

STATE OF CONNECTICUT PROCUREMENT NOTICE

Request for Proposals (RFP) For
BEST PRACTICE TOBACCO CONTROL PROGRAMS

RFP 2026-0905

Issued By: Connecticut Department of Public Health
Tobacco Control Program

March 3, 2025

The Request for Proposal is available in electronic format on the State Contracting Portal by filtering by the Organization for Department of Public Health at:

<https://portal.ct.gov/DAS/CTSource/BidBoard> or from the Department's Official Contact:

Name: Allison Sullivan
Address: 410 Capitol Avenue, MS#11 HLS, Hartford CT, 06134
Phone: 860-509-8251
Email: DPHTobacco@ct.gov

The RFP is also available on the Department's website at:

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

**RESPONSES MUST BE RECEIVED NO LATER THAN
April 3, 2025 at 2:00 PM Eastern Standard Time**

The Connecticut Department of Public Health is an Equal Opportunity/Affirmative Action Employer.

The Department 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.

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I. GENERAL INFORMATION

A. INTRODUCTION

1. **RFP Name and Number.** DPH RFP # 2026-0905: Best Practice Tobacco Control Programs.
2. **RFP Summary.** The Connecticut Department of Public Health (hereafter "Department") is seeking proposals to implement and maintain evidence-based tobacco control programs that follow the Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control Programs. This RFP contains two (2) areas of practice: State and Community Interventions and Cessation Interventions.
3. **RFP Purpose.** The Department is seeking Proposers to implement and maintain Tobacco Control Programs that will reduce the rate of Commercial Tobacco use in Connecticut through a variety of activities. This RFP aims to reduce the use of Commercial Tobacco, including both Combustible Tobacco Products, such as Traditional Tobacco cigarettes and cigars, as well as Non-combustible Tobacco Products, such as electronic nicotine delivery systems and synthetic nicotine products.
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 85101700: Health Administration Services
 - 85101703: Health Service Planning
 - 86000000: Education and Training
 - 93140000: Community and Social Services

B. INSTRUCTIONS

1. **Official Contact.** 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 Department. Proposers, Prospective Proposers, and other interested parties are advised that any communication with any other Department 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: Allison P. Sullivan
Address: 410 Capitol Avenue, MS #11 HLS, Hartford, CT 06134-0308
Phone: (860) 936-1253
Email: DPHTobacco@ct.gov

Please ensure that email screening software, if used, recognizes and accepts emails 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/Create-a-CTsource-Account-for-Doing-Business-with-the-State> if not already registered. Proposers 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 the 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:

- Department's RFP Webpage at:
<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 (Public Health, Dept of) at:
<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 emails 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 Department 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, if available, the Department's RFP Webpage.

- | | |
|---------------------------------------|------------------|
| • RFP Released: | March 3, 2025 |
| • Deadline for Questions: | March 17, 2025 |
| • Answers Released: | March 24, 2025 |
| • Letter of Intent Due: | March 28, 2025 |
| • Proposals Due: | April 3, 2025 |
| • (*) Proposer Selection: | May 5, 2025 |
| • (*) Start of Contract Negotiations: | May 12, 2025 |
| • (*) Start of Contract: | December 1, 2025 |

5. Contract Awards. The award of any contract pursuant to this RFP is dependent upon the availability of funding to the Department. The Department anticipates the following:

- Total Funding Available: \$9,296,082
- Number of Awards: Multiple awards possible for each area of practice
- Separate funding has been allocated to each of the two (2) areas of practice up to the total amount listed for a three (3) year Contract term as follows:

State and Community Interventions	\$4,338,172
Cessation Interventions	\$4,957,910
Total:	\$9,296,082

- Contract Cost: Will vary based upon proposed scope of work and service area
- Contract Term: Three (3) years
- Funding Source: Connecticut Tobacco and Health Trust Fund

6. Eligibility. PPOs, LHDs, state agencies, and municipalities are eligible to submit proposals in response to this RFP. Individuals with a conflict of interest or 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:

