

STATE OF CONNECTICUT PROCUREMENT NOTICE

Request for Proposals (RFP) # 2023 – 0903
Preventive Health Strategies
at Work in Connecticut Communities

The Connecticut Department of Public Health (DPH) is seeking proposals from full-time local health departments and districts (LHDs) to implement programs and initiatives to address health issues that align with Healthy People (HP) 2030 goals and objectives and follow recognized evidence-based practices as defined by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC).

The following are major categories of activities to be supported through this request for proposal:

Component A

- **Chronic Disease Prevention and Management** – Address healthy lifestyle choices and policy, systems, and environmental changes to promote healthy eating and active living and reduce rates of heart disease, stroke, and diabetes.
- **Injury and Violence Prevention** – Decrease intentional and unintentional injuries, including sexual violence, motor vehicle injuries, injuries from falls, and suicide and self-directed violence.
- **Community Strength and Resilience** – Promote health and safety in community settings and increase social and community support to address the social determinants of health, including food security, transportation, stable housing, employment, substance use treatment, access to health care, and social connections.

Component B

- **Tobacco Prevention** – Reduce use of all tobacco products in adults and adolescents.

Proposals must identify the public health issues being addressed from the list above, provide a description of the strategies planned to address the public health concern, identify the target population and how the program addresses their needs including health equity, and identify the national and state health status outcome objectives each program will work towards achieving as reflected in HP 2030. Each request for funding must also outline activities that support one or more of the ten essential public health services recognized by the CDC.

This is a competitive bid; all those seeking funding must submit a proposal and follow the guidelines of this Request for Proposal (RFP). This RFP is available in electronic format on the State Contracting Portal at: <https://portal.ct.gov/DAS/CTSource/BidBoard> or from the Department's Official Contact:

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Address: 410 Capitol Avenue, MS# 11HLS,
Hartford, CT 06134
Phone: (860) 509-7665
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The RFP is also available on the Department's website at:

<https://portal.ct.gov/DPH/Request-For-Proposals/Request-for-Proposals>.

Deadline for submission of proposals is Friday, June 2, 2023, at 2:00 PM.

The Agency is an Equal Opportunity/Affirmative Action Employer. The Agency reserves the right to reject any and all submissions or cancel this procurement at any time if deemed in the best interest of the State of Connecticut (State).

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I. GENERAL INFORMATION

■ A. INTRODUCTION

1. RFP Name and Number

Preventive Health Strategies at Work in Connecticut Communities, DPH RFP Log # 2023 - 0903

2. RFP Summary

The Connecticut Department of Public Health (CT DPH) is seeking proposals from full-time local health departments and districts to implement programs to address Chronic Disease Prevention & Management, Injury & Violence Prevention, Community Safety & Supports, and/or Tobacco Prevention to address Healthy People 2030 goals and objectives using evidence-based interventions within their communities.

3. RFP Purpose

The CT DPH is seeking proposals from full-time local health departments and districts to implement programs and initiatives to address health issues that align with Healthy People (HP) 2030 goals and objectives and follow recognized evidence-based practices as defined by the U.S. Department of Health and Human Services Centers for Disease Control and Prevention (CDC).

The following are major categories of activities to be supported through this request for proposal:

Component A

- **Chronic Disease Prevention and Management** – Address healthy lifestyle choices and policy, systems, and environmental changes to promote healthy eating and active living and reduce rates of heart disease, stroke, and diabetes.
- **Injury and Violence Prevention** – Decrease intentional and unintentional injuries, including sexual violence, motor vehicle injuries, injuries from falls, and suicide and self-directed violence.
- **Community Strength and Resilience** – Promote health and safety in community settings and increase social and community support to address the social determinants of health, including food security, transportation, stable housing, employment, substance use treatment, access to health care, and social connections.

Component B

- **Tobacco Prevention** – Reduce use of all tobacco products in adults and adolescents.

Applicants may apply for funds under Component A, Component B, or Components A and B.

Proposals must identify the public health issues being addressed from the list above, provide a description of the strategies planned to address the public health concern, identify the target population and how the program addresses their needs including health equity, and identify the national and state health status outcome objectives each program will work towards achieving as reflected in HP 2030. Each request for funding must also outline activities that support one or more of the ten essential public health services recognized by the CDC.

4. Commodity Codes. The services that the Department wishes to procure through this RFP are as follows:

- 600: Services (Professional, Support, Consulting and Misc. Services)
- 1000: Drug Addiction Prevention or Control Services
- 1000: Health Service Planning
- 2000: Community and Social Services

- 3000: Education and Training Services
- 8000: Management and Business Professionals and Administrative Services

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

BFO	Best and Final Offer
CDC	Centers for Disease Control and Prevention
CFHPS	Community Family Health & Prevention Section
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
DPH	Department of Public Health (CT), 'the Department'
FOIA	Freedom of Information Act (CT)
HP	Healthy People
IRS	Internal Revenue Service (US)
LHD	Local Health Department or District
LOI	Letter of Intent
OAG	Office of the Attorney General
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
PHHS	Preventive Health and Health Services
PHHSBG	Preventive Health and Health Services Block Grant
PM	Performance Measure
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request for Proposal
SEEC	State Elections Enforcement Commission (CT)
SMART	Specific, Measurable, Achievable, Relevant and Time-phased
U.S.	United States
WHO	World Health Organization

- **Community:** A group of people who share some or all of the following characteristics: sociodemographic, geographic boundaries, sense of membership, culture, language, common norms, and interests (CommonHealth ACTION, adapted from the CDC).
- **Contractor:** A LHD or municipality that enters into a POS contract with the Department as a result of this RFP.
- **Health:** A state of complete physical, mental, and social well-being, not merely the absence of disease (World Health Organization [WHO], 1948).
- **Health Equity:** Equity in health refers to how uniformly services, opportunities, and access are distributed across groups and places, according to the population group. Equity in health implies that ideally everyone could attain their full health potential and that no one should be disadvantaged from achieving this potential because of their social position or other socially determined circumstance. Efforts to promote equity in health are therefore aimed at creating opportunities and removing barriers to achieving the health potential of all people. It involves the fair distribution of resources needed for health, fair access to the opportunities available, and fairness in the support offered to people when ill. (Adapted from the World Health Organization Concept Paper as cited by the American Medical Student Association, n.d.).

- Local Health Departments and Districts (LHDs): Currently, Connecticut has 54 full-time local health agencies (municipal health departments and regional health districts) serving over 98% of the State's population. Local health agencies' responsibilities include the enforcement of the Connecticut Public Health Code and mandated services as prescribed by CGS Section 368e (municipal) and Section 368f (district). For more information about CT's local health infrastructure and contact information for local health agencies in CT, visit: <https://portal.ct.gov/DPH/Local-Health-Admin/LHA/Local-Health-Administration>.
- Preventive Health and Health Services Block Grant: The Preventive Health and Health Services (PHHS) Block Grant Program provides federal funding for 61 recipients: all 50 states, the District of Columbia, 2 American Indian tribes, 5 US territories, and 3 freely associated states. This program gives recipients the ability to address prioritized public health needs in their jurisdictions in collaboration with local and tribal public health agencies and organizations. Recipients set their own goals and program objectives and implement local strategies to address national health priorities. The PHHS Block Grant Program is administered by CDC's Center for State, Tribal, Local, and Territorial Support. The CT DPH is designated as the principal state agency for the allocation and administration of the PHHSBG within Connecticut.
- Proposer or Applicant: A local health department or district or municipality that has submitted a proposal to the Department in response to this RFP.
- Prospective Proposer: A local health department or district or municipality that may submit a proposal to the Department in response to this RFP but has not yet done so.
- Social Determinants of Health (SDoH): The conditions in which people are born, grow, live, work, age and die, including the health system. These circumstances are shaped by the distribution of money, power, and other resources at global, national, and local levels. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between communities. (Adapted from the WHO Commission on Social Determinants of Health).
- Subcontractor: An individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP.

■ C. INSTRUCTIONS

1. Official Contact

The Department of Public Health, herein known as the Department, has designated the individual below as the Official Contact for purposes of this RFP. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of the agency. Proposers, prospective proposers, and other interested parties are advised that any communication with any other agency employee(s) (including appointed officials) or personnel under contract to the Department about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

Name: Donette Wright
Address: Connecticut Department of Public Health,
410 Capitol Avenue, MS#11HLS,
Hartford, CT 06134
Phone: (860) 509-7665
E-Mail: Donette.Wright@ct.gov

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

2. Registering with State Contracting Portal

Respondents must register with the State of CT contracting portal at <https://portal.ct.gov/DAS/CTSource/Registration> if not already registered. Respondents shall submit the following information pertaining to this application to this portal (on their supplier profile), which will be checked by the Department contact.

- Secretary of State recognition – Click on appropriate response
- Non-profit status, if applicable
- Notification to Bidders, Parts I-V
- Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

3. RFP Information

The RFP, amendments to the RFP, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Agency's RFP Web Page: <https://portal.ct.gov/DPH/Request-For-Proposals/Request-for-Proposals>
- State Contracting Portal (go to CTsource bid board, filter by "Department of Public Health"): <https://portal.ct.gov/DAS/CTSource/BidBoard>

It is strongly recommended that any proposer or prospective proposer interested in this procurement check the Bid Board for any solicitation changes. Interested proposers may receive additional e-mails from CTSource announcing addendums that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFP.

4. Procurement Schedule

See below. Dates after the due date for proposals ("Proposals Due") are non-binding target dates only (*). The DPH may amend the schedule as needed. Any change to non-target dates will be made by means of an amendment to this RFP and will be posted on the State Contracting Portal and the Department's RFP Web Page.

- RFP Released: 4/14/2023
- Letter of Intent Due: 4/28/2023 (not required)
- Deadline for Questions: 5/5/2023
- Answers Released: 5/10/2023
- Proposals Due: Friday, June 2, 2023, by 2:00 PM
- Projected Start of Contract: 10/1/2023

5. Contract Awards

The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. Applicants may apply for funds under Component A, Component B, or Components A and B. The Department anticipates the following:

- Number of Awards: Ten (10) to twenty (20)
- Individual Award Floor: \$150,000 (\$30,000 annually)
- Individual Award Ceiling: \$500,000 (\$100,000 annually)
- Contract Cost: Varies
- Contract Term: Start: No earlier than 10/1/2023, and
End: 9/30/2028 (approximately 5 years)

6. Eligibility

Municipal health departments and regional health districts are eligible to submit proposals in response to this RFP. Individuals who are not a duly formed business entity are ineligible to participate in this procurement.

7. Minimum Qualifications of Proposers

To qualify for a contract award, a proposer must have the following minimum qualifications:

Applications will be accepted from municipal health departments and regional health districts. Proposals shall include demonstrated experience working collaboratively within their communities. Additional points will be awarded to areas that demonstrate higher rates of chronic disease and injury-related morbidity and mortality and to proposals that demonstrate multiple formal partnerships, including community-based organizations, local healthcare, behavioral health, and social service providers.

Proposals will be screened for completeness and compliance with the requirements specified in the RFP. Applicants who fail to follow instructions or to include all required elements will be deemed incomplete and removed from further review. In addition, applicants with outstanding unresolved issues on current and prior year contracts with the Department may be removed from consideration for additional funding.

8. Letter of Intent

A Letter of Intent (LOI) is not required by this RFP but is considered optional. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact by e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including name, postal address, telephone number, fax number, and e-mail address. It is the sender's responsibility to confirm the Department's receipt of the LOI. A sample LOI is included in the appendices.

9. Inquiry Procedures

All questions regarding this RFP or the Department's procurement process must be directed, in writing, electronically (e-mail) to the Official Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally – neither in person nor over the telephone. All questions received before the deadline will be answered. However, the Department will not answer questions when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFP, or the procurement process will not be answered. At its discretion, the Department may or may not respond to questions received after the deadline. The Department may combine similar questions and give only one answer. All questions and answers will be compiled into a written amendment to this RFP. If any answer to any question constitutes a material change to the RFP, the question and answer will be placed at the beginning of the amendment and duly noted as such.

The Department will release the answers to questions on the date(s) established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's RFP Web Page. At its discretion, the Department may distribute any amendments to this RFP to prospective proposers who submitted a Letter of Intent.

10. RFP Conference

An RFP conference will not be held to answer questions from prospective proposers; however, the Department will accept questions in writing regarding the RFP.

11. Proposal Due Date and Time

The Official Contact, or designee, is the **only authorized recipient** of proposals submitted in response to this RFP. Proposals must be received by the Official Contact on or before the due date and time:

- **Due Date: Friday, 6/2/2023**
- **Time: 2:00 PM EST**
- Allowable Formats:
 - Electronic copy of the proposal submitted via email to the email address: Donette.Wright@ct.gov

An acceptable submission must include the following:

- One (1) conforming electronic copy of the original proposal.
- The proposal must be complete, properly formatted and outlined, and ready for evaluation by the Review Committee.

The electronic copy of the proposal must be emailed to official agency contact for this procurement: Donette.Wright@ct.gov. The subject line of the email must read: Local PHHS RFP [insert name of applicant organization]. Required forms and appendices may be scanned and submitted as PDFs at the end of the main proposal document. Please ensure the entire email submission is less than 25MB as this reflects the Department's server limitations. Respondents should work to ensure there are not additional IT limitations from the provider side.

Proposals received after the due date and time will be ineligible and will not be evaluated. The Department will send an official letter alerting late respondents of ineligibility.

12. Multiple Proposals

The submission of multiple proposals from the same primary/named applicant is not an option with this procurement. The submission of multiple proposals is an option with this procurement if an organization is listed as the contractor in one proposal and a subcontractor in the other(s).

An application may contain more than one organization if there is a formal partnership established.

Two (2) local entities who serve overlapping populations within the same town or city or jurisdiction will not both be funded. Applicants may choose to compete with an overlapping entity or may coordinate prior to applying. One (1) entity would still have to be the primary/named applicant but could use the budget to support staff and activities in the coordinating organizational entity.

II. PURPOSE OF RFP AND SCOPE OF SERVICES

■ A. DEPARTMENT OVERVIEW

Connecticut Department of Public Health (DPH) is the state's leader in public health policy and advocacy. The Department is the center of a comprehensive network of public health services and is a partner to local health departments and districts. The agency provides advocacy, training and certification, technical assistance and consultation, and specialty services such as risk assessment that are not available at the local level.

The agency is a source of accurate, up-to-date health information to the Governor, the Legislature, the Federal government, and local communities. This information is used to monitor the health status of Connecticut's residents, set health priorities, and evaluate the effectiveness of health initiatives. The agency is focused on health outcomes, maintaining a balance between assuring quality and administrative functions among personnel, facilities, and programs. DPH is a leader on the national scene through direct input to Federal agencies and the United States Congress.

The mission of DPH is to protect and improve the health and safety of the people of Connecticut by:

- Assuring the conditions in which people can be healthy
- Preventing disease, injury, and disability, and
- Promoting the equal enjoyment of the highest attainable standard of health, which is a human right and a priority of the state.

