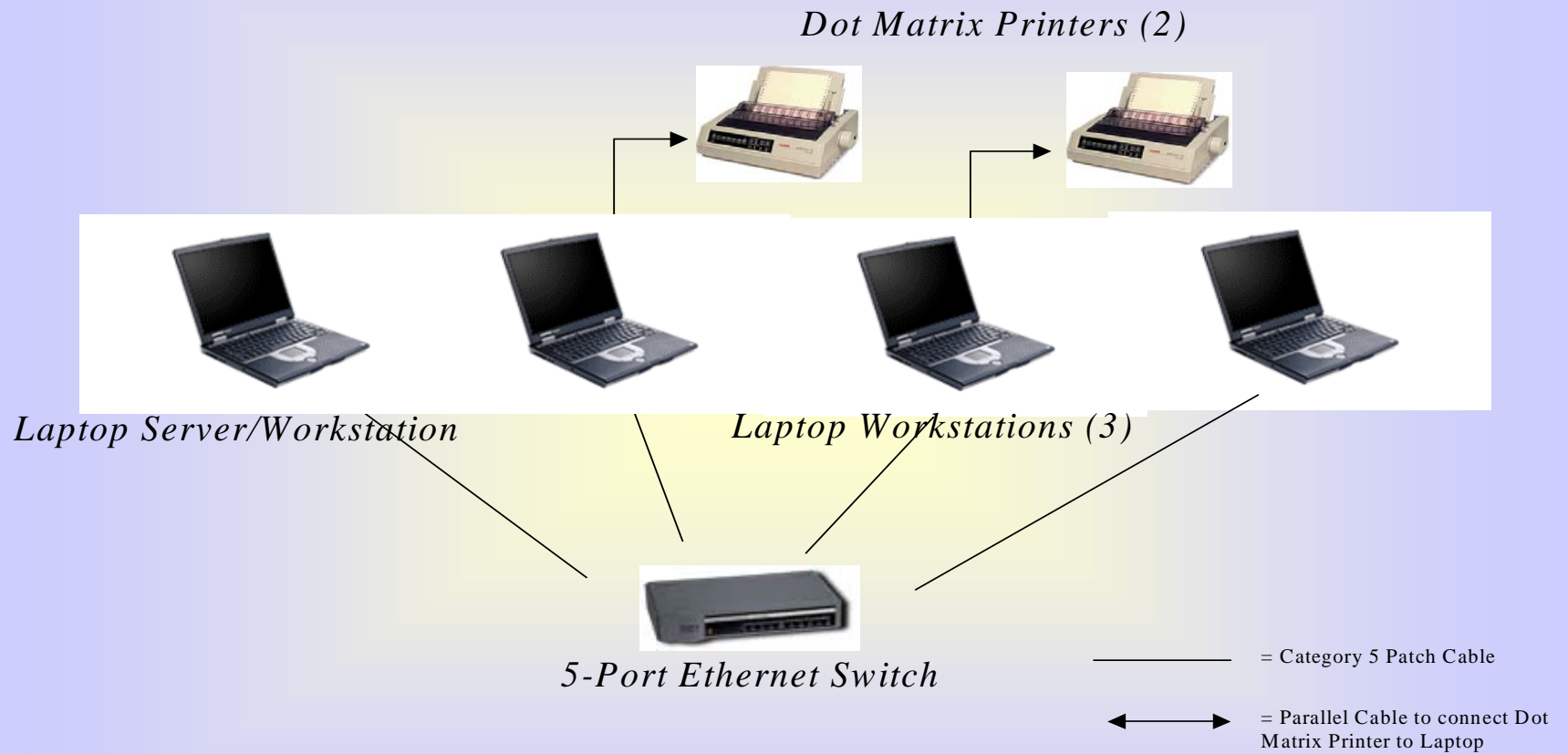


Figure 2

PRELIMINARY REVIEW TECHNICAL CRITERIA WORKSHEET

<u>Criteria:</u>	Applicant	<u>Maximum Points**</u>	<u>Bidder's Points</u>
1) The extent to which the applicant has demonstrated successful experience providing similar services.		(150)	()
a) Scoring Bonus: Priority is given in the following order, per USDA regulation: (only one applies)		(25)	()
Public or private non-profit health agencies that provide ongoing, routine pediatric and obstetric care or administrative services (Including community health centers)	(25)		
Public or private nonprofit health or human service agencies that will enter into a written agreement with another agency for either ongoing, routine pediatric and obstetric care or administrative services.	(20)		
Public or private nonprofit health or human service agencies that will enter into a written agreement with private physicians, licensed by the state, in order to provide ongoing, routine, pediatric and obstetric care to a specific category of participants (women, infants, or children).	(15)		
Public or private nonprofit human service agency that enters into a written agreement with private physicians, licensed by the state, to provide ongoing, routine pediatric and obstetric care.	(10)		
Public or private nonprofit health or human service agencies that provide ongoing, routine pediatric and obstetric care through referral to a health care provider.	(5)		
2) The Department's prior experience with the applicant organization, including issues of contract compliance.		(100)	()
3) The extent to which references provided support the applicant's success in providing similar services. These references must be submitted as letters of support with the application.		(30)	()
4) The extent to which services to be provided are described clearly and cover all requirements outlined in the RFP.		(100)	()
5) The extent to which an accessible location will be used for providing program services.		(50)	()
6) The extent to which accessible hours will be used for providing program services.		(50)	()
7) The extent to which adequate staff time is allocated to manage the services to be provided.		(50)	()

PRELIMINARY REVIEW TECHNICAL CRITERIA WORKSHEET, Continued

- | | | |
|--|---------|-----|
| 8) The extent to which adequate space will be available to manage the services to be provided. | (25) | () |
| 9) The extent to which the profiles of staff who will be working on this project is clear and adequate to properly manage the services to be provided. (Any exceptions to the suggested staffing pattern must be noted and explained.) | (50) | () |
| 10) The extent to which a thorough work plan is presented, with measurable objectives and specific, appropriate timelines. | (50) | () |
| 11) The extent to which a cost-effective budget is presented which follows the guidelines. | (50) | () |
| 12) The extent to which the applicant organization is in good financial status. | (10) | () |
| 13) The extent to which the applicant provides evidence that it will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract. | (10) | () |
| 14) The expected start date of the project | (25) | () |
