

### **Addendum 1 to 021109 Dental Initiative RFA**

The following questions were received on or before Friday, February 27, 2009 at 3pm. The answers that follow should assist potential bidders of this RFA in preparing their applications.

- 1) We're not seeing dollar parameters in the Application materials that we have. Does that mean that an applicant can request any level of funding to support initiatives to improve access/quality of care? Could you please advise as to the funding range?
  - A. The Department of Social Services has chosen not to limit the funding range of applicants, but is requesting that applications contain a high level of detail as to how the funding will be used. Please note that unlike the last dental initiative RFA, there is no guarantee how much money, if any, each organization will receive.
  
- 2) Should funding use be limited to HUSKY clients, or can uninsured clients also be served with these dollars?
  - A. The use of the funding must be limited to serving HUSKY clients only.
  
- 3) Our agency has had very preliminary discussions regarding development of a local dental residency training program, which we expect would serve a primarily inner city population. Would a dental residency feasibility study be something that DSS would consider funding under this opportunity?
  - A. No.
  
- 4) Does the application need to be received by DSS in hard copy or via fax?
  - A. Applications may be transmitted via email to Julia Lentini at [Julia.Lentini@ct.gov](mailto:Julia.Lentini@ct.gov) or via hard copy to :
    - Attorney Julia Lentini
    - Department of Social Services
    - Contracts Administration
    - 25 Sigourney Street
    - Hartford, CT 06106

**Applications will NOT be accepted via fax.**

- B. If the amount of funding I request is less than \$50,000, is it necessary to complete the Gift and Campaign Contribution Certification and the Consulting Agreement Affidavit?
      - A. No, it is not necessary.

State of Connecticut  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106

Funding Application  
Dental Improvements Initiative

The Department of Social Services is pleased to announce the availability of additional funding to be used to support initiatives that will improve access to dental services and/or improve the quality of dental care provided to clients. Existing hospital dental clinics, school based health centers and non – FQHC safety net facilities, as well as other dental outreach organizations that have provided services to HUSKY clients, are eligible to submit an application for funding that will demonstrate how the funding, if awarded, would be used to improve facility infra – structure or to assist with operating expenses in order to support improved or enhanced access to dental services and/or improve the quality of dental care delivered to clients.

Existing eligible facility types specified below may apply for funding to be used to support operating expenses or capital improvements, as well as community outreach and education that will enhance the quality of or increase the time (quantity) available for children to access dental care. Consideration will not be given to applications that propose the construction of new facilities or locations.

The following facility types are eligible to apply for funding:

- Mobile dental vans that are non – FQHC associated;
- School – based health centers with dental clinics that are not associated with FQHCs and provide prevention services and/or restorative services;
- School – based health centers that provide education and outreach to HUSKY enrolled children; and
- Dental clinics that are non – FQHC safety net facilities and provide prevention services and/or restorative services.

Please note that facilities that bill through FQHCs are not eligible to apply for this funding.

The goal of the Department in the allocation of these funds is to recognize an improvement in the access to care, an expansion of services currently offered or improvement in the quality of dental services delivered to patients. An eligible facility's receipt of funds is contingent upon the submission of and the Department's review and approval of a written application. The application must describe how the funds, if awarded, will be used and how the use of the funds will achieve the Department's stated goals.

The Department will favorably consider applications that propose to use awarded funds to cover operating expenses and/or infrastructure or minor capital improvements for activities that when implemented, will promote the goals of this initiative and the CT Dental Health Partnership. Review and consideration of the proposals does not guarantee an award to all applicants as

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funding is limited. Consideration will be given to facilities that did not previously receive an award or to facilities that have taken a creative approach to improving access to care or improving oral hygiene among children. Previous awardees must be in good standing with the current grant award in order to re - apply. Examples of proposed activities to be funded through this initiative include but are not limited to:

Client Education – Through a combination of in-house activities and interactions with the community and community providers, the funds will be used to support a client oral hygiene education program to improve awareness of oral health prevention and treatment compliance in the HUSKY population. The applicant may propose localized client education activities.

Dental Equipment – The applicant may propose that funding be used for the purchase of replacement or new dental chairs, new or replacement instruments or handpieces, X-ray equipment or other dental items which will allow clinics to expand services to clients.

E-Dental Health – The applicant may propose that funds be used to support the purchase of hardware and software to enhance the automation of dental treatment records.

Increase Personnel - The applicant may propose funding to increase clinic capacity by hiring additional support or direct service staff.

Portable Dental Equipment – The Department will provide funding towards the purchase of portable operatories, chairs and dental-equipped vans to allow clinics to expand services in their local communities.

If an applicant proposes the implementation of an on-going activity that would require continued financial support, the application must include evidence of the availability of financial support to maintain this initiative beyond the exhaustion of the initial funds.