At the Department of Public Health, we emphasize evidence-based practices based on the collection of health data to shape our policy and program initiatives. We work together with our partners and others to provide an integrated public health system that maximizes the public's investment in public health.

Chronic diseases are the number one cause of death and disability in Connecticut and the United States for men and women, and across all racial and ethnic groups. This RFP is being issued by the Chronic Disease Unit of the Community, Family Health, and Prevention Section (CFHPS).

■ B. PROGRAM OVERVIEW

Component A

The Preventive Health and Health Services Block Grant (PHHSBG) is administered by the United States Department of Health and Human Services through its administrative agency, the CDC. The DPH is designated as the principal state agency for the allocation and administration of the PHHSBG within Connecticut.

The PHHSBG, under the Omnibus Reconciliation Act of 1981, Public Law 97-35 (as amended by the Preventive Health Amendments of 1992, Public Law 102-531), provides funds for the provision of a variety of public health services designed to reduce preventable morbidity and mortality, and to improve the health status of target populations. Given that priority health problems and related resource capacity of states vary, Congress redirected the funding previously awarded through six (6) separate categorical public health grants to create the PHHSBG in 1981. Thus, the PHHSBG affords each state much latitude in determining how best to allocate these federal funds to address specific state priorities.

The DPH uses this flexible funding to implement, support, and coordinate statewide prevention efforts that are aligned with the state's health priorities and to support activities consistent with making progress toward achieving the objectives in the national public health plan, also known as Healthy People (HP). All PHHSBG-funded activities and budgets must be categorized under HP selected topics and related risk reduction goals and objectives, including a focus on health equity and HP2030, which is our national health objectives.

The DPH Community, Family, and Prevention Section includes the heart disease and stroke Prevention Program (HDSP), the Diabetes Prevention and Control Program (DPCP), and the Nutrition, Physical Activity and Obesity Program. These programs are committed to improving cardiovascular health and quality of life through the prevention, detection, and treatment of chronic disease risk factors, such as high blood pressure, diabetes, poor nutrition, and lack of physical activity. This includes reducing the rate of type 2 diabetes through prevention efforts targeted towards high-risk individuals and improving the quality of life through education programs for those already diagnosed with type 2 diabetes. In addition, implementing the Chronic Disease Self-Management Programs (CDSMP) helps those diagnosed with cardiovascular disease and other chronic diseases live healthier lives by learning important self-management skills. Also, the DPH works with state and local partners to develop and implement policy, systems, and environmental changes addressing healthy eating and physical activity.

Component B

The DPH Tobacco Control Program works to enhance the well-being of Connecticut's residents by promoting tobacco-free lifestyles and by educating communities about the economic and health costs and consequences of tobacco use such as heart disease and stroke. Tobacco use is the single most avoidable cause of morbidity and mortality.

The Program coordinates and assists state and local efforts to prevent people from starting to use tobacco, to help current users quit, to reduce nonsmokers' exposure to both secondhand and thirdhand smoke and aerosol, and to reduce disparities related to tobacco use.

To summarize, the Program has the following goals:

- 1) To prevent the initiation of tobacco use.
- 2) To promote quitting among young people and adults.
- 3) To eliminate exposure to secondhand smoke.
- 4) To identify and eliminate the disparities related to tobacco use and its effects on diverse population groups.

The Program works on a variety of initiatives in each goal area that follows the Centers for Disease Prevention and Control Best Practices for Comprehensive Tobacco Control Programs, 2014 and other national best practice recommendations. An Overview of these CDC Best Practices can be found in the appendices. Activities include the following: (1) prevention activities such as community intervention programs and proposed policy changes, (2) cessation activities including a statewide Quitline (www.CommitToQuitCT.com) and, community cessation programs, (3) mass reach communication activities such as multi-faceted media campaigns, (4) secondhand smoke and aerosol activities such as public education, technical assistance, and sharing of resources, and (5) surveillance and evaluation to inform program planning.

Funds will be made available to LHDs annually to further support tobacco prevention and control activities.

Health Equity

DPH is committed to the elimination of health inequities. Racial and ethnic minorities and Connecticut's vulnerable residents experience health inequities, and therefore do not have the same opportunities as other groups to achieve healthy outcomes. Throughout the various components of the proposal, proposers are required to address the extent to which health disparities and/or health inequities are manifested in their communities. The proposer must also explain how the proposed program services and/or activities will address these disparities. DPH will select and/or fund local agencies based on demonstrated health disparities among racial and ethnic populations, populations with low socioeconomic status, low educational attainment, spatial limitations such as inability to travel required distance for health services, adverse environmental factors such as lack of neighborhood resources, health inequalities due to sex and gender, and those with the highest burden of chronic disease such as hypertension, heart disease, type 2 diabetes, and obesity.

To maximize public health impact, policy, systems, environmental, and programmatic strategies that address social determinants of health (SDOH) have the potential to narrow disparities in many chronic diseases by removing systemic and unfair barriers to practicing healthy behaviors. Sustaining positive health outcomes requires a focus not just on individual behaviors and patient care, but on root causes of disparities and community-wide approaches aimed at improving population health. Healthy People 2030 categorizes SDOH into five domains: 1) Economic Stability; 2) Education Access and Quality; 3) Health Care Access and Quality; 4) Neighborhood and Built Environment; and 5) Social and Community Context. Based on the five domains of Healthy People 2030, CDC's National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) developed an integrated framework to address SDOH (<https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>) with a specific focus on five determinants that impact chronic disease risk factors and health outcomes: 1) Built Environment, 2) Community-Clinical Linkages, 3) Food and Nutrition Security, 4) Social Connectedness, and 5) Tobacco-Free Policy. Leadership from public health officials, multi-sector partners, and community representatives is essential to developing an action plan and implementing strategies that address SDOH in diverse sectors such as housing, healthcare, transportation, and human services.

■ C. MAIN PROPOSAL COMPONENTS (15 page maximum)

1. Applicant Organizational Description and Profile (10% of review criteria)

The purpose of this subsection is to state the organizational requirements (beyond eligibility and minimum requirements) for applicants and to offer guidance in providing the necessary information about the proposer's administrative and operational capabilities.

The information requested in subsection a – f below can be provided in bulleted format rather than a narrative:

a. Purpose, Mission, and Vision

The proposer must provide a brief overview of the history and structure of the organization. The proposer must explain how the proposal will fit into the organization's overall mission and meet the intent of this RFP. Proposers with long-standing, significant unresolved issues on current and/or prior year contracts with the Department may be removed from consideration for additional or future funding.

b. Entity Type / Years of Operation / Functional Organization / Governance System

The proposer must indicate entity type, years of operation, organization function, and governance structure. Proposals will be accepted from Connecticut municipalities and local health departments and districts. Individuals who are not a duly formed business entity are ineligible to participate in this procurement. The proposal must contain a completed Cover Sheet, Contractor Information Form, and a signed Notification to Bidders Form, which are included in the attached Application Forms (See Section VI). Provide the name, title, address, and telephone 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 by the Department 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 ID number and/or town code number. Ensure completion of Cover Sheet and Applicant Information Form (See Section VI.B.).

c. Current Range of Services / Clients

Describe the current range of services provided by the applicant organization and populations served, including the annual number of individuals reached.

d. Location of Office(s) or Facilities / Hours of Operation

The proposer must define locations where activities will or may be provided and hours of operation, including nontraditional locations and hours; include an accompanying description of how residents can reach their organization.

e. Accreditation / Certification / Licensure (if applicable)

Define any organizational accreditations, certifications, or licensure.

f. Relevant Experience

Organization's experience addressing the health topic selected from the following areas:

- Chronic Disease Prevention and Management
- Tobacco Prevention
- Injury Prevention
- Community health, safety, and social support to address the social determinants of health

2. Service Requirements - Scope of Services (45% of review criteria)

Applicants may apply for funds under Component A, Component B, or Components A and B described below. Proposals must state the public health issue or issues that the applicant local health department or district will address from the list below, provide a description of the strategies being proposed to address the public health concern(s), identify the target population and how the program will address the targeted population needs, how it will address health inequities for the target population, and identify the national and state health status outcome objectives each program will work towards achieving as reflected in Healthy People 2030. Program design can incorporate multiple Healthy People objectives, provided a coordinated implementation plan and adequate budget are described within the proposal. Each program request for funding must also outline activities that support one or more of the ten essential public health services recognized by the CDC. **See Appendix VI. for examples of evidence-based strategies and interventions.**

Component A:**Chronic Disease Prevention and Management, Injury Prevention, and Community Strength and Resilience****Chronic Disease Prevention and Management**

In 2019, heart disease and stroke accounted for 27.1% of all deaths in CT. Block grant dollars can be used to support efforts to decrease the incidence of heart disease, stroke, and diabetes through local health departments and provide education for those already diagnosed with these and other chronic conditions. Activities will include implementing community-wide policy and/or environmental change initiatives to reduce chronic disease risk factors by decreasing obesity, improving dietary habits, and increasing physical activity.

Problem to be addressed

Improve cardiovascular health and quality of life through the prevention, detection, and treatment of risk factors such as high blood pressure, diabetes, poor nutrition, and lack of physical activity.

HP2030 Objectives:

- HDS-2 Reduce Coronary Heart Disease Deaths
- HDS-05 Increase control of high blood pressure in adults
- D-01 Reduce the number of diabetes cases diagnosed yearly
- D-D01 Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs
- PA 02 Increase the proportion of adults who do enough aerobic physical activity for substantial health benefits
- PA-09 Increase the proportion of children who do enough aerobic physical activity.

- MICH-16 Increase the proportion of infants who are breastfed at 1 year.
- NWS-03 Reduce the proportion of adults with obesity.
- NWS-06 Increase fruit consumption by people aged 2 years and over.
- NWS-07 Increase vegetable consumption by people aged 2 years and older.

Injury Prevention

Problem to be addressed

Decrease preventable intentional and unintentional injury-related morbidity and mortality by addressing motor vehicle crashes, falls, sexual violence, suicide, and self-directed violence.

HP2030 Objectives:

- IVP-06 Reduce deaths from motor vehicle crashes
- IVP-07 Reduce the proportion of deaths of car passengers who weren't buckled in
- IVP-08 Reduce fall-related deaths among older adults
- OA-03- Reduce the rate of emergency department visits due to falls among older adults
- IVP-D05 Reduce contact sexual violence
- IVP-17 Reduce adolescent sexual violence by anyone
- MHMD01 Reduce the suicide rate
- MHMD02 Reduce suicide attempts by adolescents [10-17 years old]

Community Strength and Resilience

Problem to be addressed

Promote health and safety in community settings and increase social and community support to address the social determinants of health (SDOH), including food security, transportation, stable housing, employment, substance use treatment, access to health care, and social connections.

HP2030 Objectives:

- EH-02 Increase trips to work made by mass transit.
- PA-10 Increase the proportion of adults who walk or bike to get places.
- AH-02 Increase the proportion of adolescents who have an adult they can talk to about serious problems
- NWS-01 Reduce household food insecurity and hunger.
- PA-10 Increase the proportion of adults who walk or bike to get places.
- AHS-01 Increase the proportion of people with health insurance
- AHS-04 Reduce the proportion of people who can't get medical care when they need it
- Proposed activities to address SDOH may also support any of the Chronic Disease Prevention and Management or Injury Prevention objectives listed above.

Component B

Tobacco Prevention

Dollars are also available to support efforts to offer community-based, in-person cessation programs to Connecticut residents, by supplying funding to LHDs to offer this tobacco use cessation sessions among other prevention activities such as implementing tobacco prevention-related policies and environmental changes as well as health systems changes to encourage providers to screen, treat, and refer for tobacco cessation.

Problem to be addressed

Reduce tobacco use by expanding access to evidence-based tobacco cessation treatments, including individual, group, and telephone counseling and FDA-approved cessation medications.

HP2030 Objectives:

- TU-01 Reduce current tobacco use in adults
- TU-02 Reduce current cigarette smoking in adults
- TU-04 Reduce current tobacco use in adolescents
- TU-05 Reduce current e-cigarette use in adolescents

a. Service Area

A local health department or district (LHD) will serve as the primary lead to carry out preventive health and health services activities within their community. A clearly defined catchment area must be identified for the delivery of services. (Note: Referencing statewide service capacity does not fulfill the target catchment area.) The contractor must clearly define their service area by naming the towns and cities supported, and the contractor's approach or methodology must be addressed in the proposal. Two (2) local entities who serve overlapping populations within the same town/city or jurisdictional catchment area will not both be funded. Applicants may choose to compete with an overlapping entity or may coordinate prior to applying. One entity is required to be the primary/named applicant but could use the budget to support staff and activities in the coordinating organizational entity.

b. Program Collaboration / Coordination

Proposals that build upon existing resources and services and promote collaboration among various agencies will be given top scores in this area.

The applicant organization must commit to working with the Department's program and epidemiology staff and the Centers for Disease Control and Prevention to access jurisdiction-level data and disseminate both statewide and local data, prevention best practices, and success stories to local partners in order to inform strategic interventions.

The nature of preventive health and health services highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach, of which collaborations are a cornerstone. No single player can address all the levers that impact community health. To accomplish the work under this RFP, applicant organizations will need to engage in, coordinate with, and leverage partnerships and collaborations with a broad swath of multi-level, multi-sector partners who can aid in successful implementation and evaluation. It is expected that collaborators selected to partner with the applicant organization will have extensive knowledge of the identified target populations and demonstrated experience addressing the selected focus area: Chronic Disease Prevention and Management, Tobacco Prevention, Injury Prevention, and/or Community Health, Safety, and Social Support to address the social determinants of health

Below are suggested collaborations, dependent upon the strategies being pursued. A Letter of Support is requested for each proposed collaboration. Applicant organizations must include PDF files with their electronic proposal submitted via email.

Encouraged collaborations are as follows:

- Healthcare systems, hospitals, and health and behavioral health care providers
- Other municipal partners, including social service agencies
- Community-based organizations (YMCAs, senior centers, faith-based organizations, food pantries, parks and rec, etc.)
- Regional Behavioral Health Action Organizations (RBHAOs), <https://www.ct.gov/dmhas/cwp/view.asp?q=601578>
- Local and/or regional substance abuse and/or behavioral health coalitions or organizations
- Local treatment and recovery support, facilities, and providers
- Public safety and first responders

Regardless of the strategies selected, applicant organizations are strongly encouraged to describe other strategic partnerships and collaborations with organizations that will make this work stronger and more impactful or may have a role in achieving the outcomes and proposed activities in this RFP, such as traditional and social media, non-government organizations, non-profit agencies, public health and public safety communities, and the business community.

Additional points will be awarded to areas that demonstrate higher rates of chronic disease and injury-related morbidity and mortality and to proposals that demonstrate multiple formal partnerships.