| 15) The fiscal competitiveness of the proposal. | (200) | () |

Expected Cost per Participant:
 (Total Requested/Expected Number of Participants to be Served)

Up to 50 Bonus points will be awarded for provision of week-end service, in-kind services or other creative ways to optimize services while demonstrating cost-effectiveness.

TOTAL	(1,050)	()
-------	-----------	-----

APPLICATION FORM 1: APPLICANT INFORMATION

**REQUEST FOR PROPOSAL
RFP # 2007-0903
WIC Program**

DEPARTMENT OF PUBLIC HEALTH, PUBLIC HEALTH INITIATIVES BRANCH
Health Education, Management, and Surveillance Section

Applicant Agency: _____
Legal Name

_____ Address

_____ City/Town State Zip Code

_____ Telephone No. FAX No.

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____
Year 1 Year 2 Year 3

SERVICE AREA REQUESTED: _____

EXPECTED CASELOAD TO BE SERVED: _____
Year 1 Year 2 Year 3

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 that 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.

APPLICATION FORM 2: CONTRACTOR INFORMATION

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

Contract and Legal Documents/Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
		<input style="width: 100%;" type="text"/> Fax No.

Program Progress Reports:

Name	Title	Tel. No.
Street	Town	Zip Code
		<input style="width: 100%;" type="text"/> Fax No.

Financial Expenditure Reporting Forms:

Name	Title	Tel. No.
Street	Town	Zip Code
		<input style="width: 100%;" type="text"/> 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 FORM 3: SERVICES TO BE PROVIDED INFORMATION

1. Describe your experience providing the kinds of services described in the “Services to be Provided” section of the RFP (including Attachment C). Include narrative regarding your ability to meet the needs of a diverse population.

2. Describe the commitment of your organization to and involvement in staff development.

3. Describe the approach to the services you will provide as outlined in the “Services to be Provided” section of the RFP (including the Attachment with further detail). Use the Work plan form to elaborate.

4. Describe how your proposed staff will meet the cultural and linguistic needs of the target population and, if necessary, discuss your plan for augmenting the cultural competence capacity of the staff.

5. Describe how your proposed hours of operation will meet the needs of the WIC Program participants in your area.

APPLICATION FORM 4: SERVICES TO BE PROVIDED INFORMATION
Work plan

(Duplicate as needed)

Services to be Provided	Activities	Staff Responsible	Expected Outcomes and Measures of Success	Timetable

APPLICATION FORM 5: SERVICES TO BE PROVIDED INFORMATION
Proposed Site Description Chart

(COMPLETE ONE FORM FOR EACH SITE MAIN SATELLITE CIRCLE ONE)

Site Name _____ Site Supervisor _____

Estimated caseload at start-up _____ Estimated caseload after 6 months _____

Ongoing Site Y N If No, Proposed opening date _____

DESCRIPTION OF PROPOSED SPACE:

Address _____

Type of facility _____ Host agency _____

Approximate square footage _____

Cost to WIC budget: Rent _____ other _____

General description, including arrangement for use of space (temporary, long-term, rental):