- Proposers must be public, nonprofit, or private organizations.
- Proposers must be in good standing with the Department and have no outstanding, unresolved issues on current or prior contracts with the Department.
- Proposers must have knowledge of the community and area to be served, including strong partnerships within the community they serve.
- Proposers must have demonstrated experience and the ability to execute their proposed Work Plan.
- Proposers must have accounting and financial reporting systems in place.
- Proposers must have sound fiscal stability, with sufficient qualified, experienced staff, or the ability to hire qualified personnel, which may include subcontracting with other vendors to provide the proposed services.
- Proposers must complete and comply with all requirements as specified in the RFP; submitted proposals that do not conform with provisions herein shall be deemed incomplete and removed from further review.

8. Letter of Intent. A Letter of Intent (LOI) is encouraged but not required. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI should be submitted to the Official Contact via email by the deadline established in the Procurement Schedule. The LOI should clearly identify the sender, including name, postal address, telephone number, and email address.

The LOI format requirements are as follows:

- No more than one (1) page;
- Clearly identify the entity that will be submitting the proposal;
- Include the selected area of practice described in Section 5 above and a brief description of the project; and
- List anticipated partners that will be included in the project.

This project information will assist the Department in preparation for review, but it is non-binding on the Proposers.

9. Inquiry Procedures. All questions regarding this RFP or the Department's procurement process must be directed via email to the Official Contact before the deadline specified in the Procurement Schedule. Early submission of questions is encouraged. Questions will not be accepted or answered verbally, whether in person or over the telephone. All questions received before the deadline(s) 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 from multiple Proposers 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 on the Department's RFP webpage. 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.

11. Proposal Due Date and Time. The Official Contact 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 following due date and time:

- **Due Date:** April 3, 2025
- **Time:** 2:00 PM Eastern Standard Time

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 Proposers of ineligibility.

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 proposal must be clearly labeled with the area of practice - State and Community Interventions or Cessation Interventions- under which it is submitted.
- The electronic copy of the proposal must be emailed to the Official Contact for this procurement: DPHTobacco@ct.gov. The subject line of the email must read: DPH RFP #2026-0905: TOBACCO CONTROL PROGRAMS [insert name of Proposer 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 no additional IT limitations from the provider side.

12. Multiple Proposals. The submission of multiple proposals is not an option for this procurement. Proposers must submit a proposal for either State and Community Interventions or Cessation Interventions.

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II. PURPOSE OF RFP AND SCOPE OF SERVICES

A. AGENCY OVERVIEW

The Department is the state's leader in public health policy and oversight. The Department is the center of a comprehensive network of public health services and is a partner to LHDs for which it 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 Department provides 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 Department is a regulator focused on health outcomes, maintaining a balance between assuring quality and administrative burden on the personnel, facilities, and programs regulated.

The Department emphasizes evidence-based practices formulated on the collection of health data to shape our policy and program initiatives. The Department works together with its partners and others to provide an integrated public health system that maximizes the public's investment in public health. This RFP is being issued by the Tobacco Control Program (TCP) of the Community, Family Health, and Prevention Branch, Chronic Disease and Injury Prevention Section of the Department.

TCP has the following goals:

- To prevent the initiation of tobacco use.
- To promote quitting the use of Commercial Tobacco Products among Youth and adults.
- To eliminate exposure to secondhand smoke (SHS) and aerosol.
- To identify and eliminate the disparities related to tobacco use and reduce its effects on diverse population groups.

B. PROGRAM OVERVIEW

TCP is working to enhance the wellbeing of Connecticut residents by promoting tobacco-free lifestyles and by educating communities about the economic and health costs and consequences of tobacco use. Tobacco use is the single most avoidable cause of death in our society and one of the most important public health issues of our time. Each year in Connecticut, nearly five thousand (5,000) adults die from health consequences caused by their own smoking, and hundreds of people who don't smoke die due to exposure to SHS.¹ In addition to premature deaths, tobacco use causes illness, disability, productivity loss, and is also responsible for high economic costs in healthcare spending. Annual smoking-related expenditures are estimated at two billion (\$2,000,000,000) dollars in Connecticut, with approximately five hundred and fifty nine million, eight hundred thousand dollars (\$559,800,000) of that amount attributed to the Medicaid Program. Average annual productivity losses are estimated at an additional three billion, five hundred million (\$3,500,000,000) dollars.¹

Tobacco use is more prevalent in certain age and demographic groups, and funded programs must focus and tailor services to such Focus Population(s).