If the applicants receive current funding from state agencies for related activities, a brief description should be included in this proposal. New work plans should not duplicate previously funded activities but rather expand upon such activities, for example by enhancing the scope or extending the duration of services.

c. Documentation of Community Needs and Gaps / Resources

Demonstrate an understanding of the uniqueness of the target population by describing the service and resource needs as well as identifying gaps in these areas. A community health assessment conducted within the last five (5) years should be communicated in the proposal. If not available, first year activities must include conducting a community health assessment in the work plan. A description of the community demographics and impact on the target population should be incorporated, including demonstrating specific consideration of populations(s) of highest risk as well as populations that have been historically underserved. Applicant organizations must justify the rationale for selection of target population(s) and describe how their inclusion will help to achieve the program purpose of decreasing chronic disease and injury-related morbidity and mortality. Data-driven identification of target population(s) is encouraged.

d. Service Components and Activities

Successful proposals must include the following items in their implementation:

- Plans that exhibit multiple formal partnerships or plans to work with various community partners.
- Established capability to work with multiple diverse and high-risk populations throughout the project.
- Facilitation of community educational forums, trainings, and technical assistance to their project partners throughout the project timeline.
- Dissemination of CDC, DPH, and other agencies' prevention campaign materials.
- Collection and/or completion of all evaluations associated with the project by the Department.
- Ability for a single, consistent staff person to coordinate the project.

The project coordinator, or his or her designee, will be required to:

- Attend monthly in-person or teleconference meetings, trainings, and technical assistance opportunities as they are scheduled by the Department.
- Submit written reports to the Department on project activities and deliverables, including writing 'Success Stories' achieved, and best practices implemented within their local jurisdiction in a format determined by the Department.
- Compile products, tools, and materials created by local agencies.
- Submit fiscal reports reflecting grant spending.
- Meet in-person with other community stakeholders as needed to meet project deliverables.
- Ability to access identified data sources through computer databases and software.

As part of the proposal, include a description of any existing funding available to the applicant organization that includes preventive health and health service activities at the local level. Explain how these funds will be used to enhance or expand current efforts and how the applicant will ensure there is no duplication of activities.

3. WORK PLAN (17% of review criteria)

A comprehensive and realistic work plan must be provided on the Work Plan Form included in Section VI. The work plan must be consistent with the RFP and the project's goals and required activities. The work plan must include specific details about project goals, interventions, or services to be provided, the responsible staff position and target population for each activity, timeframe for completion, including a project start date, and the expected outcome or measure of success for that activity. Detail should be provided about the relationship and tasks to be performed by each subcontractor.

The applicant organization must prepare a detailed work plan for the first two (2) years of the award (Period 1: 10/1/2023-9/30/2024; Period 2: 10/1/2024-9/30/2025) and a high-level plan for subsequent years (Periods 3, 4, and 5). If funded, the Department will provide feedback and technical assistance to help finalize the work plan post-award. At a minimum the work plan should:

- Describe major strategies and activities to be conducted to meet the proposed program outcomes.
- List objectives that are Specific, Measurable, Achievable, Relevant, and Time-phased (SMART) during the first 6-month budget period. The applicant should also develop a long-term work plan of overarching goals that will be accomplished over the entire contract project cycle tied to the identified outcome measures.
- Provide a timeline that identifies key activities and assigns approximate dates for inception and completion.
- Describe the multisector collaboration that will be utilized to assist in carrying out the proposed activities.
- Describe staff and administrative roles and function to support implementation of the award, including subcontractor roles and evaluation functions.
- Explain how lessons learned will be translated and disseminated.

The proposed work plan shall focus on several evidence-based practices and strategies to help address chronic disease and injury prevention and social and community support to advance promising public health program practices. All services should be described in as much detail as possible. Program goals and objectives should be clearly identified along with a working timeline of all project activities and deliverables.

The detailed work plan form shall be completed in the required format provided in the attachments and included as an Appendix. It does not count toward the page limit. (See Section VI.)

4. Staffing Plan (10% of review criteria)

The proposal must describe the staff assigned to this project, including the extent to which they have the appropriate training, experience, and sufficient time allocated to perform assigned duties. Staff should have familiarity with evidence-based programming and have the ability to address the needs of the target population.

These funds, once awarded, will support dedicated staff time and project coordination. Proposals should include details on current staff expected to be employed through this project. Project Coordinators will be expected to attend trainings and meetings as they are scheduled and to provide written reports to the Department. Permissible use of these funds related to staff include the following: salary, fringe benefits, and mileage reimbursement for travel to and from meetings and trainings.

The proposer must describe the administrative structure and oversight for the program. Identify the coordinator/supervisor and the individuals that will comprise the program and the staff assigned, including:

- a) Job descriptions, hours per week, and hourly rates must be provided for all staff assigned to this project on the Staffing Form included in Section VI.
- b) Resumes must be provided for all management and professional staff assigned to this project. One person shall function as the single point of contact for the program. If current staff will be assigned to the Project Coordinator role, include a current resume in the attachments. If staff will be hired, include an outline of the job description in the attachments, and outline a recruitment and hiring schedule.
- c) The applicant organization must complete and attach an organizational Work Force Analysis included in Section VI.
- d) A current organizational chart for the lead agency must be submitted with the attachments.
- e) The applicant organization must also provide evidence that their organization will utilize small and minority businesses whenever feasible and appropriate in the purchase of supplies and services.

5. Data and Technology (12% of review criteria)

Successful proposers will clearly describe experience in the following criteria:

a. E-Mail/Internet Capabilities

Applicant organization must define current capabilities as well as system restrictions. Proposers must have access to and be able to access email and the internet for the purposes of data collection and record reporting, as well as for any required or recommended DPH webinars and teleconferences.

b. IT Infrastructure / Hardware & Software Quality

Proposer must describe current operating system, including indicating any staff assigned to IT management. Such individual's name and contact information must be included.

c. Data Collection / Storage / Reporting

Successful proposals must develop and/or maintain a data collection system or database that has the ability to collect, store, and report any data elements to DPH that are needed in order to report on program outcomes, such as the number served, participant information (including sociodemographic data), policy adoption status, and partner communication lists. All data files should be set up, maintained, and shared in accordance with DPH security and confidentiality requirements. Sociodemographic data should be collected in accordance with the Department's Policy on Collecting Sociodemographic Data (HE03000-SD-Data-Collect-Policy-032117_nohyperlink.pdf), which at a minimum includes age, ethnicity, race, sex/gender, level of English proficiency, preferred spoken language and veteran status. The database will be used to track education and outreach activities conducted under this contract, and it will be submitted to the Department for review and approval.

The applicant must briefly describe existing or proposed software that the applicant organization will utilize to develop a database in order to record sociodemographic and service utilization data on activity reach. Include in the description, database management including quality assurance (e.g., conduct periodic data assessments to evaluate the quality, accuracy, and validity of the data; assess, and validate data collection methods utilized by staff). Discussion of data management must include plans for quality improvement such as modifications to operations, protocols, data elements, software and/or equipment, staff training, and improved communication methods.

Successful proposals will also be required to track performance measures and program indicators, as outlined by the Department in subsequent contract language. Monthly and/or quarterly reports will be required from each contractor to report program data on an ongoing basis. The frequency of the reports will depend on the type of program and services to be offered and will be at the discretion of the Department. The applicant will also be expected to respond to evaluation questions on data

submissions and program operations and may be expected to make data collection modifications in order to assure outcome measures are being tracked.

6. Subcontractors *(included in Staffing Plan review criteria)*

If subcontractors are utilized for the provision or delivery of a service, the purpose of this subsection is to specify the information to be provided about the administrative and Operational capabilities of each such subcontractor.

If subcontractors will be used in the proposed program, specify the following information for each one:

- Legal Name of Agency, Address, FEIN
- Contact Person, Title, Phone, E-mail
- Services Currently Provided
- Services To Be Provided Under Subcontract
- Subcontractor Oversight
- Subcontract Cost and Term
- Subcontractor Qualifications (see Staffing Requirements above)

NOTE: The proposal must include a completed Subcontractor Schedule A—Detail Form for each subcontractor proposed (If known at application time, otherwise, will be required to submit during contract negotiations, see Section V1. - Appendices).

7. Cost Proposal *(6% of review criteria)*

a. Financial Requirements – Profile

The purpose of this subsection is to state the financial requirements of this RFP and provide guidance to the applicant for submitting appropriate information on fiscal stability, accounting and financial reporting systems, or relevant business practices.

Monthly or triannual expenditure reports will be required, dependent on the type and cost of program to be provided. Budget basis programs will require expenditure reports that are submitted to the Department through an electronic reporting system, Core-CT. Any services that are going to be provided on a fee-for-service basis need to include an invoice.

b. Budget Requirements – Budget and Budget Narrative

The purpose of this subsection is to identify budget requirements and to specify the required information and materials to be submitted explaining how the applicant developed the proposed budget and cost allocations.

The proposal must contain an itemized budget with justification for each line item on the budget forms included in the Application Forms in Section VI. A detailed budget is required for each of the five budget periods. Applicants may apply for funds under Component A, Component B, or Components A and B. Applicants applying for funds under Component A and B must supply separate budgets that combined do not exceed the annual award ceiling: \$100,000.

Funding Period One	October 1, 2023 – September 30, 2024
Funding Period Two	October 1, 2024 – September 30, 2025
Funding Period Three	October 1, 2025 – September 30, 2026
Funding Period Four	October 1, 2026 – September 30, 2027
Funding Period Five	October 1, 2027 – September 30, 2028

- a. All costs (salaries, travel, supplies, etc.) must be included in the contract price. Applicants may include media purchases within their budget as it relates to their work plan. Any organization including administrative and general costs as part of the project budget must also provide their cost allocation plan that identifies what categories of costs are included in the plan and how they are allocated. Competitiveness of the budget will be considered as part of the proposal review process.
- b. 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.
- c. 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.
- d. The proposed budget is subject to change during the contract award negotiations.
- e. Use of subcontractors is allowed. Subcontractor information and details also must be in the itemized budget. Subcontractor Schedule A – Detail form must be completed. All information required of the contractor must be applied to the subcontractor as well.
- f. Copies of state set aside certifications for small and/or minority business must also be provided.
- g. Payments will be negotiated based on time frames and deliverables described in Section V of this RFP.

Component A and/or B:

A funding range of \$30,000 to \$100,000 per year for between ten (10) and twenty (20) applicants is available for a 5-year period, beginning approximately October 1, 2023, through September 30, 2028.*

*The Department reserves the right to decrease the first funding period (10/1/2023-9/30/2024) to account for the administrative timeframe necessary for contract negotiations and execution.

Unallowable Activities

These funds cannot be used for any of the following:

1. To provide inpatient services or to make cash payments to recipients of health services,
2. To purchase or improve land; purchase, construct, or permanently improve a building or facility; or purchase major medical equipment,
3. To provide financial assistance to any entity other than a public or non-profit private entity,
4. To satisfy requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds.

Additionally, 30 U.S.C. Section 1352, which went into effect in 1989, prohibits recipients of these federal funds from lobbying Congress or any federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. The 1997 Health and Human Services Appropriations Act, effective October 1996, expressly prohibits the use of appropriated funds for indirect or "grass roots" lobbying efforts that are designed to support or defeat legislation pending before the state legislature.

■ D. PERFORMANCE MEASURES

The applicants must develop and report on performances measures (PMs) as part of the ongoing monitoring and reporting of program accomplishments, particularly progress toward meeting HP2030 objectives related to the strategies chosen to implement. The Department will assist Contractors in developing PMs and will provide examples of data reporting templates.

The proposal must describe PMs and the potential data sources. At a minimum, the PMs must address:

- Milestones for the completion of activities important in implementing the chosen strategies (e.g., executing contracts, hiring staff, developing curriculum).
- The type and number of strategies, policies, systems, or environmental changes implemented.
- The number of clients served overall and categorized by sociodemographic characteristic.
- The impact, outcome, or public health effect of the selected strategies on people, organizations, or systems to influence health. Include measures demonstrating how health disparities are affected.

The applicant may describe the PMs in a table, such as the table below:

Performance Measure Description	Performance Measure Data Source

■ E. CONTRACT MANAGEMENT/DATA REPORTING

As part of the State’s commitment to becoming more outcomes-oriented, the Department seeks to actively and regularly collaborate with providers to enhance contract management, improve results, and adjust service delivery and policy based on learning what works. Reliable and relevant data is necessary to ensure compliance, inform trends to be monitored, evaluate results and performance, and drive service improvements. As such, the DPH reserves the right to request/collect other key data and metrics from providers.

Deliverables:

1. Each year, a Program Budget is prepared, using state-supplied electronic budget forms.
2. Tri annually, the contractor must supply a programmatic progress report in a format provided by the Department, including progress on meeting program goals and performance measures.
3. Annually, the contractor must supply a narrative describing programmatic successes over the prior 12 months with their progress report, which will be used by the Department to share outcomes of Preventive Health and Health Services funding with state leadership and funders.
4. Reports of expenditures and cash flow for each month must be submitted according to the reporting schedule outlined in the fully executed contract.
5. The Department reserves the right to request additional formal and informal reports as necessary.

III. PROPOSAL SUBMISSION OVERVIEW

■ A. SUBMISSION FORMAT INFORMATION

- 1. Required Outline.** All proposals must follow the required outline presented in Section IV – Proposal Outline. Proposals that fail to follow the required outline will be deemed non-responsive and not evaluated.
- 2. Cover Sheet.** The Cover Sheet is Page 1 of the proposal and must include the information listed in Section IV.A. Cover Sheet.
- 3. Table of Contents.** All proposals must include a Table of Contents that lists sections and subsections with page numbers that follow the required outline and sequence for this proposal. (See Section IV.)
- 4. Executive Summary.** Proposals must include a high-level summary of the main proposal and cost proposal. The page limitation for this section is two (2) pages (maximum) briefly describing how the applicant meets the eligibility and qualification criteria outlined in the Proposal Overview and a brief overview of why the applicant should be selected for the activities highlighted in the scope of services.
- 5. Attachments.** Attachments other than the required Appendices or Forms identified in the RFP are not permitted and will not be evaluated. Further, the required Appendices or Forms must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions will result in disqualification.

Letters of collaboration are required from proposed subcontractors that detail the level of involvement and evidence of assistance that they will provide to the project. Letters of support are required from other key partners listed in the Work Plan. Letters of collaboration and support should be currently dated, and not copies from previous submissions. Letters of collaboration and support cannot be provided by Department staff.

6. Style Requirements. *THIS IS AN ELECTRONIC SUBMISSION.*

Submitted proposals must conform to the following specifications:

- Paper Size: 8.5 x 11"
- Page Limit: 15 pages [Includes Proposal Outline Items A through F. Does not include Attachments or Forms; see Section IV Proposal Outline for more detail.]
- Font Type/Size: Verdana / 9 pt. or Calibri / 11 pt.
- Margins: 1 inch
- Line Spacing: 1.5 minimum spacing

NOTE: The pre-designed forms do NOT need to be re-formatted to fit within these specifications.

