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| **IV. REQUIRED PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS** |

 **Page**

**A. Cover Sheet . . . . . . . . . . . . . . . . . . 1**

**B. Table of Contents . . . . . . . . . . . . . . . . 2**

**C. Declaration of Confidential Information . . . . . . . . . . . Etc.**

**D. Conflict of Interest - Disclosure Statement . . . . . . . . . . .**

**E. Main Proposal . . . . . . . . . . . . . . . . . .**

**1. Organizational Requirements**

a. Purpose/Mission/Philosophy . . . . . . . . . . . . .

 b. Entity Type / Years of Operations . . . . . . . . . . . .

 c. Community Presence . . . . . . . . . . . . . . .

 d. Location of Proposed Services . . . . . . . . . . . . .

 e. Qualifications/Certifications/Licensure . . . . . . . . . . .

 f. Corrective Action . . . . . . . . . . . . . . . .

**2. Cultural & Linguistically Competent Care . . . . . . . . . .**

1. Culturally Diverse Communities . . . . . . . . . . . .
2. Culturally Diverse Families . . . . . . . . . . . . .
3. Culturally Diverse Organization . . . . . . . . . . . .

**3. Service Requirements . . . . . . . . . . . . . . .**

1. Target Population & Access . . . . . . . . . . . . .
2. Referral Process . . . . . . . . . . . . . . . .
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4. Hours of Operation . . . . . . . . . . . . . . .
5. Evidence Based Services . . . . . . . . . . . . . .
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**4. Staffing Requirements . . . . . . . . . . . . . . .**

a. Staff Qualifications . . . . . . . . . . . . . . .

b. Staff Recruitment & Retention . . . . . . . . . . . . .

c. Staff Training . . . . . . . . . . . . . . . .

**5. Work Plan & Implementation Timeline . . . . . . . . . . .**

1. Implementation Experience . . . . . . . . . . . . .
2. Implementation Timelines . . . . . . . . . . . . . .
3. Partnership Development . . . . . . . . . . . . . .
4. Communication Plan . . . . . . . . . . . . . . .

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a. Community Partnership . . . . . . . . . . . . . .

b. Family Partnership . . . . . . . . . . . . . . .

c. Employment Partnership . . . . . . . . . . . . . .

d. DCF Partnership . . . . . . . . . . . . . . . .

1. **Performance Outcome Experience . . . . . . . . . . . . .**

**8. Data and Reporting . . . . . . . . . . . . . . . . .**

a. Quality Improvement Experience . . . . . . . . . . . .

b. Quality Assurance Resources . . . . . . . . . . . . .

**F. Cost Proposal . . . . . . . . . . . . . . . . . .**

**1. Financial Profile . . . . . . . . . . . . . . . .**

**2. Budget and Budget Narrative . . . . . . . . . . . . .**

To access the Consolidated Budget Form, please go to:

<https://portal.ct.gov/DCF/Contract-Management/Home>

 scroll down to RFP forms "DCF RFP Budget POS" Excel file

**G. Attachments . . . . . . . . . . . . . . . . . .**

Mandatory submission with proposal, unless otherwise indicated

**1. Attachment #1 Table of Organization . . . . . . . . . . .**

**2. Attachment #2 Certificate of Occupancy / Proof of Siting. . . . . .**

**3. Attachment #3 Culturally Diverse Communities . . . . . . . . .**

**4. Attachment #4 Culturally Diverse Families . . . . . . . . . .**

**5. Attachment #5 Culturally Diverse Organizations (Notification to Bidders)****. .**

To access the Notification to Bidders Package, please go to the following link:

https://portal.ct.gov/-/media/CHRO/NotificationtoBidderspdf.pdf

**6. Attachment #6 Culturally Diverse Organizations (CLAS Plan)** *(if appl.)* **.**

**6. Attachment #7 Program Pictures** *(if sited)* **. . . . . . . . . .**

**7. Attachment #8 SSA Audits** *(if req.)* ***. .* . . . . . . . . . .**