

## Addendum 2

### STATE OF CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

#### RFP #DMHAS-PCC Part B 2021

The State of Connecticut Department of Mental Health and Addiction Services is issuing Addendum 2 to the

#### **Prevention in Connecticut Communities Part B 2021 Request for Proposals (RFP)**

In the event of an inconsistency between information provided in the RFP and information in Addendum 2, **the information in Addendum 2 shall control.**

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#### **Addendum 2 contains:**

- A. **[Virtual Bidder's Conference Part B Attendees](#), provided in this hyperlink, and as an attachment to this addendum.**
- B. **[PowerPoint Presentation PCC Part B](#), provided in this hyperlink.**  
**The Power Point Presentation, delivered at the Virtual Bidder's Conference is also available upon request to the Official Contact, [marcia.mcdonough@ct.gov](mailto:marcia.mcdonough@ct.gov).**
- C. **Amendment to Section IV PROPOSAL SUBMISSION OUTLINE D. Main Proposal Submission Questions**
  - 1. **Program Narrative**
    - b. **Program Design and Service Objectives (35 Points)**
      - 3) Proposers must exhibit that they have current, **defined as within two (2) years**, underage drinking data for their selected community and address the following items: (10 Points) and
    - c. **Management Plan (20 Points)**
      - a. Provide an organizational chart and specific managerial plan indicating who will direct and be responsible for the coordination of the program and program deliverables. Identify one (1) **full-time Program Coordinator (at least 35 hours per week)** Program Coordinator (PC) with their qualifications and past experience, or provide a detailed job description for a prospective PC. The PC will be responsible for: 1) Program coordinating with identified community coalition; 2) Serving as the primary liaison to DMHAS; 3) Attending trainings, technical assistance meeting and conferences; 4) Completing and submitting all data in the Mosaix Impact prevention data collection system; and 5) Collaborating with the state-level evaluator and ensuring evaluation deliverables.

## **D. Amendment to add the following acronym and definition to**

### **Section VI. APPENDIX**

#### **A. ABBREVIATIONS / ACRONYMS / DEFINITIONS**

**Local Prevention Council (LPC):** Local Prevention Councils (LPCs) address primary prevention in each of the 169 communities throughout the state of Connecticut. The LPCs include representatives who are elected officials, police officers, educators, faith/spiritual leaders, business leaders, social and human service providers, and parents, among others. These multi town coalitions and related local-level entities ensure that community-led prevention efforts are accessible to residents across the state." For more information on LPC's please visit the DMHAS website:

<https://portal.ct.gov/DMHAS/Prevention-Unit/Prevention-Unit/Local-Prevention-Councils>

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#### **E. Questions and Official Responses**

1. **Question:** Do you anticipate extending the bid due date?

**Response:** No.

2. **Question:** What additional details are you willing to provide, if any, beyond what is stated in bid documents concerning how you will identify the winning bid?

**Response:** No additional details will be provided. Please refer to the RFP. Section III - PROPOSAL SUBMISSION OVERVIEW B. EVALUATION OF PROPOSALS, 1-5.

Section III — PROPOSAL SUBMISSION OVERVIEW B. Evaluation of Proposals.

3. **Question:** Was this bid posted to the nationwide free bid notification website at [www.mygovwatch.com/free](http://www.mygovwatch.com/free)?

**Response:** No.

4. **Question:** Other than your own website, where was this bid posted?

**Response:** Per the Request for Proposals:

The Request For Proposal is available in electronic format on the State Contracting Portal by searching by Organization

[https://biznet.ct.gov/SCP\\_Search/BidResults.aspx](https://biznet.ct.gov/SCP_Search/BidResults.aspx)

The RFP is also available on the Department's website

[https://biznet.ct.gov/SCP\\_Search/default.aspx?Src=CISplash](https://biznet.ct.gov/SCP_Search/default.aspx?Src=CISplash)

5. **Question:** We DO NOT currently have funding from STOP ACT, DFC, SPF/PFS but are in an extension year of the DMHAS CSC grant. Are we eligible? I ask because we use the SPF model but this is not an SPF/PFS grant.

**Response:** Per RFP SECTION I. GENERAL INFORMATION - B. INSTRUCTIONS - 7.d

**7. Minimum Qualifications of Respondents.** To qualify for a contract award, a Respondent must have the following minimum qualifications:

- d. Agencies or municipalities with existing (that are **not** in their final year of funding) or pending applications for Stop ACT, DFC, SPF/PFS or any direct

federal funding to implement any or all steps of the SPF, must select a community different from the designated community in the existing or pending applications.

Per RFP SECTION I. GENERAL INFORMATION - B. INSTRUCTIONS - 7.1.c

**7.1 Respondents Ineligible to Respond to the RFP.**

- c. Additionally, ineligible are organizations representing a city, town or community that is currently receiving funding from Stop ACT, Drug Free Communities (DFC), SPF/PFS or any direct federal funding to implement any or all steps of the SPF, **unless they are in their final year of funding for such.**
6. **Question:** I have tried to sign up for BizNet and to register on the State Portal but have had some difficulty. If we are eligible to apply for PCC-Part B, is this something you could help me with?