- 7. Pagination.** The proposer's name must be displayed in the header of each page. All pages must be numbered in the footer.
- 8. Declaration of Confidential Information.** Proposers are advised that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations and interpretations resulting from them. If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL prior to submission. In the proposal submission, the proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a

convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

- 9. Conflict of Interest - Disclosure Statement.** Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal or corporate benefit. The Agency will determine whether any disclosed conflict of interest poses a substantial advantage to the proposer over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

B. EVALUATION OF PROPOSALS

1. Evaluation Process

It is the intent of the Department to conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this RFP. When evaluating proposals, negotiating with successful proposers, and awarding contracts, the Department will conform with its written procedures for POS and PSA procurements (pursuant to C.G.S. § 4-217) and the State's Code of Ethics (pursuant to C.G.S. §§ 1-84 and 1-85). Final funding allocation decisions will be determined during contract negotiation.

2. Evaluation Review Committee

The Department will designate a Review Committee to evaluate proposals submitted in response to this RFP. The Review Committee will be composed of individuals, Agency staff or other designees as deemed appropriate. The contents of all submitted proposals, including any confidential information, will be shared with the Review Committee. Only proposals found to be responsive (that is, complying with all instructions and requirements described herein) will be reviewed, rated, and scored. Proposals that fail to comply with all instructions will be rejected without further consideration. The Review Committee shall evaluate all proposals that meet the Minimum Submission Requirements by score and rank ordered and make recommendations for awards. The Public Health Commissioner or her designee will approve the final selection. Attempts by any proposer (or representative of any proposer) to contact or influence any member of the Review Committee may result in disqualification of the proposer.

3. Minimum Submission Requirements

To be eligible for evaluation, proposals must (1) be received on or before the due date and time; (2) meet the Proposal Format requirements; (3) meet the Eligibility and Qualification requirements to respond to the procurement, (4) follow the required Proposal Outline; and (5) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements will not be reviewed further. The Agency will reject any proposal that deviates significantly from the requirements of this RFP. See Minimum Review Criteria Checklist in Section VI. Proposal Appendices.

4. Evaluation Criteria (and Weights)

Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Review Committee will use

to evaluate the technical merits of the proposals. The criteria are weighted according to their relative importance. Only the criteria listed below will be used to evaluate proposals. The weights are disclosed below and there are 200 total points available.

- Organizational Profile (10% of review criteria, 20 points)
- Scope of Services (45% of review criteria, 90 points)
- Work Plan (17% of review criteria, 34 points)
- Staffing Plan and Subcontractors (10% of review criteria, 20 points)
- Data, Technology, and Performance Measures (12% total review criteria, 24 points)
- Cost Proposal (Financial Profile and Budget and Budget Narrative) (6% of review criteria, 12 points)

The Preliminary Review Team Technical Review Criteria Worksheet can be found in Section VI. Proposal Appendices.

5. Proposer Selection

Upon completing its evaluation of proposals, the Review Committee will submit the rankings of all proposals to the Commissioner. The final selection of a successful proposer is at the discretion of the Commissioner. Any proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Any resulting contract will be posted on the State Contracting Portal. All unsuccessful proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and proposer selection process. The Department reserves the right to decline to award contracts for activities in which the Commissioner considers there are not adequate respondents.

6. Debriefing

Within ten (10) days of receiving notification from the Department, unsuccessful proposers may contact the Official Contact and request information about the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the ten (10) days. If unsuccessful proposers still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the evaluation process and their proposals. If held, the debriefing meeting will not include any comparisons of unsuccessful proposals with other proposals. The Department may schedule and hold the debriefing meeting within fifteen (15) days of the request. The Agency will not change, alter, or modify the outcome of the evaluation or selection process as a result of any debriefing meeting.

7. Appeal Process

Proposers may appeal any aspect the Agency's competitive procurement, including the evaluation and proposer selection process. Any such appeal must be submitted to the Commissioner. A proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful proposers about the outcome of the evaluation and proposer selection process. The e-mail sent date or the postmark date on the notification envelope will be considered "day one" of the thirty (30) days. The filing of an appeal shall not be deemed sufficient reason for the Agency to delay, suspend, cancel, or terminate the procurement process or execution of a contract. More detailed information about filing an appeal may be obtained from the Official Contact.

8. Contract Execution

Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General. Fully executed and approved contracts will be posted on State Contracting Portal and the Agency website.

IV. PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

*This section presents the **required outline** that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms with the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.*

A. Cover Sheet. **1**
1. Applicant Information Form

B. Table of Contents **2**

C. Executive Summary

D. Main Proposal Components

- 1. Organizational Profile
- 2. Scope of Services, include the Work Plan Form in the Appendix as an attachment
- 3. Staffing Plan
- 4. Data, Technology, and Evaluation
- 5. Subcontractors
- 6. Cost Proposal – Financial Profile and Budget and Budget Narrative

E. Appendices & Application Forms (clearly referenced to summary and main proposal where applicable)

F. Declaration of Confidential Information (*Per instructions: Section III.A.8.*)

G. Conflict of Interest - Disclosure Statement (*Per instructions: Section III.A.9.*)

H. Statement of Assurances (*Provided in the Appendix*)

A: Cover Sheet

The application must use a Cover Sheet capturing the following information. See Applicant Information Form in the Appendix:

- RFP Name or Number:
- Legal Name: *The name of the LHD or municipality submitting the proposal.*
- FEIN:
- Street Address:
- Town/City/State/Zip:
- Contact Person: *The individual who can provide additional information about the proposal or who has immediate responsibility for the proposal.*
- Title:
- Phone Number:
- E-Mail Address:
- Authorized Official: *The individual empowered to submit a binding offer on behalf of the proposer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.*
- Title:
- Signature:

B: Table of Contents

Respondents must include a Table of Contents that lists sections and subsections with page

numbers that follow the organization outline and sequence for this proposal.

C: Proposer Executive Summary

The page limit for this section is two (2) pages briefly describing how the applicant meets the eligibility and qualification criteria outlined in the Proposal Overview and a brief overview of why the applicant should be selected for the activities highlighted in the scope of services.

D: Main Proposal Components *to Submit a Responsive Proposal, Refer to Section II.C.*

*****Please note the maximum total page length for this section is one hundred (100) pages** (all attachments should be referred to in section D and then placed in section E). The Review Committee will not read answers longer than one hundred (100) pages in this section.

1. Organization Description
2. Scope of Services
3. Staffing Plan
4. Data and Technology
5. Subcontractors
6. Cost Proposal

E: Attachments

Attachments other than the required attachments identified are not permitted and will not be evaluated. See the **Proposal Checklist** in the Appendix for a list of relevant attachments. Further, the required attachments must not be altered or used to extend, enhance, or replace any component required by this RFP. Failure to abide by these instructions may result in disqualification.

Appendices include the required Application Forms listed in the Appendix and the following proposal-specific attachments. *The following forms must be completed to submit a responsive proposal. All attachments should be referred to in section D, Main Proposal, and then placed in section E, Appendices:*

1. Job Descriptions
2. Staff Resumes
3. Letters of Support and Collaboration
4. Organizational Chart
5. Work Plan Form

F: Declaration of Confidential Information

If a proposer deems that certain information required by this RFP is confidential, the proposer must label such information as CONFIDENTIAL prior to submission. The proposer must reference where the information labeled CONFIDENTIAL is located in the proposal. *EXAMPLE: Section G.1.a.* For each subsection so referenced, the proposer must provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the FOIA. The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the proposer that would result if the identified information were to be released and (b) the reasons why the information is legally exempt from release pursuant to C.G.S. § 1-210(b).

G: Conflict of Interest – Disclosure Statement

Proposers must include a disclosure statement concerning any current business relationships (within the last three (3) years) that pose a conflict of interest, as defined by C.G.S. § 1-85. A conflict of interest exists when a relationship exists between the proposer and a public official (including an elected official) or State employee that may interfere with fair competition or may be adverse to the interests of the State. The existence of a conflict of interest is not, in and of itself, evidence of wrongdoing. A conflict of interest may, however, become a legal matter if a proposer tries to influence, or succeeds in influencing, the outcome of an official decision for their personal

or corporate benefit. In the absence of any conflict of interest, a proposer must affirm such in the disclosure statement. *Example: "[name of proposer] has no current business relationship (within the last three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85."*

H: Statement of Assurances

Place after Conflict of Interest-Disclosure Statement. Sign and return.

V. MANDATORY PROVISIONS

■ A. POS STANDARD CONTRACT, PARTS I AND II

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at:
http://www.ct.gov/opm/fin/standard_contract

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's notice (pursuant to C.G.S. § 9-612(g)(2)) advising executive branch State contractors and prospective State contractors of the ban on campaign contributions and solicitations. If a proposer is awarded an opportunity to negotiate a contract with the Department and the resulting contract has an anticipated value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts has an anticipated value of \$100,000 or more, the proposer must inform the proposer's principals of the contents of the SEEC notice.

Part I of the standard contract may be amended by means of a written instrument signed by the Department, the selected proposer (contractor), and, if required, the Attorney General's Office. Part II of the standard contract may be amended only in consultation with, and with the approval of, the Office of Policy and Management and the Attorney General's Office.

■ B. ASSURANCES

By submitting a proposal in response to this RFP, a proposer implicitly gives the following assurances:

- 1. Collusion.** The proposer represents and warrants that the proposer did not participate in any part of the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance. The proposer further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the proposer's proposal. The proposer also represents and warrants that the submitted proposal is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The proposer certifies that no elected or appointed official or employee of the State has or will benefit financially or materially from any contract resulting from this RFP. The Agency may terminate a resulting contract if it is determined that gratuities of any kind were either offered or received by any of the aforementioned officials or employees from the proposer, contractor, or its agents or employees.
- 3. Competitors.** The proposer assures that the submitted proposal is not made in connection with any competing organization or competitor submitting a separate proposal in response to this RFP. No attempt has been made, or will be made, by the proposer to induce any other organization or competitor to submit, or not submit, a proposal for the purpose of restricting competition. The proposer further assures that the proposed costs have been arrived at independently, without consultation, communication, or agreement with any other organization or competitor for the purpose

of restricting competition. Nor has the proposer knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.

- 4. Validity of Proposal.** The proposer certifies that the proposal represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto. The proposal shall remain valid for a period of 180 days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Agency may include the proposal, by reference or otherwise, into any contract with the successful proposer.
- 5. Press Releases.** The proposer agrees to obtain prior written consent and approval of the Agency for press releases that relate in any manner to this RFP or any resultant contract.

■ C. TERMS AND CONDITIONS

By submitting a proposal in response to this RFP, a proposer implicitly agrees to comply with the following terms and conditions:

- 1. Equal Opportunity and Affirmative Action.** The State is an Equal Opportunity and Affirmative Action employer and does not discriminate in its hiring, employment, or business practices. The State is committed to complying with the Americans with Disabilities Act of 1990 (ADA) and does not discriminate on the basis of disability in admission to, access to, or operation of its programs, services, or activities.
- 2. Preparation Expenses.** Neither the State nor the Agency shall assume any liability for expenses incurred by a proposer in preparing, submitting, or clarifying any proposal submitted in response to this RFP.
- 3. Exclusion of Taxes.** The Agency is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Proposers are liable for any other applicable taxes.
- 4. Proposed Costs.** No cost submissions that are contingent upon a State action will be accepted. All proposed costs must be fixed through the entire term of the contract.
- 5. Changes to Proposal.** No additions or changes to the original proposal will be allowed after submission. While changes are not permitted, the Agency may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Agency, and at the proposer's expense.
- 6. Supplemental Information.** Supplemental information will not be considered after the deadline submission of proposals, unless specifically requested by the Agency. The Agency may ask a proposer to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in a proposal. Any such demonstration, interview, or oral presentation will be at a time selected and in a place provided by the Agency. At its sole discretion, the Agency may limit the number of proposers invited to make such a demonstration, interview, or oral presentation and may limit the number of attendees per proposer.
- 7. Presentation of Supporting Evidence.** If requested by the Agency, a proposer must be prepared to present evidence of experience, ability, data reporting capabilities, financial standing, or other information necessary to satisfactorily meet the requirements set forth or implied in this RFP. The Agency may make onsite visits to an operational facility or facilities of a proposer to evaluate further the proposer's capability to perform the duties required by this RFP. At its discretion, the Agency may also check or contact any reference provided by the proposer.

8. RFP Is Not An Offer. Neither this RFP nor any subsequent discussions shall give rise to any commitment on the part of the State or the Agency or confer any rights on any proposer unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the proposer and the Agency and will supersede all prior negotiations, representations or agreements, alleged or made, between the parties. The State shall assume no liability for costs incurred by the proposer or for payment of services under the terms of the contract until the successful proposer is notified that the contract has been accepted and approved by the Agency and, if required, by the Attorney General's Office.

■ D. RIGHTS RESERVED TO THE STATE

By submitting a proposal in response to this RFP, a proposer implicitly accepts that the following rights are reserved to the State:

- 1. Timing Sequence.** The timing and sequence of events associated with this RFP shall ultimately be determined by the Agency.
- 2. Amending or Canceling RFP.** The Agency reserves the right to amend or cancel this RFP on any date and at any time, if the Agency deems it to be necessary, appropriate, or otherwise in the best interests of the State.
- 3. No Acceptable Proposals.** In the event that no acceptable proposals are submitted in response to this RFP, the Agency may reopen the procurement process, if it is determined to be in the best interests of the State.
- 4. Award and Rejection of Proposals.** The Agency reserves the right to award in part, to reject any and all proposals in whole or in part, for misrepresentation or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Agency may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Agency reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
- 6. Contract Negotiation.** The Agency reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Agency further reserves the right to contract with one or more proposer for such services. After reviewing the scored criteria, the Agency may seek Best and Final Offers (BFO) on cost from proposers. The Agency may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** The Agency reserves the right to correct inaccurate awards resulting from its clerical errors. This may include, in extreme circumstances, revoking the awarding of a contract already made to a proposer and subsequently awarding the contract to another proposer. Such action on the part of the State shall not constitute a breach of contract on the part of the State since the contract with the initial proposer is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the proposer.
- 8. Key Personnel.** When the Agency is the sole funder of a purchased service, the Agency reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Agency also reserves the right to approve replacements for key personnel who have terminated employment. The Agency further reserves the

right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the Agency.