Will anyone else be using this space? Y N At same time? Y N

Specify: _____ At different time? Y N

Is there privacy to determine eligibility? Y N Is there privacy for counseling? Y N

Is there privacy for breastfeeding? Y N

Is the site accessible to physically challenged persons? Y N

Will checks, computers, and participant records be stored at the site? Y N

If Y: Is there an alarm system? Y N Does the office door lock? Y N

Explain other security measures: _____

Who will have keys to this office? _____

Does site meet state/local health codes? Y N Is it safe for small children? Y N

Is the service area smoke-free? Y N

Is maintenance service adequate? Y N Provided by whom? _____

Is the heating system adequate? Y N Is there air conditioning? Y N

Does the proposed site overlap with another program's service area? Y N

Where is the nearest public transportation? _____

What are parking arrangements? _____

How many parking spaces would be available on average to program participants?

→ **If possible, provide a simple drawing or copy of floor plan.**

APPLICATION FORM 5: SERVICES TO BE PROVIDED INFORMATION
Proposed Site Description Chart, Continued

Site Name _____

Describe how this site will benefit participants and program services, and include what is located nearby:

PROPOSED HOURS OF OPERATION: Summarize the days and times you expect this site to be open:

SITE	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Number of days per month site will be open:												
Hours site will be open for participants:												
Estimated participants served per day:												

Discuss the suitability of these hours to meet the needs of the participants of this area:

Give the title and working hours for each staff person who will be regularly assigned to this site:

STAFF	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

**APPLICATION FORM 6: SERVICES TO BE PROVIDED INFORMATION
Staffing/Resumes**

Staff	Name	Title	Hourly Rate	Assigned to Project: # Hrs/wk
*Program Coordinator				
*Program Nutritionist				
*Nutritionist 2				
*Nutritionist 3				
*Nutritionist 4				
Nutrition Aide Staff:				
Position 1				
Position 2				
Position 3				
Clerical Staff:				
Position 1				
Position 2				
Position 3				

****Attach Resumes for all Professional Staff***

TOTAL NUMBER OF SERVICE HOURS PER WEEK:

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



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

**APPLICATION FORM 7: CONTRACT COMPLIANCE
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-68-17 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:

**APPLICATION FORM 8: CONTRACT COMPLIANCE
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-68-17 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

APPLICATION FORM 9: CONTRACT COMPLIANCE Assurances

- (a) 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.**
- (b) **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.
- (c) **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 Section #1-120 of the Connecticut General Statutes (Re: Freedom of Information).
- (d) **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.
- (e) 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.
- (f) 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.
- (g) **Timing and Sequence** - Timing and sequence of events resulting from this RFP will ultimately be determined by the State.
- (h) **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.
- (i) **Oral Agreements** - Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.
- (j) **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.
- (k) **Rejection for Default or Misrepresentation** - The State reserves the right to reject the proposal of any applicant that is in default of any prior contract or for misrepresentation.

APPLICATION FORM 9: CONTRACT COMPLIANCE Assurances, Continued
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- (l) **State's Clerical Errors in Awards** - The State reserves the right to correct inaccurate awards resulting from its clerical errors.
- (m) **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.
- (n) **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.
- (o) **Changes to Proposals** - No additions or changes to the original proposal will be allowed after submittal, unless specifically requested by DPH.
- (p) **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.
- (q) **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:

**Gift/Campaign Contribution Affidavit to Accompany Bid or Proposal
for Large State Contracts, Pursuant to Sections 2, 3 and 4 of Public Act 04-245
and Governor M. Jodi Rell's Executive Order No. 1, para 8.**

I, Type/Print Name and Title, hereby swear that during the two-year period preceding the submission of this bid or proposal that neither myself nor any principals or key personnel of the submitting firm or corporation who participated directly, extensively and substantially in the preparation of this bid or proposal nor any agent of the above gave a gift, as defined in Conn. Gen. Stat. §1-79(e), including a life event gift as defined in Conn. Gen. Stat. §1-79(e)(12), except the gifts listed below:

<u>Name of Benefactor</u>	<u>Name of recipient</u>	<u>Gift Description</u>	<u>Value</u>
<u>Date of Gift</u>			

List information here

to (1) any public official or state employee of the state agency or quasi-public agency soliciting the bids or proposals who participated directly, extensively, and substantially in the preparation of the bid solicitation or preparation of request for proposal or (2) to any public official or state employee who has supervisory or appointing authority over the state agency or quasi-public agency soliciting the bid or proposal.

Further, neither I nor any principals or key personnel of the submitting firm or corporation who participated directly, extensively and substantially in the preparation of this bid or proposal know of any action to circumvent this gift/campaign contribution affidavit.