**Response:** Yes, please reach out to the Official Contact: [Marcia.McDonough@ct.gov](mailto:Marcia.McDonough@ct.gov)

7. **Question:** We currently have a Prevention Coordinator. Due to budget cuts we lost a second full-time person. We would like to use grant money to cover the cost of the position lost, but I would like to clarify if that can be done? If we can hire someone would they be considered a town employee and would the town have to cover them when the grant money runs out?

**Response:** Per RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES - C. SCOPE OF SERVICES – 3.a & 3.b

**3. Staffing Requirements**

PCC Part B 2021 staff must include:

- a. **One (1) full-time Program Coordinator (PC) for 1.0 FTE (minimum of 35-hours per week)** with experience implementing the SPF or similar public health planning model, or provide a detailed job description for a prospective PC. DMHAS prefers, but is not required, that this individual be someone who has the Certified Prevention Specialist (CPS) designation, or someone who will work towards obtaining their CPS within two (2) years from the project start date. The PC should have the skills, qualifications, and background needed to appropriately engage with the cultural and linguistic tapestry of individuals living within the proposed project area.
- b. **One part-time Youth Peer Advocate (YPA) between the ages of 16 and 24** with experience in community organizing/prevention/health promotion at the community or school level, or provide a detailed job description for a prospective YPA. This position will be a paid position at **no less than a five (5) hour work week.**
8. **Question:** Can we use the money to cover the cost of our current Prevention Coordinator or is the money to hire additional help?

**Response:** Please see the response to Question #7 above.

9. **Question:** If we hire additional help can we hire someone part-time for example 20 hours a week?

**Response:** Please see the response to Question #7 above.

10. **Question:** Please explain what is meant by the statement, "the department reserves the right to award one proposer per organization/municipality and one proposer per service area".

**Response:** Please refer to the RFP. Section III - PROPOSAL SUBMISSION OVERVIEW B. EVALUATION OF PROPOSALS, 1-5.

**Example:** To use an example, the Proposer being "ACE, Inc." and the Service Area being "Town X".

"ACE Inc." is allowed to submit one (1) proposal in response to the RFP.

"ACE, Inc." is one of many proposers that proposed working with the prevention coalition in "Town X".

Proposer "ACE, Inc." proposing "Town X" is awarded the right to negotiate a contract in response to the RFP. No other proposers were awarded rights to negotiate a contract for "Town X".

11. **Question:** Can a School District, that is part of a town's budget, be the respondent or must it be the town itself?

**Response:** Proposers must identify which eligibility category applies to them. Per RFP SECTION I. GENERAL INFORMATION - B. INSTRUCTIONS – 6. & 7. & 7.1:

**6. Eligibility.** Pursuant to C.G.S. §17a-676, and in accordance with federal grant requirements for use of this funding, the Department may only award contracts for the services requested herein to private nonprofit organizations or Connecticut municipalities. Eligible respondents are private provider organizations (defined as non-state entities that are 501(c)(3) nonprofit corporations or partnerships with principal place of business in Connecticut) or Connecticut municipalities. In all cases, Respondents must be currently registered to do business in the State of Connecticut with the Connecticut Office of the Secretary of the State <https://www.concord-sots.ct.gov/CONCORD/online?sn=InquiryServlet&eid=99>

**7. Minimum Qualifications of Respondents.** To qualify for a contract award, a Respondent must have the following minimum qualifications:

- a. **A Municipality (city or town)** – An individual municipality.
- b. **A Cluster of Municipalities (cities or towns)** – A lead municipality (city or town) applying as a lead applicant in collaboration with at least one (1) other municipality within their region.
- c. **A Community Agency** applying on behalf of a community/communities. Proposers within this group are required to obtain and submit a Memorandum of Understanding (MOU) from the municipality/municipalities in which the program is directed, that demonstrates awareness of the application and support for the project. In this group, DMHAS actively encourages

applications from entities and organizations that work with sub-groups within the community experiencing health disparities (e.g., families who are housing unstable; families with a history of incarceration; veteran and military families; LGBTQ youth populations; and Native youth, including cross-tribal and state-recognized tribal organizations).

- d. Agencies or municipalities with existing (that are not in their final year of funding) or pending applications for Stop ACT, DFC, SPF/PFS or any direct federal funding to implement any or all steps of the SPF, must select a community different from the designated community in the existing or pending applications.
- e. Local Prevention Councils (LPC's) are eligible following the same above stated eligibility criteria.

### **7.1 Respondents Ineligible to Respond to the RFP.**

- a. The following organizations are ineligible to respond to this RFP: Wheeler Clinic (Connecticut Clearinghouse), The Governor's Prevention Partnership, Regional Behavioral Health Action Organizations (RBHAOs), Prevention Training and Technical Assistance Service Center (TTASC), Cross Sector Consulting, University of Connecticut (UConn) Health, colleges and universities.
- b. Proposers for PCC- Part B 2021, are ineligible to simultaneously apply or be included in applications for the Prevention in Connecticut Communities Initiative Part A 2021, (PCC- Part A 2021).
- d. Additionally, ineligible are organizations representing a city, town or community that is currently receiving funding from Stop ACT, Drug Free Communities (DFC), SPF/PFS or any direct federal funding to implement any or all steps of the SPF, unless they are in their final year of funding for such.

12. **Question:** If a coalition has a relationship of working with its local school district, providing education to students primarily up to age 18, does the respondent need to have a plan to include 19 & 20 year olds?