■ E. STATUTORY AND REGULATORY COMPLIANCE

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Proposers are generally advised not to include in their proposals any confidential information. If the proposer indicates that certain documentation, as required by this RFP, is submitted in confidence, the State will endeavor to keep said information confidential to the extent permitted by law. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
- 2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to ensure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
- 3. Consulting Agreements, C.G.S. § 4a-81. Consulting Agreements Representation, C.G.S. § 4a-81.** Pursuant to C.G.S. §§ 4a-81 the successful contracting party shall certify that it has not entered into any consulting agreements in connection with this Contract, except for the agreements listed below. "Consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (A) providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (B) contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information, or (C) any other similar activity related to such contracts. "Consulting agreement" does not include any agreements entered into with a consultant who is registered under the provisions of chapter 10 of the Connecticut General Statutes as of the date such contract is executed in accordance with the provisions of section 4a-81 of the Connecticut General Statutes. Such representation shall be sworn as true to the best knowledge and belief of the person signing the resulting contract and shall be subject to the penalties of false statement.
- 4. Campaign Contribution Restriction, C.G.S. § 9-612.** For all State contracts, defined in section 9-612 of the Connecticut General Statutes as having a value in a calendar year of \$50,000 or more, or a combination or series of such agreements or contracts having a value of \$100,000 or more, the authorized signatory to the resulting contract must represent that they have received the State Elections Enforcement Commission's notice advising state contractors of state campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice, as set forth in "Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations." Such notice is available at https://seec.ct.gov/Portal/data/forms/ContrForms/seec_form_11_notice_only.pdf

5. Gifts, C.G.S. § 4-252. Pursuant to section 4-252 of the Connecticut General Statutes and Acting Governor Susan Bysiewicz's Executive Order No. 21-2, the Contractor, for itself and on behalf of all of its principals or key personnel who submitted a bid or proposal, represents:

(1) That no gifts were made by (A) the Contractor, (B) any principals and key personnel of the Contractor, who participate substantially in preparing bids, proposals or negotiating State contracts, or (C) any agent of the Contractor or principals and key personnel, who participates substantially in preparing bids, proposals or negotiating State contracts, to (i) any public official or State employee of the State agency or quasi- public agency soliciting bids or proposals for State contracts, who participates substantially in the preparation of bid solicitations or requests for proposals for State contracts or the negotiation or award of State contracts, or (ii) any public official or State employee of any other State agency, who has supervisory or appointing authority over such State agency or quasi-public agency;

(2) That no such principals and key personnel of the Contractor, or agent of the Contractor or of such principals and key personnel, knows of any action by the Contractor to circumvent such prohibition on gifts by providing for any other principals and key personnel, official, employee or agent of the Contractor to provide a gift to any such public official or State employee; and

(3) That the Contractor is submitting bids or proposals without fraud or collusion with any person. Any bidder or proposer that does not agree to the representations required under this section shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked proposer or the next lowest responsible qualified bidder or seek new bids or proposals.

6. Iran Energy Investment Certification C.G.S. § 4-252(a). Pursuant to C.G.S. § 4-252(a), the successful contracting party shall certify the following: (a) that it has not made a direct investment of twenty million dollars or more in the energy sector of Iran on or after October 1, 2013, as described in Section 202 of the Comprehensive Iran Sanctions, Accountability and Divestment Act of 2010, and has not increased or renewed such investment on or after said date. (b) If the Contractor makes a good faith effort to determine whether it has made an investment described in subsection (a) of this section it shall not be subject to the penalties of false statement pursuant to section 4-252a of the Connecticut General Statutes. A "good faith effort" for purposes of this subsection includes a determination that the Contractor is not on the list of persons who engage in certain investment activities in Iran created by the Department of General Services of the State of California pursuant to Division 2, Chapter 2.7 of the California Public Contract Code. Nothing in this subsection shall be construed to impair the ability of the State agency or quasi-public agency to pursue a breach of contract action for any violation of the provisions of the resulting contract.

7. Nondiscrimination Certification, C.G.S. § 4a-60 and 4a-60a. If a bidder is awarded an opportunity to negotiate a contract, the proposer must provide the State agency with *written representation* in the resulting contract that certifies the bidder complies with the State's nondiscrimination agreements and warranties. This nondiscrimination certification is required for all State contracts – regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The authorized signatory of the contract shall demonstrate his or her understanding of this obligation by either (A) initialing the nondiscrimination affirmation provision in the body of the resulting contract, or (B) providing an affirmative response in the required online bid or response to a proposal question, if applicable, which asks if the contractor understands its obligations. If a bidder or vendor refuses to agree to this representation, such bidder or vendor shall be rejected and the State agency or quasi-public agency shall award the contract to the next highest ranked vendor or the next lowest responsible qualified bidder or seek new bids or proposals.

8. Access to Data for State Auditors. The Contractor shall provide to OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that are in the possession or control of the Contractor upon demand and shall provide the data to OPM in a format prescribed by OPM [or the Client Agency] and the State Auditors of Public Accounts at no additional cost.

VI. APPENDIX

A. PROPOSAL APPENDICES:

Healthy People 2030 Objectives and Strategy Examples

1. **Component A:** Healthy People 2030 Objectives for Chronic Disease Prevention and Management (except Tobacco Prevention), Injury Prevention, and Community Strength and Resilience
2. **Component B:** Overview of CDC Tobacco Prevention and Control Best Practices and Evidence-Based Activities
3. Sample Letter of Intent (LOI)
4. Minimum Review Criteria Checklist
5. Preliminary Review Team Technical Review Criteria Worksheet
6. Work Plan template

B. APPLICATION FORMS: *The following forms must be completed and included in the proposal submission as applicable and directed.*

1. Statement of Assurances
2. Cover Sheet/Applicant Information Form
3. Budget Summary Instructions
4. Budget Summary Form
5. Budget Justification Schedule B Form
6. Subcontractor Schedule A Detail Form
7. Position Schedule #2a Form
8. Workforce Analysis
9. OPM Consulting Agreement Affidavit
10. Affirmative Action Contract Compliance Policy Statement
11. Notification to Bidders

C. INFORMATIONAL ATTACHMENTS: *The following attachments are for your information only. These attachments will be used for applicants awarded funding and will be requested during the contract development process. **Do not include any of the forms included here with your proposal.***

1. Nondiscrimination Certifications Instructions
2. Nondiscrimination Certification Affidavit Form C
3. False Claims Act Compliance Notification
4. False Claims Act Policy
5. False Claims Act Procedure
6. Campaign Contribution and Solicitation Limitations SEEC Form 11

HP 2030 Objectives and Strategy Examples**A1. COMPONENT A:**

Healthy People 2030 Objectives for Chronic Disease Prevention and Management (except Tobacco Prevention), Injury Prevention, and Community Strength and Resilience

Topic: Chronic Disease Prevention and Management	
HP 2030 Objectives	Examples of Evidence-Based Strategies and Interventions
<ul style="list-style-type: none"> • HDS-2- Reduce Coronary Heart Disease Deaths • HDS-05- Increase control of high blood pressure in adults 	<ul style="list-style-type: none"> • Screen adults for high blood pressure • Implement self-measured blood pressure monitoring programs • Promote a team-based approach to hypertension control (e.g., physician, pharmacist, lay health worker, and patient teams) • Create individual, provider, and health system incentives for compliance and meeting of goals • Promote pharmacy-based interventions to improve medication adherence for high blood pressure, high cholesterol, and diabetes
<ul style="list-style-type: none"> • D-01- Reduce the number of diabetes cases diagnosed yearly • D-D01- Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs 	<ul style="list-style-type: none"> • Improve access to and participation in American Diabetes Association (ADA)-recognized/ Association of Diabetes Care and Education Specialists (ADCES)-accredited diabetes self-management and education services (DSMES) • Expand access to the National Diabetes Prevention Program, (the National DPP), which supports a year-long lifestyle change program to prevent or delay onset of type 2 diabetes in people with prediabetes or at high risk for type 2 diabetes. • Identify people with prediabetes and refer them to lifestyle change programs (LCPs) for type 2 diabetes prevention • Establish or maintain LCPs for type 2 diabetes prevention
<ul style="list-style-type: none"> • PA-02- Increase the proportion of adults who do enough aerobic physical activity for substantial health benefits • PA-09- Increase the proportion of children who do enough aerobic physical activity. • MICH-16- Increase the proportion of infants who are breastfed at 1 year. • NWS-03- Reduce the proportion of adults with obesity. • NWS-06- Increase fruit consumption by people aged 2 years and over. • NWS-07- Increase vegetable consumption by people aged 2 years and older. 	<ul style="list-style-type: none"> • Develop and/or implement evidence-based policy or environmental changes related to chronic disease prevention and health disparities in the following areas: healthy eating and active living. • Increase access to foods that support healthy dietary patterns, including fruits and vegetables (i.e., farmers markets and retail stores, community gardens, etc.) • Implement nutrition standards/food services guidelines in early care and education, workplaces, and communities • Implement school health guidelines to promote healthy eating and physical activity • Promote family-centered childhood obesity interventions • Implement Park, trail, and/or greenway infrastructure interventions combined with communication and education • Establish new or improved pedestrian, bicycle, or transit transportation systems that are combined with new or improved land use or environmental design • Work with community-based clinics, worksite, organizations, and provider offices to help them implement breastfeeding friendly practices that meet the unique needs of the community using their facility.

Topic: Injury Prevention	
HP 2030 Objective	Examples of Evidence-Based Strategies and Interventions
<ul style="list-style-type: none"> • IVP-06 -Reduce deaths from motor vehicle crashes • IVP-07- Reduce the proportion of deaths of car passengers who weren't buckled in 	<ul style="list-style-type: none"> • Provide child passenger safety education to parents and caregivers. • Conduct safety seat clinics to check for misuse and teach parents/caregivers to correctly install and use car safety seats (safety seat checks must be done by nationally Certified Child Passenger Safety technicians)
<ul style="list-style-type: none"> • IVP-08- Reduce fall-related deaths among older adults • OA-03- Reduce the rate of emergency department visits due to falls among older adults 	<ul style="list-style-type: none"> • Conduct home safety assessments to identify hazards, work with older adults, their families and care givers to correct problems and provide safety education and supplies • Provide fall prevention seminars for older adults • Provide fall prevention exercise classes designed to increase muscle strength and improve flexibility, gait, and balance • Promote medication safety reviews by pharmacists to assess all prescription and over the counter medications for possible interactions and misuse that may put participant at increased risk of injury • Provide training programs for service providers designed to increase their ability to address the fall prevention with their client population. • Develop and maintain community coalitions to address fall prevention.
<ul style="list-style-type: none"> • IVP-D05- Reduce contact sexual violence • IVP-17- Reduce adolescent sexual violence by anyone 	<ul style="list-style-type: none"> • Partnership Development – Work with the CT Alliance to End Sexual Violence to address sexual violence prevention that includes a needs assessment within a local community as it relates to environmental and community-level strategy implementation to increase protective factors and decrease risk factors related to sexual violence perpetration and victimization. • Prevention Strategies and Implementation – Increase funding for community-level strategy implementation, including increasing warm referrals to local rape crisis centers, strengthening sexual violence (SV) laws and policies, and/or reducing risk and increase protective factors for SV perpetration and victimization; risk factors such as reducing rape myth acceptance, reducing benevolent and hostile sexism, and reducing association with sexually aggressive, hyper-masculine, and delinquent peers; protective factors such as emotional health and connectedness, families where caregivers work through conflicts peacefully, and empathy and concern for how one's actions affect others.
<p>MHMD01- Reduce the suicide rate</p> <p>MHMD02: Reduce suicide attempts by adolescents [insert age range]</p>	<ul style="list-style-type: none"> • Create Protective Environments, by reducing access to lethal means among at-risk adults (firearms, poisoning, high risk areas (bridges/train tracks), etc.) and addressing those most relevant for each community. • Identify and Support People at Risk, by offering (1) a gatekeeper training toolbox, supported by statewide infrastructure, including, at a minimum Question, Persuade, refer (QPR) trainings in their community, and (2) Applied Suicide Intervention Skills Training (ASIST) to appropriate community stakeholders. • Lessen Harms and Prevent Future Risk, through (1) postvention planning in order to link survivors to CT's crisis response teams and (2) safe messaging and reporting guidelines creation and distribution within their communities to reduce risk and increase protective factors for suicide. Address public health's role in

Topic: Injury Prevention	
HP 2030 Objective	Examples of Evidence-Based Strategies and Interventions
	postvention and local Directors of Health play a key role in this effort as community leaders.

Topic: Community Strength and Resilience	
HP 2030 Objective	Examples of Evidence-Based Strategies and Interventions
<ul style="list-style-type: none"> • EH02- Increase trips to work made by mass transit • NWS01- Reduce household food insecurity and hunger • AH-R03- Increase the proportion of eligible students participating in the Summer Food Service Program • AHS-01- Increase the proportion of people with health insurance • AHS-04- Reduce the proportion of people who can't get medical care when they need it 	<ul style="list-style-type: none"> • Develop multisector action plans to address the social determinants of health (SDOH). • Engage Community Health Workers to prevent and manage chronic diseases • Promote worksite physical activity, nutrition, and/or other chronic disease prevention and management programs • Support community-wide campaigns to increase physical activity or improve physical fitness. • Implement social support interventions in community settings to increase physical activity and improve physical fitness in adults by building, strengthening, and maintaining social networks that support behavior change • Engage parish or congregational nurses in health promotion, chronic disease management, and injury prevention • Promote intergenerational mentoring or cross-age youth peer mentoring (i.e., ongoing relationships between an older youths or young adults and younger children or adolescents) • Modify the built environment to affect traffic speed and patterns via speed humps, pedestrian center crossing islands, roundabouts, etc. (i.e., traffic calming) • Active Transportation Planning • Age-Friendly Communities

A2. COMPONENT B:

Overview of CDC Tobacco Prevention and Control Best Practices and Evidence-Based Activities

The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention has developed an evidence-based guide to help states to implement comprehensive tobacco control programs that will reduce rates of tobacco use. This coordinated effort to establish smoke and vape-free policies and social norms, to promote and assist tobacco users to quit, and to prevent initiation of tobacco use combines educational, clinical, regulatory, economic, and social strategies. This guide, "Best Practices for Comprehensive Tobacco Control Programs-2014" is divided into five areas of practice: 1) State and Community Interventions, 2) Mass-Reach Health Communication Interventions, 3) Cessation Interventions, 4) Surveillance and Evaluation, and 5) Infrastructure Administration and Management.

Successful bidders will be responsible for developing and implementing evidence-based strategies and activities that have been recommended by the Centers for Disease Control and Prevention, Office on Smoking and Health to reduce, eliminate, and/or prevent tobacco use and secondhand smoke exposure by Connecticut residents.

Topic: Tobacco Prevention and Control	
HP 2030 Objectives	Examples of Evidence-Based Strategies and Interventions
<ul style="list-style-type: none"> • TU-01 Reduce current tobacco use in adults • TU-02 Reduce current cigarette smoking in adults; • TU-04 Reduce current tobacco use in adolescents; • TU-05 Reduce current e-cigarette use in adolescents 	<p><u>State and Community Interventions:</u> These interventions target social norms in order to influence behavior change, using coordinated and combined societal and community resources. Interventions can focus on building community capacity, awareness, engagement, and mobilization; coordination of state efforts, policies, laws, and regulations; and influencing people in their daily environment.</p> <ul style="list-style-type: none"> • Education about the myths and misleading information that portrays tobacco use as common, normative, and a positive behavior. Include information about the immediate and long-term physical, social and financial consequence of tobacco use; what is in tobacco products; actual statistics and social norms of tobacco use. • Anti-Tobacco Industry and Messaging: Develop and implement an anti-tobacco influence campaign, the hidden strategies of big tobacco and how advertising is targeting certain populations, including the LBGTQ+ and youth and young adult populations. • Promote use of available tobacco use cessation resources. • Provide training to establish youth anti-tobacco advocates and leaders who will then conduct the activities listed and advocate for policies. • Tobacco Sponsorship/tobacco use in movies/entertainment: Develop and implement a campaign designed to create public awareness of pro-tobacco messaging in movies and entertainment and discourage further use of tobacco in movies and entertainment. • Voluntary adoption of smoke and vape-free policies (including electronic nicotine delivery systems) in workplaces, multi-unit housing and open spaces. • Voluntary adoption of policies that limit and or ban tobacco product advertisements, including electronic nicotine delivery systems, in various media including magazines, merchant store fronts, and in front of check-out counters. • Collaborate with partner groups, community-based organizations, and state agencies to develop a community strategic plan to promote tobacco free spaces and places. • Inform and educate leaders, decision makers, and the public about the benefits of implementing tobacco-free polices. <p><u>Mass-Reach Health Communication Interventions:</u> These interventions include the various means by which public health information reaches large numbers of people to make meaningful changes in population-level awareness, knowledge, attitudes, and behaviors. These interventions promote and facilitate cessation, prevent tobacco use initiation and shape social norms related to tobacco use, but go beyond a traditional (television, radio, and print ads) mass media placement.</p> <ul style="list-style-type: none"> • Strategic communications; performing marketing and developing messages for selected community groups. • Media advocacy and promotion through press releases, press conferences, social media, and campaign events timed with pride events, holidays, heritage months and health observances such as the 'Great American Smokeout®' and 'Taking Down Tobacco Day'.