If your facility is interested in applying for funding for this initiative, you must complete the **Dental Improvements Initiative - Funding Application** (pages 4 – 5) as well as the attached documentation, and submit the same to the Department **no later than 3:00 pm on Friday, March 13, 2009**. Potential applicants may submit clarifying questions to the Department, but to be considered they MUST be directed to the Department's Contract Administration Staff Attorney, Julia Lentini, through e-mail at [Julia.Lentini@ct.gov](mailto:Julia.Lentini@ct.gov) or via fax at 860-424-4953. Clarifying questions MUST be received by Friday, February 27, 2009.

The Department will establish an evaluation team to review all applications and provide the Commissioner with funding recommendations. The extent of the review will focus on the soundness of the project, outcome measures and cost effectiveness of the proposed use of funds. Not all applicants are guaranteed funding and the quality of each application will be considered by the evaluation team.

Funds that remain unallocated at the conclusion of this application process may, at the Department's sole discretion, be redistributed.

The Department of Social Services remains enthusiastic about offering this opportunity and reviewing *creative* proposals for the improvement of care for our clients. Thank you for your continued partnership with the Department of Social Services.

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State of Connecticut  
Department of Social Services  
25 Sigourney Street  
Hartford, CT 06106

Dental Improvements Initiative  
Funding Application

Name of Applicant Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

FEIN Number: \_\_\_\_\_

Description of Facility Type: \_\_\_\_\_

Consenting Authority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Contact for the Dental Initiative: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Funding Amount Requested: \_\_\_\_\_

Previous Grant Award, if any: \_\_\_\_\_

Detailed Description of Current Program (include type of services delivered):

The following questions should be answered in as much detail as possible, but the application response in total shall not exceed twenty (20) typed pages, including the required Excel spreadsheet.

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1. Please provide a brief description of the proposed use of the funding and how the use of the funds will achieve the Department's stated goals of an improvement in access to care, an expansion of services currently offered and/or improvement in the quality of dental services delivered.
2. How will your organization conduct community outreach and education to enhance the Dental Health Partnership's mission to improve the oral health of the clients and members it serves?
3. If your organization was a recipient from the previous grant award from the Dental Initiative issued by the Department of Social Services, please describe in detail how those monies have been utilized and what outcome measures have been achieved.
4. If the funding will be used to support an initiative that will require funding beyond the exhaustion of the funds awarded through this application, please give a brief statement of the facility's ability to maintain the financial support for the continuation of the initiative. Please provide documentation including expenditure reports to detail staffing, equipment, supplies and other operating expenses.
5. Has your organization or any of its programs ever been audited, investigated or had a finding related to any billing practices or financial issues, regardless of intent? If yes, please describe each instance in detail stating the date, allegation, investigation undertaken and final outcome.
6. Total Cost of Goods or Services: Please attach an Excel Spreadsheet listing each item, service or program and the quantity and itemized cost of each item, service or program; include your facilities' operating budget, time table for initiation and completion of improvements and provide a measurable outcome for each requested good, service or program. If your organization intends to use the funds to purchase equipment, please provide an actual cost estimate for the equipment.
7. Please utilize this opportunity to address any additional comments regarding the use of funding and the expected impact on the clients served.

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Signature of Authority

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Date



## STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

*Certification to accompany a State contract with a value of \$50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2), as amended by Public Act 07-1*

### INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution (and on each anniversary date of a multi-year contract, if applicable).

**CHECK ONE:**     Initial Certification                       Annual Update (Multi-year contracts only.)

### GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

- 1) "Contract" means that contract between the State of Connecticut (and/or one or more of its agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
- 2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is an Annual Update, "Execution Date" means the date this certification is signed by the Contractor;
- 3) "Contractor" means the person, firm or corporation named as the contractor below;
- 4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
- 5) "**Gift**" has the same meaning given that term in C.G.S. § 4-250(1);
- 6) "Planning Start Date" is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
- 7) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other principals, key personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

### CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:



**STATE OF CONNECTICUT  
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION**

**Lawful Campaign Contributions to Candidates for Statewide Public Office:**

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

**Lawful Campaign Contributions to Candidates for the General Assembly:**

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

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

\_\_\_\_\_  
Printed Contractor Name

\_\_\_\_\_  
**Signature of Authorized Official**

Subscribed and acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
**Commissioner of the Superior Court (or Notary Public)**

**For State Agency Use Only**

\_\_\_\_ Department of Social Services \_\_\_\_\_

\_\_\_\_\_  
Awarding State Agency  
Planning Start Date

\_\_\_\_\_  
Contract Number or Description



# 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	<b>Signature of Chief Official or Individual</b>	<b>Date</b>
_____	_____	_____
Awarding State Agency	Printed Name (of above)	

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
**Commissioner of the Superior Court  
or Notary Public**





**STATE OF CONNECTICUT**  
**AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY**

*Affirmation to accompany a large State construction or procurement contract, having a cost of more than \$500,000, pursuant to Connecticut General Statutes §§ 1-101mm and 1-101qq*

**INSTRUCTIONS:**

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

**CHECK ONE:**

- I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]
- I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]
- I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.