In 2023, 17.1% of adults in Connecticut reported using some form of tobacco some days or every day. Men (22.2%) are significantly more likely than women (12.3%) to use tobacco.² 12.7% of Connecticut high school youth reported using some form of tobacco in the last thirty (30) days.³ Among the different age groups, cigarettes are the most prevalent type of tobacco

used by adults, and e-cigarettes and other electronic vapor products are the most prevalent type of Tobacco Product used by high school youth.

Adults aged twenty five (25) to thirty four (34) have the highest rate of tobacco use (24.5%), and those with a college degree (3.4%) were significantly less likely than their counterparts with no high school diploma (16.4%) to have smoked cigarettes some days or every day. Adults who reported having some type of cognitive disability, such as serious difficulties concentrating, remembering, or making decisions (13.1%), were significantly more likely than their counterparts without these health difficulties (7.8%) to have smoked cigarettes some days or every day.²

About 31.2% of adults reported exposure to the smoke, aerosol, or vapor from someone who was smoking or vaping a tobacco or cannabis product in the last seven (7) days (i.e., recent SHS or aerosol exposure). Men (35.7%) are significantly more likely than women (27.1%) to have been recently exposed to SHS or aerosol. Rates of recent exposure are highest for adults between the ages of eighteen (18) and twenty four (24) (48.2%), those whose educational attainment was less than a college degree (34.4%), adults who identify as LGBTQ+ (43.3%), and those reporting poor mental health (46.1%).²

In 2023, 35% of Connecticut high school youth reported recent secondhand tobacco and cannabis smoke or aerosol exposure. The rate of recent exposure among youth is significantly higher for females (38.9%), those with poor mental health (49.6%), and for students who identify as LGBTQ+ (49.3%).³

This data is quantified on the tables below, which highlights tobacco use disparities among the different groups who should be a focus for program activities.

Connecticut Department of Public Health										
Prevalence of Current Any Tobacco Use Among Connecticut Adults (18+ years old), 2023										
Demographic Characteristics		%	95% CI		Demographic Characteristics		%	95% CI		
			LL	UL				LL	UL	
Overall		17.1	15.8	18.3	Education					
		N = 465,400			Less than High School (no diploma)			23.4	17.9	28.9
Sex					High School or GED Diploma			22.3	19.5	25.2
Male		22.2	20.3	24.2	Some College or Tech School			21.0	18.3	23.7
Female		12.3	10.7	13.8	College Graduate			9.2	8.0	10.4
Age					Sexual Orientation/Gender Identity					
18-24		19.7	14.9	24.6	LGBTQ+			19.0	14.1	23.9
25-34		24.5	20.8	28.3	non-LGBTQ+			17.4	16.0	18.7
35-44		22.1	18.8	25.4	Health Insurance Coverage					
45-54		12.8	10.3	15.3	Private			15.9	14.2	17.7
55-64		18.1	15.2	20.9	Medicare			13.0	10.7	15.4
65+		10.1	8.2	12.0	Medicaid			26.0	21.7	30.3
Race/Ethnicity					Other			16.8	13.0	20.5
Non-Hispanic White		17.1	15.5	18.6	No Insurance			25.3	19.3	31.4
Non-Hispanic Black		16.9	12.7	21.1	Poor Mental Health					
Hispanic		17.7	14.6	20.9	Have Poor Mental Health†			28.1	24.1	32.0
Non-Hispanic Other		17.1†	12.0	22.2	No Poor Mental Health			15.3	13.9	16.6
Annual Household Income					Cognitive Disability					
Less than \$25,000		22.4	18.2	26.6	Have a Cognitive Disability			29.4	24.8	33.9
\$25,000 - \$49,999		21.4	17.8	25.0	No Cognitive Disability			15.6	14.3	16.8
\$50,000 - \$74,999		20.0	15.9	24.1	Any Disability					
\$75,000+		15.8	14.0	17.7	Have Any Disability			23.5	20.6	26.3
					No Disability			15.0	13.7	16.4