	<ul style="list-style-type: none"> • Conduct formative research to identify promising messages and concepts and pretest campaign and marketing materials. • Develop and implement a local media promotion, event sponsorship and community collaborations to support and reinforce the statewide goals and campaigns. • Promote the availability of services such as the CT Quitline, quitting websites and social media pages. • Assist the program to further the reach of culturally appropriate messaging for population subgroups. • Develop and implement press kits for statewide and local promotions and events to share with other community partners. <p><u>Cessation Interventions:</u> These interventions provide treatment services, such as directly delivering cessation counseling and medications through population-based services such as a telephone Quitline; as well as population-level strategic efforts to reconfigure policies and systems in order to normalize quitting, support tobacco free lifestyles, and ensure ongoing tobacco use screening and intervention are part of ongoing medical care.</p> <ul style="list-style-type: none"> • Systems Change outreach and education to health care providers and systems for screening and referral of patients to tobacco use cessation services; Promote the importance of screening all patients for tobacco use, advising them to quit, referring them to cessation services, and the benefits of integrating tobacco use treatment into the clinical workflow. • Training on how to screen for tobacco use, and how to integrate screening protocols into workflows and electronic health records. • Referring patients to cessation services; promoting referrals to the CT Quitline, integrating referrals to cessation services into workflows and electronic health records.
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Sample of Evidence Based Guidelines and Best Practices to assist with developing interventions:

1. Diabetes resources:

- <http://www.cdc.gov/diabetes/prevention/pdf/capacity-assessment.pdf>
- <https://www.cdc.gov/diabetes/prevention/pdf/dprp-standards.pdf>

2. Policy, Systems and Environmental Change Resources:

- The Community Guide
https://www.thecommunityguide.org/topic/physical-activity?field_recommendation_tid=7476&items_per_page=All
- Center for Disease Control and Prevention's (CDC's) Community Strategies
<https://www.cdc.gov/physicalactivity/community-strategies/index.htm>
- CDC's Selected Resources – Learn More about Walking
<https://www.cdc.gov/physicalactivity/walking/index.htm>
- The CDC Guide to Strategies to Increase Physical Activity in the Community
https://www.cdc.gov/obesity/downloads/pa_2011_web.pdf
- Move Your Way Campaign Materials
<https://health.gov/paguidelines/moveyourway/>

- Missouri Department of Health: Evidence-based Interventions at a Glance
https://health.mo.gov/data/interventionmica/PhysicalActivity/index_5.html
- Promoting Walking and Walkable Communities – Cross-Sector Recommendations from the National Physical Activity Plan Alliance
http://physicalactivityplan.org/docs/NPAP_Recommendations_rept_031518_FINAL.pdf
- America Walks – Learning Center
<http://americawalks.org/learning-center/>

3. Examples, resources, and evidence-based policy and environmental interventions related to healthy eating are available at the following:

- The Community Guide
https://www.thecommunityguide.org/topic/nutrition?field_recommendation_tid=7476&items_per_page=All
- U.S. Department of Agriculture’s SNAP-Ed Toolkit: Obesity Prevention Interventions
<https://snapedtoolkit.org/>
- Center for Training and Research Translation
http://www.centertrt.org/?p=find_interventions
- CDC’s Recommended Community Strategies and Measurement to Prevent Obesity in the United States: Implementation and Measurement Guide
https://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf
- Champions for Change, A Collection of Resources That Support Policy, Systems & Environmental Change for Obesity Prevention
https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/CDPH%20Document%20Library/PPPD_S_PSE_ResourceGuide.pdf

4. Fall Injuries among Older Adults:

- “A Tool Kit to Prevent Senior Falls” (National Center for Injury Prevention Control, Centers for Disease Control and Prevention, 1999) should be used as a guide for fall prevention programs.
<http://www.cdc.gov/ncipc/pub-res/toolkit/toolkit.htm>

5. Motor Vehicle Crashes/Child Passenger Safety:

- Guide to Community Preventive Services for Motor Vehicle-Related Injury Prevention; Motor Vehicle-Related Injury Prevention
<https://www.thecommunityguide.org/resources/what-works-motor-vehicle-related-injury-prevention>
- Countermeasures that Work: A Highway Safety Countermeasure Guide for State Highway Safety Offices, Third Edition; [PDF] Countermeasures That Work - NHTSA | National Highway
<https://www.nhtsa.gov/staticfiles/nti/pdf/811727.pdf>
- Centers for Disease Control and Prevention National Center for Injury Prevention and Control - The Handbook of Injury and Violence Prevention - Interventions to Prevent Motor Vehicle Injuries
https://link.springer.com/chapter/10.1007/978-0-387-29457-5_4

6. Rape Crisis Services Resources to develop evidence-based interventions:

- **Evidence based guidelines:**
Basile K. C., DeGue, S. Jones, K. Freire, K., Dills, J., Smith S. G., Raiford, J. L. (2016). *Stop SV: A*

Technical Package to Prevent Sexual Violence. Atlanta (GA): National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

7. Suicide Prevention:

- The public health approach model is used to guide programmatic decisions. The Connecticut CT Suicide Prevention Plan 2025 and Healthy Connecticut 2020 Performance Dashboard (<https://stateofhealth.ct.gov/HCT2020/HCT2020Index>), are used as resources by the Injury Prevention Program and contractors. Centers for Disease Control and Prevention resources and other federal publications are also utilized.
- CT Suicide Prevention Plan (PLAN 2025) – scheduled for release in September 2020 - and preventsuicidect.org
- National Suicide Prevention Lifeline: Endorsed by the Garrett Lee Smith Memorial Suicide Prevention Program as an evidence-based strategy
- CDC's Preventing Suicide: A Technical Package of Policies, Programs, and Practices

8. Reduce Tobacco Use Resources:

- Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Program-2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Document is located at http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm
- US Department of Health and Human Services Clinical Practice Guideline – Treating Tobacco Use and Dependence, 2008 update available at: <http://www.ncbi.nlm.nih.gov/books/NBK63952/>.
- US Preventive Services Task Force - Clinical Guidelines available at: <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions>.
- Centers for Disease Control and Prevention. Academic Detailing: Frequently Asked Questions https://www.cdc.gov/tobacco/quit_smoking/cessation/pdfs/academic-detailing-faq508.pdf.
- The Guide to Community Preventive Services (the Community Guide) available at: <https://www.thecommunityguide.org/search/tobacco>

9. Additional Resources:

- Healthy People 2030 Objectives
[Objectives and Data - Healthy People 2030 | health.gov](https://www.health.gov/our-messages/objectives-and-data)
- The Community Guide
[The Guide to Community Preventive Services \(The Community Guide\)](https://www.thecommunityguide.org/)
- **County Health Rankings and Action Center**
[Action Center | County Health Rankings & Roadmaps](https://www.countyhealthrankings.org/)

Sample Letter of Intent (LOI)

[Organization's Letterhead]

[Insert Date]

Donette Wright, MPH &TM
Comprehensive Cancer Control Program
Community, Family Health and Prevention Section
State of CT Department of Public Health
410 Capitol Avenue, MS #11CCS
Hartford, CT 06106
Donette.Wright@ct.gov

Re: RFP#: 2023-0903 - - Preventive Health Strategies at Work in Connecticut Communities

Dear Ms. Wright:

We are writing to notify you of our intent to submit an application for the RFP referenced above. All requested information is noted below.

Applicant Organization: [legal name]

Primary Point of Contact: [insert contact block]

Jurisdiction:


Descriptive Title:

Component(s): Component A, Component B, or Component A & B


Participating Institutions/Community Organizations: *(include monetary and non-monetary partner agencies/community groups)*

Sincerely,

PROPOSAL CHECKLIST

DPH RFP Log #	Minimum Review Criteria Checklist		
Preventive Health Strategies at Work in Connecticut Communities			
Applicant:			
Criteria		Yes	No
Letter of Intent:	Received by April 28, 2023 (Optional)		
Questions:	Deadline to submit – May 5, 2023		
Proposal/Application:	Received by June 2, 2023, 2:00 PM EST		
	One (1) conforming electronic copy of the proposal		
Proposal Format:	Required outline:		
	A. Cover Sheet – complete Applicant Information Form		
	B. Table of Contents		
	C. Executive Summary		
	D. Main Proposal		
	1. Organizational Profile		
	2. Scope of Services		
	3. Staffing Plan - a. Narrative		
	b. Staffing Form		
	c. Subcontractor Schedule A Detail Form (if applicable)		
	4. Data, Technology, and Evaluation		
	5. Subcontractor Description		
	6. Cost Proposal		
	1. Financial Profile		
	2. Budget – a. Budget Narrative		
	b. Budget summary Sheet		
	c. Budget Summary 1 Form		
	d. Budget Justification Schedule B		
	e. Subcontractor Schedule A Detail Form		
	E. Appendices:		
	a. Job Descriptions		
	b. Resumes		
	c. Letters of Support		
	d. Organizational Chart		
	e. Work Plan Form		
	F. Declaration of Confidential Information Form		
	G. Conflict of Interest – Disclosure Statement		
	H. Statement of Assurances		
	Forms:		
	a. Position Schedule #2a Staffing Form		
	b. Workforce Analysis		

	c. Consulting Agreement Affidavit		
	d. Acknowledgement of Contract Compliance		
	e. Notification to Bidders (CHRO)		
Style Requirements:	8.5 x 11" paper		
	1 inch margins; 1.5 minimum spacing		
	Verdana / 9 pt. or Calibri / 11 pt. font		
	Page Limit: 15 pages (does not include Appendices and Forms)		
Pagination:	Proposer's name on header of each page		
	All pages numbered in the footer		

DPH RFP Log #	Preliminary Review Team Technical Review Criteria Worksheet			
Preventive Health Strategies at Work in Connecticut Communities				
Applicant:				
Criteria			Maximum Points	Bidder's Points
1. Organizational Profile (10% total, 20 points)				
1a. The extent to which the applicant has demonstrated successful experience conducting public health prevention, promotion, and evidence-based intervention.			10	
1b. The Department's prior experience with the applicant organization including issues of contract compliance.			5	
1c. The applicant's history of successful contract fulfillment with State of CT Agencies including the orderly transfer of services following contract termination or conclusion.			5	
2. Scope of Services (45% total, 90 points)				
2a. The extent to which the proposal builds upon existing resources and services and promotes collaborations with various community partners.			30	
2b. The extent to which the proposal is innovative and demonstrates an understanding of the community, target population, available resources, and current burden of chronic disease of focus.			20	
2c. The extent to which services to be provided are described clearly and demonstrate an effective approach to providing the strategies and activities outlined in the RFP.			20	
2d. The extent to which applicant provided evidence that it will demonstrate cultural competence, address health equity and the social determinants of health in the design and implementation of services and evidence-based intervention(s) (EBIs) of choice.			20	
3. Work Plan (17% total, 34 points)				
3a. The extent to which a thorough, realistic work plan is presented with clear activities, measurable objectives, and specific appropriate timelines, including a start date and staff responsible.			26	
3b. The extent to which the proposer provides details to demonstrate how it will measure or prove the completion of major tasks, functions, or activities (e.g., identification of key events/outcomes/deliverables).			8	
4. Staffing Plan and 6. Subcontractors (10% total, 20 points)				
4a. The extent to which adequate time is allocated to manage the services to be provided. The extent to which the profile of staff and subcontractors are clear and adequate to manage the services to be provided.			8	
4b. Does the applicant have a qualified program administrator responsible for overseeing the overall operation of the program and functioning as the single point of contact?			2	

Criteria	Maximum Points	Bidder's Points
4c. The extent to which the applicant has demonstrated its capability to effectively coordinate, manage, and monitor the efforts of assigned staff, including subcontractors, to ensure that work is effectively completed in a timely manner.	6	
4d. A thorough organizational chart is provided.	2	
4e. The extent to which the applicant will utilize small and minority businesses, whenever feasible and appropriate, in the purchase of supplies and services funded through this contract.	2	
5. Data, Technology, and Performance Measures (12% total, 24 points)		
5a. The extent to which the applicant has demonstrated the ability to access existing relevant sources of data for the purpose of planning evidence-based prevention strategies and monitoring their progress.	6	
5b. The extent to which the applicant has demonstrated the ability to: <ul style="list-style-type: none"> • set up and maintain files on program activity such as number served, collect, store and report sociodemographic data on activity and program reach as per DPH security and confidentiality requirements. • Provide required reports, success stories, and respond to data requests as outlined by DPH. 	8	
5c. The extent the applicant has developed a plan to capture performance measures in order to evaluate their program.	10	
Cost Proposal (6% total, 12 points)		
a. Financial Profile: The fiscal competitiveness of the proposal.	4	
b. Budget and Budget Narrative: The extent to which a cost-effective budget is presented which follows guidelines in the RFP.	8	
	200	

TOTAL _____

Note: As part of its evaluation of the Staffing Plan, the Screening Committee will consider the proposer's demonstrated commitment to affirmative action, as required by the Regulations of CT State Agencies § 46A-68j-30(10).

Work Plan (use Landscape orientation, make as many blank pages as needed)

Instructions: Applicants may use this template to complete their Year 1-2 Work Plan and provide a general summary of Years 3-5. For the menu of Healthy People Objectives (HP2030), see pages 33-36.

Components:**Component A**

- **Chronic Disease Prevention and Management** – Address healthy lifestyle choices and policy, systems, and environmental changes to promote healthy eating and active living and reduce rates of heart disease, stroke, and diabetes.
- **Injury & Violence Prevention** – Decrease intentional and unintentional injuries, including sexual violence, motor vehicle injuries, injuries from falls, and suicide and self-directed violence.
- **Community Strength and Resilience** – Promote health and safety in community settings and increase social and community support to address the social determinants of health, including food security, transportation, stable housing, employment, substance use treatment, access to health care, and social connections.