**Response:** Yes. Per RFP SECTION I. GENERAL INFORMATION - A. INTRODUCTION - 3. RFP Purpose:

#### **3. RFP Purpose.**

Since 2005, DMHAS has promoted SAMHSA's Strategic Prevention Framework (SPF) model for data driven decision-making, capacity building, community collaboration and ongoing evaluation for all its funded providers. The SPF is an evidence-based public health planning process composed of five (5) elements designed to guide communities through the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities.<sup>1</sup> The five (5) steps of the SPF are:

- a. Step 1 Assessment;
- b. Step 2 Capacity;
- c. Step 3 Planning;

- d. Step 4 Implementation; and
- e. Step 5 Evaluation.

DMHAS recognizes that not all communities are at the same level of readiness and capacity to adopt a systematic public health planning process and to implement a comprehensive set of evidence-based prevention programs, policies, and practices to prevent and/or reduce misuse of substances by youth. **The purpose of PCC- Part B 2021 is to utilize the Strategic Prevention Framework (SPF) to fund community prevention coalitions to implement strategies to address alcohol use among 12-20 year olds.**

13. **Question:** On page 13, the RFP states that funding can be used for 1 FTE Program Coordinator, then on page 23, C (a), the RFP refers to a part-time Program Coordinator. May grant funding be used to support a full time, 1 FTE, Program Coordinator?

**Response:** Part B 2021 requires one (1) full-time Program Coordinator (PC) for 1.0 FTE (minimum of 35-hours per week). **Noteworthy, C. Amendment to Section IV PROPOSAL SUBMISSION OUTLINE D. Main Proposal Submission Questions**

Per RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES – 3.a:

#### **4. Staffing Requirements**

PCC Part B 2021 staff must include:

- c. One (1) full-time Program Coordinator (PC) for 1.0 FTE (minimum of 35-hours per week) with experience implementing the SPF or similar public health planning model, or provide a detailed job description for a prospective PC. DMHAS prefers, but is not required, that this individual be someone who has the Certified Prevention Specialist (CPS) designation, or someone who will work towards obtaining their CPS within two (2) years from the project start date. The PC should have the skills, qualifications, and background needed to appropriately engage with the cultural and linguistic tapestry of individuals living within the proposed project area.

14. **Question:** Can the same 501c3 be the applicant/proposer for a PCC – Part A grant for one service area and be the applicant/proposer for a PCC-Part B grant for a different service area working with a different coalition?

**Response:** No. Per RFP SECTION I. GENERAL INFORMATION - B. INSTRUCTIONS – 7.1:

#### **7.1 Respondents Ineligible to Respond to the RFP.**

- b. Proposers for PCC- Part B 2021, **are ineligible to simultaneously apply or be included in applications** for the Prevention in Connecticut Communities Initiative Part A 2021, (PCC- Part A 2021).

15. **Question:** If a coalition is in its last year of CSC funding, why can it not apply for both the Drug Free Communities Grant and the PCC-Part B grant so that the coalition can increase its chance of getting funding to continue its operations if it

promises to only accept one of the two grant awards?

**Response:** Per RFP SECTION I. GENERAL INFORMATION – B. INSTRUCTIONS – 7.d:

**7. Minimum Qualifications of Respondents.** To qualify for a contract award, a Respondent must have the following minimum qualifications:

d. Agencies or municipalities with **existing** (that are not in their final year of funding) **or pending applications** for Stop ACT, DFC, SPF/PFS or any direct federal funding to implement any or all steps of the SPF, **must select a community different from the designated community in the existing or pending applications.**

16. **Question:** Section D.1.b.3. (page 22 of the RFP) states, "Proposers must exhibit that they have current underage drinking data for their selected community..." Will you please specify timeframe or clarify what is considered "current"?

**Response:** **Noteworthy,** "current" is defined as within two (2) years.

Per RFP SECTION IV. PROPOSAL SUBMISSION OUTLINE – D. MAIN PROPOSAL SUBMISSION QUESTIONS – 1. PROGRAM NARRATIVE – b.

### **1. Program Narrative (80 Points)**

#### **b. Program Design and Service Objectives (35 Points)**

3. Proposers must exhibit that they have current underage drinking data for their selected community and address the following items: **(10 Points)**
- a) Review and submit data that describes the prevalence and consequences of underage drinking from the Regional Behavioral Health Action Organization and other community sources; and
  - b) Demonstrate the organization's baseline data and the ability to track long and short term outcomes in connection with expected target population(s).

17. **Question:** Saw the RFQ for towns and wanted to know how to engage to let towns know that \_\_\_\_\_ has experience developing advertising Prevention Campaigns focused on Opioid, Alcohol, Drug and Vaping use and COVID protection. We work with several towns across CT to deliver these campaigns funded by government grants. If you have any advice on how to connect with the right people to offer our services please let me know.

**Response:** Per the Request for Proposals (RFP); please refer to Section GENERAL INFORMATION B. INSTRUCTIONS 6. Eligibility and 7. Minimum Qualifications of Respondents.

18. **Question:** Are local health districts that represent multiple towns eligible to apply as a member of multiple towns' coalitions?