Data source: 2023 CT Behavioral Risk Factor Surveillance System

Notes: Any Tobacco includes cigarettes, e-cigarettes (or other electronic vapor products), cigars, hookahs (waterpipes), chewing tobacco, snuff, and snus. Adult current any tobacco users are defined as persons who, at the time of the interview, reported using one or more of these tobacco products some days or every day; N is a weighted number rounded to the nearest 100.

[†]Estimates may be of limited statistical validity due to a high coefficient of variation (CV), 15.0% < CV <= 20.0%.

[§]Mental health was not good for 14 days or more during the past 30 days.

Abbreviations: CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit; GED = General Educational Development; LGBTQ+ = Lesbian, Gay, Bisexual, Transgender, Questioning, Other

¹The Toll of Tobacco in Connecticut. Campaign for Tobacco Free Kids. Last updated April 17, 2024.
[<https://www.tobaccofreekids.org/problem/toll-us/Connecticut>].

²2023 Connecticut Behavioral Risk Factor Surveillance System.

³2023 Connecticut School Health Survey.

Connecticut Department of Public Health Tobacco Control Program

Prevalence of Current Any-Tobacco Use Among High School Students, CT 2023			
Demographic Characteristics	%	95% CI	
		LL	UL
Overall	12.7	11.0	14.3
N = 19,800			
Sex			
Male	11.2	9.5	13.0
Female	13.9	11.8	16.1
Grade			
9	8.1	5.8	10.4
10	13.2	10.1	16.3
11	13.6	10.4	16.8
12	16.2	13.3	19.1
Race/Ethnicity			
Non-Hispanic White	13.7	11.4	15.9
Non-Hispanic Black	8.8 [†]	6.0	11.6
Hispanic	13.7	10.9	16.6
Non-Hispanic Other	9.5 ^{††}	5.3	13.7
Sexual Orientation/Gender Identity			
LGBTQ+	17.8	14.8	20.8
non-LGBTQ+	10.8	9.0	12.7
Poor Mental Health			
Have Poor Mental Health*	19.7	16.4	23.1
No Poor Mental Health	9.9	8.5	11.3

Data source: 2023 Connecticut Youth Risk Behavior Survey.

Notes: Youth current any tobacco users are defined as high school students who reported using one or more of cigarettes, cigars, e-cigarettes (or other electronic vapor products), hookahs (waterpipes), chewing tobacco, snuff, snus, dip, or dissolvable tobacco on 1 or more of the past 30 days. N is a weighted number rounded to the nearest 100.

[†]Estimates may be of limited statistical validity due to a high coefficient of variation (CV), 15.0%<CV≤20.0%.

^{††}Estimates have low statistical reliability (20.0%<CV≤30.0%) and caution should be exercised when interpreting these estimates.

*Students who reported their mental health was not good most of the time or always.

Abbreviations: CI=Confidence Interval; LL=Lower Limit; UL=Upper Limit; LGBTQ+=Lesbian, Gay, Bisexual, Transgender, Questioning, Other.

Once smoking is initiated, the addictive nature of tobacco makes it very difficult to quit. Estimates are that nearly two-thirds of people who smoke want to quit, but each year, fewer than three (3) percent of those who want to quit are successful. Although the Connecticut tobacco use rate is lower than the national average, there is still a need for Direct Cessation Services, especially among Focus Populations within the state.