Component B

- **Tobacco Prevention** – Reduce use of all tobacco products in adults and adolescents

Strategies and Supporting Information:

Work plan must identify the public health issue(s) being addressed from the list above, provide a description of the strategies planned to address the public health concern, identify the target population and how the program addresses their needs including health equity, and identify the national and state health status outcome objectives each program will work towards achieving as reflected in HP 2030.

For example:

Component A: *Chronic Disease Prevention and Management- Diabetes Prevention & Control*

Target Population: *Low-income men and women 18-64 in LHD service area with increased risk for type 2 diabetes.*

HP2030 Objective: *D-D01- Increase the proportion of eligible people completing CDC-recognized type 2 diabetes prevention programs*

Strategy/Evidence-based Intervention (EBI): *Increase enrollment and retention in the National DPP lifestyle intervention by improving access, appropriateness, and/or feasibility of the program.*

Work Plan: Years 3-5

Provide a general summary of work plan objectives proposed for years 2-3 of your proposal (maximum one page narrative). This summary should describe how work in years 3-5 will build on the year 1 objectives/activities and ultimately result in accomplishment of intended outcomes.

Component:

Health Topic:

Strategy:
Healthy People 2030 Objective:

Priority Population of focus:
Period of Performance:
Outcome:

Supporting Activities:	Process Measures:	Baseline Data:	Target	Responsible Person/Party	Timeline (anticipated completion date)

STATEMENT OF ASSURANCES

Agency Name

The undersigned Respondent affirms and declares that:

1) General

- a. This proposal is executed and signed with full knowledge and acceptance of the RFP CONDITIONS stated in the RFP.
- b. The Respondent will deliver services to the Agency the cost proposed in the RFP and within the timeframes therein.
- c. The Respondent will seek prior approval from the Agency before making any changes to the location of services.
- d. Neither the Respondent or any official of the organization nor any subcontractor the Respondent or any official of the subcontractor organization has received any notices of debarment or suspension from contracting with the State of CT or the Federal Government.
- e. Neither the Respondent or any official of the organization nor any subcontractor to the Respondent or any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with other states within the United States.

Legal Name of Organization:

Authorized Signatory

Date

**COVER SHEET
REQUEST FOR PROPOSAL**

**RFP DPH Log # 2023-0903
Preventive Health Strategies at Work in Connecticut Communities**

**CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
Community, Family Health, and Prevention Section**

Applicant Information

Applicant Agency: _____
Legal Name

Address

City/Town State Zip Code

Telephone No. FAX No. Email Address

Contact Person: _____ Title: _____

Telephone No: _____

TOTAL PROGRAM COST: \$ _____

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

Signature of Authorizing Official: Date

Typed Name and Title

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

1. Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State
2. Mailing address
3. Main telephone number
4. Fax number, and email address, if any
5. Principal contact person for the application (person responsible for developing application)
6. 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.

Applicant Information Form (continuation)

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

Contract and Legal Documents/Forms:

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

Program Progress Reports:

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

Financial Expenditure Reporting Forms:

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

Incorporated: YES NO

Agency Fiscal Year:

Type of Agency: Public Private Other, Explain: _____

Profit Non-Profit

Federal Employer I.D. Number:

Town Code No:

Medicaid Provider Status: YES NO

Medicaid Number:

Minority Business Enterprise (MBE): YES NO

Women Business Enterprise (WBE): YES NO

Budget Summary Instructions

Instructions for each of the five budget years:

Five Annual Budgets required: Applicants applying for funds under Component A AND B must supply separate budgets that combined do not exceed the annual award ceiling: \$100,000.

Component A: Chronic Disease Prevention and Management, Injury and Violence Prevention, and Community Strength and Resilience

Component B: Tobacco Prevention

Funding Period One	October 1, 2023 – September 30, 2024
Funding Period Two	October 1, 2024 – September 30, 2025
Funding Period Three	October 1, 2025 – September 30, 2026
Funding Period Four	October 1, 2026 – September 30, 2027
Funding Period Five	October 1, 2027 – September 30, 2028

A. Budget Summary Instructions

1. Position Schedule #2a

- a. Complete the schedule for all positions to be funded even if currently vacant.
- b. Complete one Position Schedule #2a for each Program/Fund to be included in the Budget.

2. Personnel (lines #1 - #2)

- a. Line #1 **Salary and Wages:** Enter the total salary charged, as listed on Position Schedule 2a.
- b. Line #2 **Fringe Benefits Line:** Enter the total fringe benefits charged, as listed on Position Schedule 2a.

3. Line #8 Contractual (Subcontracts): Provide the total of all subcontracts and complete Subcontractor Schedule.

4. Lines #3 - #7, #9, and #10: Complete categories as appropriate,

5. Line #11: Other Expenses are any other types of expense that do not fit into the categories listed.

For example: Equipment. Please note that the state's definition of equipment is tangible personal property with a normal useful life of at least one year and a value of at least \$5,000 or more.

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

7. Administrative and General Costs, Line Item #12

- a. Are defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the overall organization. Examples of A&G costs include salaries of executive directors, administrative & financial personnel, accounting, auditing, management information systems, proportional office costs such as

building occupancy, telephone, equipment, and office supplies. Please review the OPM website on Cost Standards for more information at: http://www.opm.state.ct.us/finance/pos_standards/coststandards.htm.

- b. **Administrative and General Costs** must be itemized on the Budget Justification Schedule. Costs that have a separate line item in the Budget Summary may not be duplicated as an Administrative and General Cost. For example, if the Budget Summary includes an amount for telephone costs, this cannot also be included as an Administrative and General Cost.
- 8. **Other Program Income** list any other program income, if appropriate, such as in-kind contributions, fees collected, or other funding sources and include brief explanation on Budget Justification.
- 9. **Multiple Funding Period Contracts:** Please complete a full budget for each Funding Period of the contract, clearly indicating the Period on each form. Absent other instructions, assume level funding for the second year.

B. Budget Justification Schedule B

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

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

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

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

C. Subcontractor Schedule A--Detail

- 1. All subcontractors used by each program must be included, if it is not known who the subcontractor will be, an estimated amount and whatever budget detail is anticipated should be provided. (Submit the actual detail when it is available). A separate subcontractor schedule must be completed for each program included in the contract. For example: The contract is providing both a Needle Exchange program and an AIDS Prevention Education Program and Subcontractor "A" is providing services to both program there must be a separate budget for Subcontractor "A" for each.
- 2. Detail of Each Subcontractor:
 - a. Choose a category below for each subcontract using the basis by which it is paid:
 A. Budget Basis B. Fee for Service C. Hourly Rate.
 - b. Choose whether the subcontractor is a minority or woman owned a business:
 - c. MBE WBE Neither
 - d. Provide the detail for each subcontract just as for the primary contract budget referencing the corresponding program of the contract. Detail must be provided for each subcontractor listed in the Summary.

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

Budget Summary Sheet

Program:	Name	Name	Total
Fund:	SID	SID	
1. Salaries & Wages			
2. Fringe Benefits			
3. Contractual (Sub-Contracts)**			
4. Transportation			
5. Materials & Supplies			
6. Facilities			
7. Capital Expenses (>\$5,000)			
8. Client Subsidies			
9. Other Expenses (list)			
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
12. Administrative and General Costs			
Total DPH Grant			
Other Program Income			

*** Complete Subcontractor Schedule A

Subcontractor Schedule A - 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

Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	
Line Item(s)					
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

Program:	Name		Name		Total
	Fund:	SID 1	SID 2	SID 1	
Line Item(s)					
Total Subcontract Amount:					

Position Schedule #2a Staffing Detail Form

Profile of staff providing services. Please provide the information requested below.

Contractor Name:

Funding Period: mm/dd/yyyy – mm/dd/yyyy

Contract Start/End Dates:

Position Description and Staff Person Assigned	Site/ Location	Hours wk/ wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Name:		/			%	
2.Position: Name:		/			%	
3.Position: Name:		/			%	
4.Position: Name:		/			%	
5.Position: Name:		/			%	
6.Position: Name:		/			%	
7.Position: Name:		/			%	
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
11.Position: Name:		/			%	
12.Position: Name:		/			%	
13.Position: Name:		/			%	
14.Position: Name:		/			%	
15.Position: Name:		/			%	
16.Position: Name:		/			%	
Totals						

***Attach resumes and job descriptions for all Professional Staff in proposal appendix.**

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:			

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

Contractor's Authorized Signature

Date



STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)

INSTRUCTIONS:

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

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

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

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

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

Start Date End Date Cost

Description of Services Provided:

Is the consultant a former State employee or former public official? [] YES [] NO

If YES: Name of Former State Agency Termination Date of Employment

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

Printed Name of Bidder or Vendor Signature of Chief Official or Individual Date
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 20__.

Commissioner of the Superior Court or Notary Public

NOTIFICATION TO BIDDERS

The contract to be awarded is subject to contract compliance requirements mandated by Section 4-114a of the Connecticut General Statutes; and, when the awarding agency is the state, Section 46a-71(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 4-114a et. seq. of the Regulations of Connecticut State Agencies which establish a procedure for the awarding of all contracts covered by Sections 4-114a and 46a-71(d) of the Connecticut General Statutes.

According to Section 4-114a-3(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 4-114a 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 4-114a-1 (10) 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 work force is at or near parity when compared to the racial and sexual composition of the work force 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 4-114a-3 (10) of the Contract Compliance Regulations.

INSTRUCTION: Bidder must sign acknowledgment form below and return signed page to Awarding Agency along with bid proposal. Please retain a copy for your files.

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

Signature	Date
-----------	------

on behalf of:

Contract No.: #

Letter of Award: _____

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner



Nec Lamont
Governor
Susan Bysiewicz
Lt. Governor

AFFIRMATIVE ACTION CONTRACT COMPLIANCE POLICY STATEMENT

The Department of Public Health (DPH) is an Affirmative Action/Equal Employment Opportunity employer, in compliance with all state and federal laws and shall comply with the Contract Compliance Regulations and CGS 4a-60 Nondiscrimination and affirmative action provisions in contracts of the state and political subdivisions other than municipalities. Consistent with the Contract Compliance Regulations of Connecticut State Agencies, Sections 46a-68j-21 through 46a-68j-43, DPH encourages bidders, contractors, subcontractors, and suppliers to:

- Develop and follow a plan of affirmative action to achieve or exceed parity of employment with the applicable labor market
- Develop and follow an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Administrative Regulations of Connecticut State Agencies, inclusive
- Submit employment statistics contained in the "Employment Information Form," indicating that the composition of its workforce is at or near parity when compared to the race/sex composition of the workforce in the relevant labor market area
- Develop and follow a plan to set aside a portion of the contract for legitimate minority business enterprises per Section 46a-68j-30(10)(E) of the Contract Compliance Regulations

DPH considers bidders success in these factors in reviewing the bidder's qualifications under the Contract Compliance requirements. Accordingly, any individual or organization that desires to do business with DPH shall not:

- Discriminate or permit discrimination against any protected class person or protected group in the performance of contracts
- Engage in discriminatory practices or permit discriminatory practices in their workplace
- Cooperate with the Connecticut Commission on Human Rights and Opportunities in all activities
- In all contract solicitations or advertisements state that they are an "affirmative action-equal opportunity employer"
- Must sign a Notification to Bidders Form, and complete a workforce analysis questionnaire necessary for the contract award process

DPH notifies bidders, contractors, subcontractors, and suppliers of this policy and will not knowingly do business with any contractor, subcontractor or supplier of materials who unlawfully discriminates against members of any



Phone: (860) 509-8000 • Fax: (860) 509-7184
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer



C. INFORMATIONAL ATTACHMENTS

Nondiscrimination Certification Instructions

The governing body of your **corporation, company, or entity** must adopt policies and/or pass a resolution adopting and supporting nondiscrimination agreements and warranties as indicated in the *attached* Certification form.

If an **individual**, you must certify that you will adhere to the required nondiscrimination agreements and warranties, as indicated in the *attached* Certification form.

Individual Use FORM A	Corporation, Company or Entity <i>Use FORM B (under \$50,000) or FORM C (\$50,000 or more)</i>
For an individual, enter your full legal name and address of residence.	Enter the legal Name and Title of the Authorized Signatory if not already included on the form. This is the person <u>named</u> in the Secretarial Certification as authorized to sign. Alternately, the person authorized to certify the authorized signatory may sign this certification. If this option is chosen, the individual signing the secretarial certification and the nondiscrimination certification should be the same individual.
This does not apply for contracts with individuals.	Enter Corporation / Contractor Name with no abbreviations unless it is legally abbreviated in the charter if not already included on the form. Exception: Corp. is a legal abbreviation.
This does not apply for contracts with individuals.	Enter State or Commonwealth of Incorporation where required if not already included on the form
Enter the <u>Day, Month, Year</u> on which the certification is signed. This date <u>must be the same or later</u> than the date the Contract is signed	Enter the <u>Day, Month, Year</u> on which the certification is signed. This date <u>must be the same or later</u> than the date the Contract is signed
Enter the Signer's Signature.	Enter the Signer's Signature.

IMPORTANT

Name of Signer must be typed **exactly** the same at the beginning of Document as at the end of the Document. Signature must match typed name **exactly**.

It is **not** necessary to have the form notarized unless an area for such appears on the form. Notarization is required, however, if so indicated on the form.

The requirement for notarization exists for contracts including funding in excess of \$50,000 per year.

The enclosed form is an official document approved by the Connecticut Office of Attorney General. Substitute documents are not acceptable.

Any type of correction fluid or tape is not acceptable! ***

*** We can supply additional forms if necessary.

cert.instr. 7/10/09

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



STATE OF CONNECTICUT

Form C

NONDISCRIMINATION CERTIFICATION – Affidavit By Entity 7/8/09

For Contracts Valued at \$50,000 or More

Documentation in the form of an affidavit signed under penalty of false statement by a chief executive officer, president, chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended

INSTRUCTIONS:

For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut **valued at \$50,000 or more for any year of the contract.** Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.

AFFIDAVIT:

I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of an oath.

I am _____ of _____, an entity
Signatory's Title Name of Entity

duly formed and existing under the laws of _____
Name of State or Commonwealth

I certify that I am authorized to execute and deliver this affidavit on behalf of

_____ and that _____
Name of Entity Name of Entity

has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.

Authorized Signature

Printed Name

Sworn and subscribed to before me on this _____ day of _____, 20____.

Commissioner of the Superior Court/
Notary Public

Commission Expiration Date

FALSE CLAIMS ACT

COMPLIANCE NOTIFICATION

This Contract requires compliance with The Deficit Reduction Act (“Act”) of 2005, which requires that the contractor or “qualified provider” receiving the contract comply with the Department’s False Claims Act Policy and Procedure as follows:

1. Review, print, and maintain on file the following Department’s False Claims Act Policy and False Claims Act Procedure.
2. Provide appropriate notice of the requirements of the Policy and Procedure by providing copies of the Department’s False Claims Policy and False Claims Procedure to all employees of your organization, including officers and officials as well as subcontractors providing services funded by this Contract, in accordance with the requirements of Section 4.3.3 of the Department’s False Claims Act Procedure.