**Response:** See response to Question #11 in addition to the response below.

Per RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES – B. PROGRAM OVERVIEW – 2.1.a.:

**2.1 Additional details pertaining to PCC Part B 2021 Objectives include:**

a. Development or Enhancement of a Community-Based Partnership/Coalition:

SAMHSA has identified 12 sectors that are considered to be instrumental in the implementation of substance misuse prevention efforts with youth. These 12 sectors are: (1) parents and caregivers; (2) schools; (3) young people under 18 years of age; (4) youth-serving organizations; (5) law enforcement; (6) religious/fraternal organizations; (7) businesses; (8) media; (9) civic/volunteer groups committed to volunteerism; (10) healthcare professionals and/or organizations; (11) state, local, or tribal government agencies with expertise in public health; and (12) other organizations involved in preventing substance use or misuse among youth.

Over the course of this project, **awardees will be expected to develop a new local partnership/coalition or expand and enhance an existing partnership/coalition with representatives from SAMHSA's twelve (12) sectors.** This group should meet at least eight (8) times per year for the duration of the project and be active participants in decision-making processes and in helping shape and inform the activities undertaken by the awardee.

Precedence should be given to **securing participation from a municipal representative from each municipality/neighborhood in the cluster, the public school systems serving the proposed service area identified in the proposal, the local or regional health department or board of health, and local or regional health systems such as hospital systems or healthcare providers.**

19. **Question:** If we are currently funded for SPF-Rx through 8/31/21, are we allowed to apply for Part B funds within one or more communities where we do the SPF-Rx work, or does the Part B work have to be in different communities?

**Response:** All Proposers and all Proposed Service Areas must meet all eligibility requirements as described per RFP SECTION I. GENERAL INFORMATION - B. INSTRUCTIONS – 6. & 7. & 7.1

**6. Eligibility.** Pursuant to C.G.S. §17a-676, and in accordance with federal grant requirements for use of this funding, the Department may only award contracts for the services requested herein to private nonprofit organizations or Connecticut municipalities. Eligible respondents are private provider organizations (defined as non-state entities that are 501(c)(3) nonprofit corporations or partnerships with principal place of business in Connecticut) or Connecticut municipalities. In all cases, Respondents must be currently registered to do business in the State of Connecticut with the Connecticut Office of the Secretary of the State <https://www.concord-sots.ct.gov/CONCORD/online?sn=InquiryServlet&eid=99>

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- c. **A Community Agency** applying on behalf of a community/communities. Proposers within this group are required to obtain and submit a Memorandum of Understanding (MOU) from the municipality/municipalities in which the program is directed, that demonstrates awareness of the application and support for the project. In this group, DMHAS actively encourages applications from entities and organizations that work with sub-groups within the community experiencing health disparities (e.g., families who are housing unstable; families with a history of incarceration; veteran and military families; LGBTQ youth populations; and Native youth, including cross-tribal and state-recognized tribal organizations).
- d. Agencies or municipalities with existing (that are not in their final year of funding) or pending applications for Stop ACT, DFC, SPF/PFS or any direct federal funding to implement any or all steps of the SPF, must select a community different from the designated community in the existing or pending applications.
- e. Local Prevention Councils (LPC's) are eligible following the same above stated eligibility criteria.

**7.1 Respondents Ineligible to Respond to the RFP.**

- a. The following organizations are ineligible to respond to this RFP: Wheeler Clinic (Connecticut Clearinghouse), The Governor's Prevention Partnership, Regional Behavioral Health Action Organizations (RBHAOs), Prevention Training and Technical Assistance Service Center (TTASC), Cross Sector Consulting, University of Connecticut (UConn) Health, colleges and universities.
- b. Proposers for PCC- Part B 2021, are ineligible to simultaneously apply or be included in applications for the Prevention in Connecticut Communities Initiative Part A 2021, (PCC- Part A 2021).
- c. Additionally, ineligible are organizations representing a city, town or community that is currently receiving funding from Stop ACT, Drug Free Communities (DFC), SPF/PFS or any direct federal funding to implement any or all steps of the SPF, unless they are in their final year of funding for such.

20. **Question:** What is the minimum of letters of commitment you like to have?

**Response:** There is not a minimum. Per RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES - C. SCOPE OF SERVICE REQUIREMENTS - 4.:

**4. Letters of Commitment**

Proposers must provide letters of commitment demonstrating planned coordination and collaboration with existing coalitions/community groups and the local municipality. If the Proposer is not the designated Local Prevention Council (LPC) for the target community, the Proposer must include a letter of collaboration from the LPC demonstrating willingness to participate in PCC- Part B 2021. Letters must include at minimum a:

- a. Detailed description of the role of the LPC in the partnership; and
- b. Commitment of the municipal office(s) represented can include but is not

limited to:

- 1) Health departments/districts
- 2) Human services
- 3) Youth services
- 4) First responder
- 5) School(s)

21. **Question:** If you are a nonprofit that also runs the LPC, do you still require a letter of support from the LPC and its sector partners?

**Response:** Per RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES - C. SCOPE OF SERVICE REQUIREMENTS - 4.:

**4. Letters of Commitment**

Proposers must provide letters of commitment demonstrating planned coordination and collaboration with existing coalitions/community groups and the local municipality. **If the Proposer is not the designated Local Prevention Council (LPC)** for the target community, the Proposer must include a letter of collaboration from the LPC demonstrating willingness to participate in PCC- Part B 2021. Letters must include at minimum a:

- a. Detailed description of the role of the LPC in the partnership; and
- b. Commitment of the municipal office(s) represented can include but is not limited to:
  - 1) Health departments/districts
  - 2) Human services
  - 3) Youth services
  - 4) First responders
  - 5) School(s)

22. **Question:** We have a CSC grant that follows the SPF model that is funded by DMHAS through June 30. Are we eligible to apply for PCC-Part B?