Successful tobacco cessation programming is the quickest and most cost-effective means of reducing the public health impact of tobacco use. Brief advice by healthcare providers to quit smoking can increase cessation rates by thirty (30) percent. More intensive interventions such as individual, group, or telephone counseling services that provide social support and training in problem-solving skills are even more effective, increasing cessation rates by forty (40) to one hundred (100) percent. FDA-approved medications (e.g., nicotine patch, gum, varenicline, and bupropion SR) are also effective, especially when out-of-pocket costs are minimized and combined with counseling and other interventions. Availability of no or low-cost Direct Cessation Services increases an individual's motivation and readiness to quit.⁴

This RFP for evidence-based programming seeks to identify organizations that have the capacity to develop and implement programs that will reduce and/or eliminate tobacco use of both Combustible and Non-combustible Tobacco Products among Connecticut residents. We are striving to create a culture where tobacco-free is the norm.

C. BRIEF OVERVIEW OF BEST PRACTICES

The U.S. Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed an evidence-based guide to help states 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 people who use tobacco to quit, and to prevent initiation of tobacco use combines educational, clinical, regulatory, economic, and social strategies. The guide, "**Best Practices for Comprehensive Tobacco Control Programs — 2014**" is divided into five (5) 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.⁵ This RFP focuses on 1) State and Community Interventions and 3) Cessation Interventions as detailed below.

Best practice activities recommended by CDC include, but are not limited to:

- i. Developing community partnerships and coalitions;
- ii. Establishing a strategic plan for a comprehensive tobacco control scope of work and collaborating with all stakeholder groups and local and state agencies;
- iii. Educating on evidence-based policy change;
- iv. Engaging stakeholders in addressing tobacco-related disparities;
- v. Collecting, disseminating, and analyzing data;
- vi. Developing and implementing training; and
- vii. Providing Technical Assistance.

⁴Smoking Cessation Evidence and Resources. Content last reviewed March 2021. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/evidencenow/projects/heart-health/evidence/smoking.htm>.

⁵Best Practices for Comprehensive Tobacco Control Programs — 2014. 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. <https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf>

D. ADDITIONAL GUIDANCE DOCUMENTS

Protocols used for all Tobacco Product Direct Cessation Services provided by the successful Proposer must be based on research that displays effectiveness in changing behavior, and must align with the following guidance documents, which may be updated from time to time.

1. **U.S Public Health Service Clinical Practice Guideline:** <https://www.ahrq.gov/prevention/guidelines/tobacco/clinicians/update/index.html>
2. **The Community Preventive Services Task Force Recommendations:** <https://www.thecommunityguide.org/topics/tobacco.html>
3. **Best Practices for Tobacco Control Programs Related User Guides:** https://www.cdc.gov/tobacco/php/state-and-community-work/guides-for-states.html?CDC_AAref_Val=https://www.cdc.gov/tobacco/stateandcommunity/guides/index.htm
4. **Other Sources for Evidence-Based and Best Practice Activities**
 - Public Health Law Center: <https://www.publichealthlawcenter.org/topics/commercial-tobacco-control>
 - Rural Health Information Hub: <https://www.ruralhealthinfo.org/toolkits>
 - County Health Rankings and Roadmaps: <https://www.countyhealthrankings.org/strategies-and-solutions/what-works-for-health>
 - Surgeon General's Report on Eliminating Tobacco-Related Disease and Death: <https://www.hhs.gov/sites/default/files/2024-sgr-tobacco-related-health-disparities-full-report.pdf>

E. SCOPE OF SERVICE DESCRIPTION

The Department is seeking proposals to implement and maintain evidence-based tobacco control programs that follow the Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control Programs. This RFP contains two (2) areas of practice: State and Community Interventions and Cessation Interventions. State and Community Interventions focus on influencing social norms to bring about behavior change, using coordinated and combined societal and community resources whereas Cessation Interventions provide treatment services, such as direct delivery of cessation counseling and medications through strategic Focus Population-level efforts to reconfigure policies and systems to normalize quitting, support tobacco-free lifestyles, and ensure ongoing tobacco use screening and intervention are part of routine medical care.

1. **Organizational Expectations.** The Department will accept applications from both public and private organizations. The proposal must describe the organization, including its purpose, services provided, and length of time in operation. The proposal must also describe the organization's experience with providing services that fall within the scope of this RFP; specifically, the selected area of practice.