Do not return the False Claims Policy or False Claims Procedure to the Department. Your signature on the executed Contract confirms your receipt and compliance with the Department’s False Claims Act compliance requirement.


Attachment C.4:

	<p>False Claims Act (Policy)</p>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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APPROVAL SIGNATURES		DATE
Jewel Mullen, MD, MPH, MPA. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

REFERENCE DOCUMENTS	
Document	Title
The Deficit Reduction Act (“Act”) of 2005	Section 6032
United States Code (U.S.C.)	Sections 3729-3733
Connecticut General Statutes (C.G.S.)	Section 53a-290 Vendor Fraud
Connecticut General Statutes (C.G.S.)	Section 4-61dd Whistleblower
Connecticut General Statutes (C.G.S.)	Section 31-51m Blacklisting
Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

The Deficit Reduction Act (“Act”) of 2005 is the federal government’s legislative effort to control spending for entitlement programs, such as Medicaid. The Act seeks to control spending by reducing federal overpayments for prescription drugs and medical services, thereby improving the integrity of federally funded entitlement programs.

2.0 Scope

Section 6032 of the Act states that any entity, such as the Department of Public Health (Department), which receives or makes payments under a state plan approved under Title XIX or under a waiver of such plan, totaling at least \$5,000,000 annually, is required to establish written policies providing detailed information about the False Claims Act (“FCA”) and any state false claims laws to all Department employees, contractors and agents. The Department is also required to establish and inform all employees, contractors, qualified providers and agents about the Department’s policies and procedures for the detection and prevention of fraud, waste and abuse, the protection afforded to any person who reports an incident of a false claim to a regulatory body (e.g., Whistleblower Protection) and any civil or criminal penalties for false claims.

3.0 Definitions and Acronyms

Specialized acronyms and definitions identified in this contract procedure are defined below.

3.1 Acronyms

“CGMS”	The Connecticut Department of Public Health, Contracts & Grants Management Section
“Department”	The State of Connecticut Department of Public Health
“FCA”	False Claims Act
“PFCRA”	Program Fraud Civil Remedies Act

3.2 Definitions


Claim - means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer or family member who act as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.

Employee - means any officer or employee of the entity, contractor, or agent.

Entity - means a governmental agency, organization, unit, corporation, partnership or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

Knowing and Knowingly - means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falseness of the information.

	<h2>False Claims Act (Policy)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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4.0 Compliance

4.1 False Claim Act

The FCA prohibits any person, firm, corporation or entity from knowingly presenting, or causing to be presented, a false claim or statement to a federally funded program, including Medicaid, or conspiring to defraud the federal government. Any person, company or entity that acts in deliberate ignorance of or with reckless disregard of the truth of such information is considered to have acted knowingly.

The civil penalty for violating the FCA is a fine of not less than \$5,000 and not more than \$10,000 per violation. The person, company or entity may also be fined an additional three times the amount of damages sustained by the federal government. The PFCRA also provides that any person or company that commits fraud by making a false statement or claim can be assessed a penalty of \$5,000 per false claim or statement in addition to the penalties available under the FCA.

A person may bring a civil action for violating the FCA on behalf of said person and the United States government. If the federal government proceeds with an action brought by such person then that person shall receive at least 15 percent but not more than 25 percent of the proceeds of the action or settlement. If the federal government does not proceed with the action and the person initiating the action proceeds, then the person bringing the action shall receive a reasonable amount, to be determined by the court, but not less than 25% and not more than 30% of the proceeds of the action or settlement.


The FCA prohibits retaliation by an employer against an employee for bringing a false claim action or participating in such action (Whistleblower Protection). Any employee subject to retaliation by an entity, contractor or agent shall be entitled to all relief necessary to make the employee whole, including but not limited to reinstatement, two times the amount of back pay, interest on back pay and special damages.

4.2 State False Claim Related Acts

Under Connecticut's Vendor Fraud statute it is illegal for a person on his own behalf or on the behalf of an entity, with intent, to fraudulently provide goods or services to a beneficiary or recipient under Title XIX or to fraudulently receive goods or services. Connecticut law also prohibits any vendor from fraudulently providing services or goods for any recipient of General Assistance. The State Whistleblower law provides any employee who reports a suspected violation of state or federal law with protection against retaliation by the employer. State law also prohibits any person, corporation, state or political subdivision from blacklisting any employee.

4.3 Compliance Reporting


All DPH employees, contractors and agents, are required to report fraud, waste and abuse to: The Department of Public Health, Contracts & Grants Management Section, 410 Capitol Avenue, MS#13GCT, P.O. Box 340308, Hartford, CT 06134-0308.

	<p>False Claims Act (Procedure)</p>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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APPROVAL SIGNATURES		DATE
Jewel Mullen, MD, MPH, MPA. (original signature on file)	Commissioner of Public Health	05/21/2010

REVISION HISTORY			
Revision	Description of Change	Author	Effective Date
Basic	Initial Release	Bruce Wallen	05/21/2010

REFERENCE DOCUMENTS	
Document	Title
The Deficit Reduction Act (“Act”) of 2005	Section 6032
United States Code (U.S.C.)	Sections 3729-3733
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Connecticut General Statutes (C.G.S.)	Section 31-51m Blacklisting
Connecticut General Statutes (C.G.S.)	Section 17b-127 General Assistance

	<h2>False Claims Act (Procedure)</h2>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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1.0 Purpose

This procedure provides guidance to the Department of Public Health on informing all employees, contractors and agents about the Department of Public Health False Claims Policy, PL-CGMS C-001.

2.0 Scope

This procedure applies to all Department of Public Health staff, and officers and employees of contractors, agents, qualified providers and subcontractors funded by the department.

3.0 Definitions and Acronyms

Specialized acronyms and definitions identified in this contract procedure are defined below.

3.1 Acronyms

“CGMS”	The Connecticut Department of Public Health, Contracts & Grants Management Section
“Department”	The State of Connecticut Department of Public Health
“FCA”	False Claims Act
“PFCRA”	Program Fraud Civil Remedies Act
“POS”	Purchase of Service Contract

3.2 Definitions

Claim - means any request or demand, whether under a contract or otherwise, for money or property which is made by a contractor, grantee, or other recipient if the United States government provides any portion of the money or property which is requested or demanded, or if the government will reimburse such contractor, grantee, or other recipient for any portion of the money or property which is requested or demanded.

Contractor or Agent - means any contractor, subcontractor, agent, qualified vendor, consumer or family member who act as an employer or other person which or who, on behalf of the entity, furnishes, or otherwise authorizes the furnishing of, Medicaid health care items or services, performs billing or coding functions, or is involved in the monitoring of health care provided by the entity.


Employee - means any officer or employee of the entity, contractor or agent.

Entity - means a governmental agency, organization, unit, corporation, partnership or other business arrangement, including Medicaid managed care organizations, whether for profit or not-for-profit, which receives or makes payments, under a state plan approved under Title XIX or under any waiver of such plan, totaling at least \$5,000,000 annually.

Knowing and Knowingly - means that a person with respect to information 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falseness of the information.

Purchase of Service Contract - Previously Human Service Contract, a contract document used to procure direct client services to populations served by the Department over a defined period and for an agreed upon maximum price.

Subcontractor – See “Contractor or Agent” above.

	<p>False Claims Act (Procedure)</p>	<p>PL-CGMS C-001 Revision: 1.0 Effective Date: 05/21/2010</p>
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4.0 Process

4.1 Dissemination to the Department’s New Employees

- 4.1.1 The Department’s Human Resources staff shall present and provide all newly hired Department employees with a copy of the False Claims Act Policy and Procedure during the new employee orientation.
- 4.1.2 Each new Department employee must acknowledge receipt of the False Claims Act Policy and Procedure by signing an acknowledgement that they received it. The acknowledgement shall be maintained in their personnel file.

4.2 Dissemination to the Department’s Existing Employees

Each existing Department employee shall receive a copy of the Department’s False Claims Act Policy and Procedure and must sign an acknowledgement that they have received it. The acknowledgement shall be maintained in their personnel file.

4.3 Dissemination to Contractors and Qualified Providers

- 4.3.1 CGMS shall include the Department’s False Claims Act Policy and Procedure in all POS contracts between the Department and its contractors and agents.
- 4.3.2 Contractors and agents shall inform all employees providing services funded by the contract of the policy and procedure and obtain acknowledgement of receipt.
- 4.3.3 Execution of the contract by a contractor or agent, via authorized signature, shall indicate acceptance of and compliance with the Department’s False Claims Policy and Procedure in accordance with Part II, Section C.4, (Terms and Conditions, Contractor Obligations, Federal Funds) of the POS Contract.
- 4.3.4 Contractors and agents under contract with the Department shall inform all subcontractors, providing services funded by the contract, of the policy and procedure and obtain acknowledgement of receipt either via inclusion of a contract term/condition in the sub-contractual agreement as in 4.3.3 above, and execution of such subcontract, or via separate acknowledgement.

5.0 Records

- 5.1 The following records shall be maintained, generated, or updated, and filed by the Department in accordance with this procedure and CGMS record retention requirements and schedules. Contractors shall maintain records according to their established record retention schedules.

Record Name	Responsible	Retention Req.	Location
Employee acknowledgement of receipt of False Claims Policy and Procedure	Human Resources Office	Until employee termination	Employee File
Fully Executed Contract Document	CGMS	3 Yrs. From end date of contract(s)	CGMS Contract File

Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Limitations

This notice is provided under the authority of Connecticut General Statutes §9-612 (f) (2) and is for the purpose of informing state contractors and prospective state contractors of the following law (italicized words are defined on the reverse side of this page).

CAMPAIGN CONTRIBUTION AND SOLICITATION LIMITATIONS

No state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or a quasi-public agency or a holder, or principal of a holder, of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee (which includes town committees).

In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

On and after January 1, 2011, no state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a state agency in the executive branch or a

quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall knowingly solicit contributions from the state contractor's or prospective state contractor's employees or from a subcontractor or principals of the subcontractor on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

DUTY TO INFORM

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

PENALTIES FOR VIOLATIONS

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties—Up to \$2,000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences of their violations may also be subject to civil penalties of up to \$2,000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties—Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than 5 years, or not more than \$5,000 in fines, or both.

CONTRACT CONSEQUENCES

In the case of a state contractor, contributions made or solicited in violation of the above prohibitions may result in the contract being voided.

In the case of a prospective state contractor, contributions made or solicited in violation of the above prohibitions shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The State shall not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Additional information may be found on the website of the State Elections Enforcement Commission, www.ct.gov/seec. Click on the link to “Lobbyist/Contractor Limitations.”

DEFINITIONS

“State contractor” means a person, business entity or nonprofit organization that enters into a state contract. Such person, business entity or nonprofit organization shall be deemed to be a state contractor until December thirty-first of the year in which such contract terminates. “State contractor” does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

“Prospective state contractor” means a person, business entity or nonprofit organization that (i) submits a response to a state contract solicitation by the state, a state agency or a quasi-public agency, or a proposal in response to a request for proposals by the state, a state agency or a quasi-public agency, until the contract has been entered into, or (ii) holds a valid prequalification certificate issued by the Commissioner of Administrative Services under section 4a-100. “Prospective state contractor” does not include a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

“Principal of a state contractor or prospective state contractor” means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a state contractor or prospective state contractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a state contractor or prospective state contractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a state contractor or prospective state contractor, which is not a business entity, or if a state contractor or prospective state contractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any state contractor or prospective state contractor who has managerial or discretionary responsibilities with respect to a state contract, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the state contractor or prospective state contractor.

“State contract” means an agreement or contract with the state or any state agency or any quasi-public agency, let through a procurement process or otherwise, having a value of fifty thousand dollars or more, or a combination or series of such agreements or contracts having a value of one hundred thousand dollars or more in a calendar year, for (i) the rendition of services, (ii) the furnishing of any goods, material, supplies, equipment or any items of any kind, (iii) the construction, alteration or repair of any public building or public work, (iv) the acquisition, sale or lease of any land or building, (v) a licensing arrangement, or (vi) a grant, loan or loan guarantee. “State contract” does not include any agreement or contract with the state, any state agency or any quasi-public agency that is exclusively federally funded, an education loan, a loan to an individual for other than commercial purposes or any agreement or contract between the state or any state agency and the United States Department of the Navy or the United States Department of Defense.

“State contract solicitation” means a request by a state agency or quasi-public agency, in whatever form issued, including, but not limited to, an invitation to bid, request for proposals, request for information or request for quotes, inviting bids, quotes or other types of submittals, through a competitive procurement process or another process authorized by law waiving competitive procurement.

“Managerial or discretionary responsibilities with respect to a state contract” means having direct, extensive and substantive responsibilities with respect to the negotiation of the state contract and not peripheral, clerical or ministerial responsibilities.

“Dependent child” means a child residing in an individual's household who may legally be claimed as a dependent on the federal income tax of such individual.

“Solicit” means (A) requesting that a contribution be made, (B) participating in any fundraising activities for a candidate committee, exploratory committee, political committee or party committee, including, but not limited to, forwarding tickets to potential contributors, receiving contributions for transmission to any such committee, serving on the committee that is hosting a fundraising event, introducing the candidate or making other public remarks at a fundraising event, being honored or otherwise recognized at a fundraising event, or bundling contributions, (C) serving as chairperson, treasurer or deputy treasurer of any such committee, or (D) establishing a political committee for the sole purpose of soliciting or receiving contributions for any committee. Solicit does not include: (i) making a contribution that is otherwise permitted by Chapter 155 of the Connecticut General Statutes; (ii) informing any person of a position taken by a candidate for public office or a public official, (iii) notifying the person of any activities of, or contact information for, any candidate for public office; or (iv) serving as a member in any party committee or as an officer of such committee that is not otherwise prohibited in this section.

“Subcontractor” means any person, business entity or nonprofit organization that contracts to perform part or all of the obligations of a state contractor's state contract. Such person, business entity or nonprofit organization shall be deemed to be a subcontractor until December thirty first of the year in which the subcontract terminates. “Subcontractor” does not include (i) a municipality or any other political subdivision of the state, including any entities or associations duly created by the municipality or political subdivision exclusively amongst themselves to further any purpose authorized by statute or charter, or (ii) an employee in the executive or legislative branch of state government or a quasi-public agency, whether in the classified or unclassified service and full or part-time, and only in such person's capacity as a state or quasi-public agency employee.

“Principal of a subcontractor” means (i) any individual who is a member of the board of directors of, or has an ownership interest of five per cent or more in, a subcontractor, which is a business entity, except for an individual who is a member of the board of directors of a nonprofit organization, (ii) an individual who is employed by a subcontractor, which is a business entity, as president, treasurer or executive vice president, (iii) an individual who is the chief executive officer of a subcontractor, which is not a business entity, or if a subcontractor has no such officer, then the officer who duly possesses comparable powers and duties, (iv) an officer or an employee of any subcontractor who has managerial or discretionary responsibilities with respect to a subcontract with

a state contractor, (v) the spouse or a dependent child who is eighteen years of age or older of an individual described in this subparagraph, or (vi) a political committee established or controlled by an individual described in this subparagraph or the business entity or nonprofit organization that is the subcontractor.