**Response:** Please refer to the response to Question #5.

23. **Question:** A verbal question was asked to confirm the font and spacing requirements found on page 16 and page 36.

**Response:** Please refer to Section III. PROPOSAL SUBMISSION FORMAT

**6. Style Requirements.** *If an electronic submission, include the following language: **THIS IS AN ELECTRONIC SUBMISSION.***

Submitted proposals must conform to the following specifications:

- a. Paper Size: 8 ½ x 11" (Standard Letter)
- b. Page Limit: Main Proposal limit 15 pages (not including appendices)
- c. Font Size: 12 points (tables and charts can be 10 points)
- d. Font Type: Times New Roman
- e. Margins: 1 inch
- f. Line Spacing: 1

24. **Question:** Is a Health District considered a municipality under item 6 "eligibility" and eligible to apply on behalf of a Local Prevention Council?

**Response:** Please refer to response to Question #11.

25. **Question:** Under item 7 “Minimum Qualifications” is a health district considered a community agency or a municipality?

**Response:** Please refer to response to Question #11.

26. **Question:** If a Health District is the agency applying on behalf of an established local prevention council (as referenced in item 7, a-e), do they need a letter of commitment from the City/Town or an MOU from the City/Town being served?

**Response:** Per RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES - C. SCOPE OF SERVICE REQUIREMENTS – 4.:

**4. Letters of Commitment**

Proposers must provide letters of commitment demonstrating planned coordination and collaboration with existing coalitions/community groups and the local municipality. **If the Proposer is not the designated Local Prevention Council (LPC)** for the target community, the Proposer must include a letter of collaboration from the LPC demonstrating willingness to participate in PCC- Part B 2021. Letters must include at minimum a:

- a. Detailed description of the role of the LPC in the partnership; and
- b. Commitment of the municipal office(s) represented can include but is not limited to:
  - 1) Health departments/districts
  - 2) Human services
  - 3) Youth services
  - 4) First responders
  - 5) School(s)

Per RFP SECTION I. GENERAL INFORMATION - B. INSTRUCTIONS – 7.c:

**7. Minimum Qualifications of Respondents.** To qualify for a contract award, a Respondent must have the following minimum qualifications:

- c. **A Community Agency** applying on behalf of a community/communities. Proposers within this group are required to obtain and submit a Memorandum of Understanding (MOU) from the municipality/municipalities in which the program is directed, that demonstrates awareness of the application and support for the project. In this group, DMHAS actively encourages applications from entities and organizations that work with sub-groups within the community experiencing health disparities (e.g., families who are housing unstable; families with a history of incarceration; veteran and military families; LGBTQ youth populations; and Native youth, including cross-tribal and state-recognized tribal organizations).

27. **Question:** In reference to Appendix 4, what letters of commitment are required if the proposer is applying on behalf of the local prevention council?

**Response:** Please refer to response to Question #21.

28. **Question:** In appendix 4, the RFP refers to letters of commitment from 'existing coalitions and community groups'. If the applicant is the local prevention council (and the only prevention coalition serving a Town/City), is this required?

**Response:** Yes. RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES - C. SCOPE OF SERVICE REQUIREMENTS - 4.:

**4. Letters of Commitment**

Proposers must provide letters of commitment demonstrating planned coordination and collaboration with existing coalitions/community groups and the local municipality. If the Proposer is not the designated Local Prevention Council (LPC) for the target community, the Proposer must include a letter of collaboration from the LPC demonstrating willingness to participate in PCC- Part B 2021. Letters must include at minimum a:

- a. Detailed description of the role of the LPC in the partnership; and
- b. Commitment of the municipal office(s) represented can include but is not limited to:
  - 1) Health departments/districts
  - 2) Human services
  - 3) Youth services
  - 4) First responders
  - 5) School(s)

29. **Question:** Is a Health District considered a community agency as referenced in "minimum qualifications" and therefore required to submit an MOU from the Town/City being served?

**Response:** Please refer to response to Question #11.

30. **Question:** In reference to the Management Plan description on page 23, it refers to a part time coordinator versus full time coordinator mentioned in "staffing requirements" on page 13. Please confirm the staffing requirements.

**Response:** Please refer to response to Question #13.

31. **Question:** Is the 'budget, budget narrative and budget justification' section included in the 15 page limit for the main proposal (item 2, listed on p. 23 of RFP)?

**Response:** No. The budget template, Attachment B, the budget narrative and budget justification are not included in the 15-page limitation for the main proposal.

32. **Question:** Are the bullets listed on page 36 required or should we only refer to the list of appendices on page 24. Are they all required attachments?

**Response:** The bullets under VI. APPENDIX C. PROPOSAL CHECKLIST on page 36 are not requirements of this RFP.

VI. APPENDIX C. PROPOSAL CHECKLIST found on pages 35 -36 is provided as a tool for the Proposer to check critical sections of the RFP. This checklist is not specific to this RFP.