The proposal must describe the current range of services provided by the Proposer organization and the populations served, including the annual number of individuals reached.

The proposal must also include the location of the Proposer organization and the hours of operation, including a description of how residents can reach their organization.

The following must be provided as attachments to the proposal:

- Three (3) letters of collaboration and support are required from community organizations and project partners that detail their level of involvement to the proposed project.
- One (1) letter of reference is required from one (1) previous funder or grantor that includes a description of the project performed, timeliness of project activities, and completeness of project deliverables.

- 2. Service Expectations.** Successful Proposers must be able to provide the services included in their proposal. The approach to providing services must be clearly and completely addressed within the proposal. For example, if a Proposer intends to focus on Youth interventions, it must describe how the project will ensure it reaches the 11.2% of Youth that currently use Tobacco Products in addition to the 88.8% that do not.

a. COMPONENT 1: STATE AND COMMUNITY INTERVENTIONS

Proposals concerning State and Community Interventions must focus on building community awareness, engagement, and mobilization; coordination of state and local efforts, policies, laws, and regulations; and influencing people in their daily environment(s). These interventions must cover a wide range of areas, and a multi-faceted range of interventions is preferred.

Proposals to provide State and Community Intervention must also address SHS and/or point-of-sale access to Commercial Tobacco Products by Youth implementing the following evidence-based strategies to reduce Youth access to Commercial Tobacco Products, eliminate tobacco-related health disparities, reduce exposure to SHS, and support cessation.

1. **SHS.** Proposals to address SHS shall include the Proposer's plan to:
 - a. Educate communities, decision-makers, and other stakeholders on smoke-free housing policies in rental housing with a focus on multi-unit housing and support the adoption of these policies.
 - b. Provide statewide Technical Assistance for smoke-free multi-unit housing policy implementation including but not limited to developing and providing training courses; creating and disseminating educational materials; collecting and analyzing smoke-free housing data; and establishing Communities of Practice.
 - c. Educate communities, decision-makers, and other stakeholders about smoke-free local and organizational policies, including but not limited to those that support smoke free municipal parks, local events, and restaurant patios.
2. **Point-of-Sale.** Proposals to address Point-of-Sale access to Commercial Tobacco Products shall include the Proposer's plan to:
 - a. Educate Communities, decision-makers, and other stakeholders on local or regional Point of Sale Promotions and strategies that reduce Youth access to and introduction to Tobacco Products in the Point of Sale environment including but not limited to local tobacco retailer licensing; discounted pricing; branded giveaways, and access to flavored Tobacco Products; and
 - b. Provide statewide Technical Assistance for Point-of-Sale policy implementation including, but not limited to, developing retailer trainings; creating and disseminating educational materials; collecting and analyzing retail data (i.e. sales, enforcement, location/mapping); and establishing a Community of Practice to foster innovation and collaboration and expand professional knowledge of Point-of-Sale Promotions.

Please note, the current Clean Indoor Air Act in Connecticut (Connecticut General Statute Sections 19a-342 and 19a-342a) restricts local municipalities from adopting laws or ordinances pertaining to indoor air through the preemption language in section (g). Voluntary policies may be adopted by any landowner/landlord/manager. In addition, Section 7-148 advises municipalities in section (xvi) to "regulate, on any property owned by the municipality, any activity deemed to be deleterious to public health, including the lighting or carrying of a lighted cigarette, cigar, pipe, or similar device".

Proposed activities shall focus on local Community-level interventions that are comprehensive and work to change environments and social norms. For purposes of this RFP, "Community" is defined as a variety of entities that collaborate and work across different sectors, such as health agencies; civic, social, and recreational associations; city and town governments; schools and universities; faith organizations; and organizations that support Focus Populations. These local activities must inform Focus Populations about statewide Tobacco Product cessation initiatives, so coordination of multiple Community-level interventions are preferred. Of note, regional or statewide coordination and impact will be weighted more in proposal scoring. Projects that propose regional or local interventions in Litchfield County, Windham County, New Haven County or in areas of the state with high social or health vulnerability will be prioritized in this RFP.