Further, during the two-year period preceding the submission of this bid or proposal, neither I nor any principals or key personnel of the submitting firm or corporation who participated directly, extensively and substantially in the preparation of this bid or proposal nor any agent of the above gave a contribution to a candidate for statewide public office or the General Assembly, as defined in Conn. Gen. Stat. §9-333b, except as listed below:

<u>Contributor</u>	<u>Recipient</u>	<u>Amount/Value</u>	<u>Date of Contribution</u>
<u>Contribution Description</u>			

List information here

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

Signature

Date

Sworn and subscribed before me on this _____ day of _____, 200__

Commissioner of the Superior Court
Notary Public

APPLICATION FORM 11: BUDGET**Instructions for each of the three years:****1. Budget Summary Sheet**

- For Line Item #1 through #7, **Personnel**, provide for each position:
 - ◆ The name of the position and the name of the person holding that position.
 - ◆ Calculation: include the hourly rate, the # hours per week assigned to work on the project, and the total # of weeks.
 - ◆ The fringe benefit rate.
- For Line Item #12 **Contractual (Subcontracts)** provide the total of all subcontracts that must then be listed on the Subcontractor Schedule.
 - ◆ Note: A nutritionist working under contract would be included on this form.
- Line Item #16, **Other Expenses** are any other types of expense that do not fit into the categories listed.
- For Line Item #17, **Other Program Income** list any other income such as in-kind contributions, fees collected, or other funding sources and include an explanation on the Budget Justification sheet.

2. Budget Justification

- The budget justification sheet must be completed for each line item in the budget that details each item.
 - ◆ Provide an 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 FORM 11: BUDGET, Continued

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 @ \$10 each. \$5,000

Example C: Hourly Rate

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

APPLICATION FORM 11: BUDGET, Continued
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. a. Name & Position: _____ , _____ :	
b. Calculation:	
c. Fringe Benefit: _____ %	
8. Travel – In-State _____ per mile X _____ miles	
9. Space Rental	
10. Supplies	
11. Printing	
12. Contractual (Subcontracts)	
13. Telephone	
14. Postage	
15. Equipment	
16. Other Expenses (List Below)	
a.	
b.	
c.	
d.	
e.	
f.	
g.	
h.	
Total Requested	
17. Other Program Income:	

APPLICATION FORM 11: BUDGET, Continued
Subcontractor Schedule Detail

(**Note: If space allowed is not sufficient for large or complex subcontract budgets, the Budget Summary format may be copied and used instead. Use additional sheets as necessary.**)

Provide the Following Detail for each Subcontractor included in the Budget Summary Contractual line item. Make as many blank sheets as necessary.

Subcontractor Schedule: #1

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

Subcontractor Schedule #2

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

MINIMUM SUBMISSION REQUIREMENTS CHECKLIST

Applicant

Number all pages submitted with the application. Identify below the page numbers on which each of the following is located:

Proposal is completed on Application Forms included in Attachment H:	Page #
Applicant Information Form (Form 1)	_____
Contractor Information Form (Form 2)	_____
Services to be Provided Information Including:	
Services to be Provided Information (Form 3)	_____
Workplan Forms (Form 4)	_____
Proposed Site Description Chart (Form 5) included for each site to be operated.	_____
Staffing (Form 6) Resumes provided for all professional staff assigned to project, or job descriptions for those not already hired Exceptions to Staffing Pattern noted.	_____
Completed Notification to Bidders (Form 7)	_____
Completed Workforce Analysis Questionnaire (Form 8)	_____
Signed Statement of Adherence to Assurances (Form 9)	_____
Affidavit of Proposal (Form 10)	
Budget Summary, Justification, and Subcontractor Schedule (Form 11)	
Bound separately from rest of the proposal	_____ _____
Letters of Support from three references included	_____
Proof of good financial status is provided	_____
An original and eight copies of the completed proposal received by HEMS staff at DPH no later than 4:00pm on February 28, 2007	_____
The proposal is signed by an authorized official of the applicant organization	_____

BIDDERS' CONFERENCE REGISTRATION FORM

RSVP by December 7, 2006

If you would like to attend the WIC Local Agency Services RFP Bidders' Conference on December 11, 2006 from 10 AM-12 PM at the State Capitol-Old Judiciary Room in Hartford, please fax this form to (860) 509-7854.

To: ROLINDA WILLIAMS	Fax: (860) 509-7854
Phone: (860) 509-8084	
From:	
Company Name:	Mailing Address: Email Address:
Phone:	Fax:
Names of Staff who will be attending the Bidders' Conference:	

→ *Directions and a confirmation will be mailed to you.*