The Proposer is required to respond to Appendices listed on page 24, as well as all requirements under IV. PROPOSAL SUBMISSION OUTLINE. A list of the required Appendices, found on page 53 of the RFP is provided as a courtesy to the Proposer.

33. **Question:** Should the bulleted items on page 36 be addressed in the narrative or submitted as attachments?

**Response:** No, please refer to the response to Question 32, above.

34. **Question:** Please clarify if the only required appendices are included on page 24 of the RFP, or if the list of items in the 'proposal checklist' for "main proposal body" on page 36 should also be included as attachments.

**Response:** No, please refer to the response to Question 32, above.

35. **Question:** Will the department provide a "what would a top score look like" table for all sections of the narrative as included on page 18 in the RFP?

**Response:** No. The table on page 18 is provided as a helpful example on how to respond to requirements of the RFP.

36. **Question:** Are local health districts eligible to apply as a member of a group of 8 towns' prevention coalitions?

**Response:** See refer to the response to Question #19, in addition to the response below.

Per RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES – B. PROGRAM OVERVIEW – 2.1.a:

**2.1 Additional details pertaining to PCC Part B 2021 Objectives include:**

- a. Development or Enhancement of a Community-Based Partnership/Coalition:

SAMHSA has identified 12 sectors that are considered to be instrumental in the implementation of substance misuse prevention efforts with youth. These 12 sectors are: (1) parents and caregivers; (2) schools; (3) young people under 18 years of age; (4) youth-serving organizations; (5) law enforcement; (6) religious/fraternal organizations; (7) businesses; (8) media; (9) civic/volunteer groups committed to volunteerism; (10) healthcare professionals and/or organizations; (11) state, local, or tribal government agencies with expertise in public health; and (12) other organizations involved in preventing substance use or misuse among youth.

Over the course of this project, **awardees will be expected to develop a new local partnership/coalition or expand and enhance an existing partnership/coalition with representatives from SAMHSA's twelve (12) sectors.** This group should meet at least eight (8) times per year for the duration of the project and be active participants in decision-making processes and in helping shape and inform the activities undertaken by the awardee.

Precedence should be given to **securing participation from a municipal representative from each municipality/neighborhood in the cluster, the public school systems serving the proposed service area identified in the proposal, the local or regional health department or board of health, and local or regional health systems such as hospital systems or healthcare providers.**

37. **Question:** If an applicant is working with four local prevention coalitions, should we submit four letters of commitment with each co-signed by the required departments, or can each LPC provide a letter signed by the LPC leadership and describing which departments are members?

**Response:** Per RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES - C. SCOPE OF SERVICE REQUIREMENTS - 4.:

#### 4. Letters of Commitment

Proposers must provide letters of commitment demonstrating planned coordination and collaboration with existing coalitions/community groups and the local municipality. **If the Proposer is not the designated Local Prevention Council (LPC)** for the target community, the Proposer must include a letter of collaboration from the LPC demonstrating willingness to participate in PCC- Part B 2021. Letters must include at minimum a:

- a. Detailed description of the role of the LPC in the partnership; and
- b. Commitment of the municipal office(s) represented can include but is not limited to:
  - 1) Health departments/districts
  - 2) Human services
  - 3) Youth services
  - 4) First responders
  - 5) School(s)

38. **Question:** Is Appendix 5 MOU referenced on page 53 the same as "Memoranda of Agreement/Understanding with referral partners" in the bulleted list under Main Proposal Body on page 36?

**Response:** Please see response to #32. Question above.

39. **Question:** The description of Appendix 5 (MOU) on page 25 sounds like a Letter of Commitment or Letter of Support rather than an MOU. Is this appendix redundant with Appendix 4? Will municipalities be required to sign an LPC letter of commitment and an executed MOU demonstrating awareness of the proposal and project support?

**Response:** Appendix 4 and Appendix 5 are not redundant of each other. Both appendices are requirements of this RFP, if appropriate.

Municipalities are not required to submit a MOU from the municipality, only Community Agencies per RFP SECTION I. GENERAL INFORMATION B. INSTRUCTIONS

**7. Minimum Qualifications of Respondents.** To qualify for a contract award, a Respondent must have the following minimum qualifications:

- a. **A Municipality (city or town)** – An individual municipality.
- b. **A Cluster of Municipalities (cities or towns)** – A lead municipality (city or town) applying as a lead applicant in collaboration with at least one (1) other municipality within their region.
- c. **A Community Agency** applying on behalf of a community/communities. Proposers within this group are required to obtain and submit a Memorandum of Understanding (MOU) from the municipality/municipalities in which the program is directed, that demonstrates awareness of the application and support for the project. In this group, DMHAS actively encourages applications from entities and organizations that work with sub-groups within the community experiencing health disparities (e.g., families who are housing unstable; families with a history of incarceration; veteran and military families; LGBTQ youth populations; and Native youth, including cross-tribal and state-recognized tribal organizations).

- d. Agencies or municipalities with existing (that are not in their final year of funding) or pending applications for Stop ACT, DFC, SPF/PFS or any direct federal funding to implement any or all steps of the SPF, must select a community different from the designated community in the existing or pending applications.
- e. Local Prevention Councils (LPC's) are eligible following the same above stated eligibility criteria.