**IMPORTANT NOTE:**

Contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

**AFFIRMATION:**

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws\* developed by the Office of State Ethics pursuant to Connecticut General Statutes § 1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

\* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website at [http://www.ct.gov/ethics/lib/ethics/contractors\\_guide\\_final2.pdf](http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf)

Signature	Date
Printed Name	Title
Firm or Corporation (if applicable)	
Street Address	City
State    Zip	

\_\_\_\_\_

Awarding State Agency

# WORKFORCE ANALYSIS

**Contractor**

**Number of Connecticut employees**  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

**Address**

**Employment figures obtained from**  
 Visual Check  Employment Records   
 Other

JOB CATEGORIES	TOTALS	WHITE (Not of Hispanic Origin)		BLACK (Not of Hispanic Origin)		HISPANIC		ASIAN OR PACIFIC ISLANDER		AMER. INDIAN OR ALASKAN NATIVE		PERSON WITH DISABILITIES	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers													
Professionals													
Technicians													
Service Workers													
Office & Clerical													
Craft Workers (Skilled)													
Operators (Semi-Skilled)													
Laborers (Unskilled)													
TOTALS													
Totals One Year Ago													

### FORMAL ON-THE-JOB-TRAINEES

Apprentices													
Trainees													

- 1. Have you successfully implemented an Affirmative Action Plan?**  
 Yes  No  If yes, date of implementation \_\_\_\_\_; If no, explain \_\_\_\_\_

a) **Do you promise to develop and implement a successful Affirmative Action Plan?**  
 Yes  No  N/A  Explain: \_\_\_\_\_
- 2. Have you successfully developed an apprenticeship program complying with Sec. 46a-68-1 to 46a-68-17 of the Connecticut Department of Labor Regulations, inclusive:**  
 Yes  No  N/A  Explain: \_\_\_\_\_
- 3. According to EEO-1 data, is the composition of your work force at or near parity when compared with the racial and sexual composition of the work force in the relevant labor market area?**  
 Yes  No  Explain: \_\_\_\_\_
- 4. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises?**  
 Yes  No  Explain: \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

CT COMMISSION ON HUMAN RIGHTS & OPPORTUNITIES

CONTRACT COMPLIANCE REGULATIONS

Sec. 46a-68j-23. Obligations of Contractors

Every contractor awarded a contract subject to contract compliance requirements shall:

- 1) Comply fully with all federal and state antidiscrimination laws, and shall not discriminate or permit a discriminatory practice in such a form, in such a manner and at such a time as may be prescribed by the Commission;
- 2) Cooperate fully with the Commission;
- 3) Submit periodic reports of its employment and subcontracting practice in such a form, in such a manner and at such a time as may be prescribed by the Commission;
- 4) Provide reasonable technical assistance and training to minority business enterprises to promote the participation of such concerns in state contracts and subcontracts;
- 5) Make a good faith effort, based upon the availability of minority business enterprises in the labor market area, to award a reasonable proportion of all subcontracts to such enterprises;
- 6) Maintain full and accurate support data for a period of two (2) years from the date the record is made or the date the contract compliance form is submitted, whichever is later, provided that this provision shall not excuse compliance with any other applicable record retention statute, regulation or policy providing for a period of retention in excess of two (2) years;
- 7) Not discharge, discipline or otherwise discriminate against any person, who has filed a complaint, testified or assisted in any proceeding with the commission;
- 8) Make available for inspection and copying any support data requested by the commission, and make available for interview any agent, servant or employee having knowledge of any matter concerning the investigation of a discriminatory practice complaint or any matter related to a contract compliance review;
- 9) Include a provision in all subcontracts with minority business enterprise requiring that the minority business enterprise provide the commission with such information on the structure and operations as the commission finds necessary to make an informed determination as to whether the standards of Sec. 4a-60 of the Connecticut General Statutes as amended by Sec. 2 of Public Act 89-253 have been met; and
- 10) Undertake such other reasonable activities or efforts as the commission may prescribe to ensure the participation of minority business enterprises as state contractors and subcontractors.

Sec. 46a-68j-24. Utilization of minority business enterprises

Contractors shall make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on all projects subject to contract compliance requirements.