Letters of Commitment are required for all Proposers per RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES - C. SCOPE OF SERVICE REQUIREMENTS - 4.:

#### 4. Letters of Commitment

Proposers must provide letters of commitment demonstrating planned coordination and collaboration with existing coalitions/community groups and the local municipality. **If the Proposer is not the designated Local Prevention Council (LPC)** for the target community, the Proposer must include a letter of collaboration from the LPC demonstrating willingness to participate in PCC- Part B 2021. Letters must include at minimum a:

- a. Detailed description of the role of the LPC in the partnership; and
- b. Commitment of the municipal office(s) represented can include but is not limited to:
  - 1) Health departments/districts
  - 2) Human services
  - 3) Youth services
  - 4) First responders
  - 5) School(s)

40. **Question:** For proposers who are current DMHAS contractors, do we have to submit any documentation related to financial statements per the proposal checklist on page 36?

**Response:** Please refer to response to Question #32 above.

41. **Question:** Page 20 of the RFP clearly specifies that all proposals must include a Table of Contents that conforms with the proposal outline. In the outline, it states section E is "Attachments" while elsewhere in the RFP the term "Appendices" is used (see pages 24 & 53). Please clarify whether proposal section E should be called "Attachments" or "Appendices."

**Response:** IV PROPOSAL SUBMISSION OUTLINE E. Attachments are the required Attachments, Forms and Appendices, as listed on page 24 and page 53 of the RFP that are required to submit a responsive proposal. The RFP requires Attachments A, B and C, Forms provided and required Appendices as listed on page 53.

**Noteworthy: E. Attachments** (clearly referenced to summary and **main proposal** where applicable)

42. **Question:** Page 36 under "Formatting Checklist" it states I" margins and 1 ½ line spacing while page 16 under "Style Requirements" line spacing is specified as 1. Please clarify required line spacing.

**Response:** Please refer to the response to Question #35 above. Required spacing is 1, as specified below, found on page 16 of the RFP.

### **III. PROPOSAL SUBMISSION OVERVIEW A. SUBMISSION FORMAT**

**6. Style Requirements.** *If an electronic submission, include the following language: **THIS IS AN ELECTRONIC SUBMISSION.***

Submitted proposals must conform to the following specifications:

- a. Paper Size: 8 ½ x 11" (Standard Letter)
- b. Page Limit: Main Proposal limit 15 pages (not including appendices)
- c. Font Size: 12 points (tables and charts can be 10 points)
- d. Font Type: Times New Roman
- e. Margins: 1 inch
- f. Line Spacing: 1

43. **Question:** Page 52: is this form numbered correctly, or should it be Form #6 aligning with the numbering on page 46?

**Response:** Yes, it should be Form #6. Form #6 is found in the right hand corner of the IRAN Certification. Form 7 is actually the Office of Policy and Management's number for the Iran Certification.

**Form 7. Iran Certification**

**Form #6**

Rev. 3/28/14  [Adobe.pdf](#)  [Word.doc](#)

Effective October 1, 2013, this form must be submitted for any large state contract, as defined in section 4-250 of the Connecticut General Statutes. This form must always be submitted with the bid or proposal, or if there was no bid process, with the resulting contract, regardless of where the principal place of business is located.

Entities whose principal place of business is located outside of the United States are required to complete the entire form, including the certification portion of the form. United States subsidiaries of foreign corporations are exempt from having to complete the certification portion of the form. Those entities whose principal place of business is located inside of the United States must also fill out the form, but do not have to complete the certification portion of the form.

44. **Question:** Page 46 states forms must be included in Section I of the proposal, but the prescribed outline on page 20 doesn't include a Section I. Please clarify if all six forms should be included in Appendix 8 or elsewhere.

**Response:** Yes, all six (6) forms should be included in Appendix 8 as specified in the RFP.

IV. PROPOSAL SUBMISSION OUTLINE D: Main Proposal Submission Questions

#### **3. Appendices (10 Points)**

- h. **Appendix 8:** Additional Required Documents – Proposals must contain all of the following documents to be considered responsive (see Forms)

**Noteworthy: IV. PROPOSAL SUBMISSION OUTLINE E. FORMS** are listed on page 41 of the RFP.

45. **Question:** Page 24 describes Appendix 8 as requiring "Affirmation of Receipt of Summary of State Ethics Law" form. This form is not listed on page 41. Please clarify whether there are 6 or 7 required forms in Appendix 8.

**Response:** There are six (6) required forms. The forms are listed in **IV. PROPOSAL SUBMISSION OUTLINE E. FORMS** found on page 41 of the RFP.



46. **Question:** Page 23 states Project Coordinator should be part-time (0.50 FTE) while other RFP pages specify the Project Coordinator as full-time (1.0 FTE). Please clarify which level of effort is correct.

**Response:** Please refer to the response to Question #13.

47. **Question:** We're envisioning working with a group of towns. Each town has a Local Prevention Council (LPC). For PCC Part B, we would convene representatives from each LPC as a regional coalition that would carry out the SPF process collectively. One strategic plan would guide the region's work, and LPCs would develop local action plans that align with the regional strategic plan. Does this model meet the RFP's requirements?

**Response:** All Proposers and all Proposed Service Areas must meet all eligibility requirements as described per RFP SECTION I. GENERAL INFORMATION - B. INSTRUCTIONS - 6. & 7. & 7.1

**6. Eligibility.** Pursuant to C.G.S. §17a-676, and in accordance with federal grant requirements for use of this funding, the Department may only award contracts for the services requested herein to private nonprofit organizations or Connecticut municipalities. Eligible respondents are private provider organizations (defined as non-state entities that are 501(c)(3) nonprofit corporations or partnerships with principal place of business in Connecticut) or Connecticut municipalities. In all cases, Respondents must be currently registered to do business in the State of Connecticut with the Connecticut Office of the Secretary of the State <https://www.concord-sots.ct.gov/CONCORD/online?sn=InquiryServlet&eid=99>

**7. Minimum Qualifications of Respondents.** To qualify for a contract award, a Respondent must have the following minimum qualifications:

- a. **A Municipality (city or town)** – An individual municipality.
- b. **A Cluster of Municipalities (cities or towns)** – A lead municipality (city or town) applying as a lead applicant in collaboration with at least one (1) other municipality within their region.
- c. **A Community Agency** applying on behalf of a community/communities. Proposers within this group are required to obtain and submit a Memorandum of Understanding (MOU) from the municipality/municipalities in which the program is directed, that demonstrates awareness of the application and support for the project. In this group, DMHAS actively encourages applications from entities and organizations that work with sub-groups within the community experiencing health disparities (e.g., families who are housing unstable; families with a history of incarceration; veteran and military families; LGBTQ youth populations; and Native youth, including cross-tribal and state-recognized tribal organizations).
- d. Agencies or municipalities with existing (that are not in their final year of funding) or pending applications for Stop ACT, DFC, SPF/PFS or any direct federal funding to implement any or all steps of the SPF, must select a community different from the designated community in the existing or pending applications.
- e. Local Prevention Councils (LPC's) are eligible following the same above stated eligibility criteria.

### **7.1 Respondents Ineligible to Respond to the RFP.**

- a. The following organizations are ineligible to respond to this RFP:  
Wheeler Clinic (Connecticut Clearinghouse), The Governor's Prevention Partnership, Regional Behavioral Health Action Organizations (RBHAOs), Prevention Training and Technical Assistance Service Center (TTASC), Cross Sector Consulting, University of Connecticut (UConn) Health, colleges and universities.
- b. Proposers for PCC- Part B 2021, are ineligible to simultaneously apply or be included in applications for the Prevention in Connecticut Communities Initiative Part A 2021, (PCC- Part A 2021).
- c. Additionally, ineligible are organizations representing a city, town or community that is currently receiving funding from Stop ACT, Drug Free Communities (DFC), SPF/PFS or any direct federal funding to implement any or all steps of the SPF, unless they are in their final year of funding for such.

Per RFP SECTION II. PURPOSE OF RFP AND SCOPE OF SERVICES – B. PROGRAM OVERVIEW – 2.1.a.:

**2.1 Additional details pertaining to PCC Part B 2021 Objectives include:**

a. Development or Enhancement of a Community-Based Partnership/Coalition:

SAMHSA has identified 12 sectors that are considered to be instrumental in the implementation of substance misuse prevention efforts with youth. These 12 sectors are: (1) parents and caregivers; (2) schools; (3) young people under 18 years of age; (4) youth-serving organizations; (5) law enforcement; (6) religious/fraternal organizations; (7) businesses; (8) media; (9) civic/volunteer groups committed to volunteerism; (10) healthcare professionals and/or organizations; (11) state, local, or tribal government agencies with expertise in public health; and (12) other organizations involved in preventing substance use or misuse among youth.

Over the course of this project, **awardees will be expected to develop a new local partnership/coalition or expand and enhance an existing partnership/coalition with representatives from SAMHSA's twelve (12) sectors.** This group should meet at least eight (8) times per year for the duration of the project and be active participants in decision-making processes and in helping shape and inform the activities undertaken by the awardee. Priority should be given to **securing participation from a municipal representative from each municipality/neighborhood in the cluster, the public school systems serving the proposed service area identified in the proposal, the local or regional health department or board of health, and local or regional health systems such as hospital systems or healthcare providers.**

*The questions below, (48-50) were received prior to the issuance of Addendum 1. Addendum 1 included the Virtual RFP Conference Information, as referenced in SECTION I. GENERAL INFORMATION B. INSTRUCTIONS 10. Recommended Virtual RFP Conference.*

48. I am interested in registering to attend the virtual conference for RFP#DMHAS-PCC Part B 2021 today at 2pm. Would you be able to advise how to do so?
49. I'm inquiring about the RFP Bidder's Virtual Conference for the DMHAS Prevention in CT Communities Grant Part B 2021. I would like to register myself and a representative from our Health Department for the conference but cannot seem to locate the registration information. Can you give me some guidance around this?

50. I am the Coalition Coordinator for\_\_\_\_\_. We are currently in our last year of our CSC grant, working with Positive Directions as our fiscal agent. I am interested in attending the Bidders Conference on Feb 3rd for Part B of the PCC grant application. Do I RSVP to you? How do I get a link to the meeting?

**ATTACHMENT**

**Virtual Bidder's Conference Part B Attendees:** Michael Awad, Jennifer Chapman, Melinda Gomez, Marie Graves, Dawn Grodzki, Cathy Hazlett, Paul Kindall, Emily Larkin, Betty McCants, Stephanie Moran, Laurie Ruderfer, Lillian Ruiz, Allyson Schultz, Chad Williams, Marcia McDonough