Successful Proposers shall be responsible for establishing a Network of Community intervention partners that addresses a minimum of one (1) or more of the four (4) TCP goals listed in Section II. A. For the purposes of this section, the components of such a Network are defined as and must include, but shall not be limited to, health agencies; civic, social, and recreational associations; city and town governments; schools and universities; faith-based organizations; and organizations that support various population groups.

Community engagement and mobilization are an important part of tobacco control programs, and Proposers are encouraged to mobilize Community partners that will work together to engage in a variety of activities to promote tobacco-free living as a societal norm. Authentic engagement with Focus Populations that experience tobacco-related health disparities is required to foster trust, deepen connections, and promote collective growth. Focus Populations include the LGBTQ+ community, disproportionately impacted racial/ethnic groups, individuals with a mental health condition or disability, veterans, communities with low socioeconomic status, Youth and young adults. Examples of authentic engagement include inviting representation and participation from individuals and from organizations serving populations experiencing health disparities related to Commercial Tobacco use in:

- Participating in program planning, implementation, and evaluation;
- Participating in advisory boards, panels, and decisions;
- Conducting and/or participating in needs assessment activities, such as engaging the community, collecting data or information related to Tobacco Product use by a particular Focus Population, or developing a strategic plan to address Tobacco Product use; and
- Developing, evaluating, and distributing communication materials to the Focus Population(s).

b. COMPONENT 2: CESSATION INTERVENTIONS

Proposals concerning Cessation Interventions must focus on providing treatment services, such as direct delivery of cessation counseling and medications through strategic Focus Population-level efforts to reconfigure policies and systems to normalize quitting, support tobacco-free lifestyles, and ensure ongoing tobacco use screening and intervention are part of routine medical care.

This RFP seeks Cessation Intervention proposals that develop and implement evidence-based strategies and activities that have been recommended by the CDC to reduce, eliminate, and/or prevent tobacco use and SHS and aerosol exposure by Connecticut residents.

The Department has provided CT Quitline services to Connecticut residents for over twenty (20) years. This effort is funded through a separate RFP process.

The Department seeks Proposals for alternative methods to support those who are looking for assistance with tobacco use cessation are desired. Of note, regional or statewide coordination and impact will be weighted more in proposal scoring. Proposals shall include information regarding availability of services in languages other than English.

Cessation Interventions Proposals must include one (1) or more of these evidence-based strategies:

1. Health Systems Change

- a. Training healthcare providers how to screen for tobacco use, and to conduct culturally appropriate, evidence based, tailored brief intervention counseling and treatment.
- b. Creating and implementing a Community of Practice to support and reinforce screening and referral systems while recording and monitoring outcomes with the TCP.
- c. Providing Technical Assistance to healthcare providers in incorporating electronic referrals to the CT Quitline into workflows and electronic health records.
- d. Conducting clinical outreach amongst dentists and behavioral health professionals to increase screening for tobacco use and referrals to the CT Quitline.
- e. Conducting outreach amongst CT pharmacists to review Collaborative Practice Agreements between pharmacists and healthcare provider prescribers to expand access to tobacco cessation medications and/or update or revise pharmacy workflows to generate referrals to the CT Quitline.

2. Focus Population(s) Cessation Services

- a. Conducting market or Formative Research on utilization and engagement of best-practice cessation resources to identify cessation gaps and needs among select Focus and priority Populations including Youth, young adult, individuals with behavioral or mental health issues, and Black or LatinX groups.
- b. Promoting and offering onsite evidence-based tobacco use cessation programs at community locations such as workplaces and multi-unit housing sites.
- c. Offering and providing individual and group tobacco use cessation counseling programs and relapse prevention counseling by a program administrator qualified as a trained Cessation Coach. Proposals shall provide services in alternate languages, provide incentives to improve and increase program utilization, and provide FDA approved NRT and medications, when medically appropriate.

If Direct Cessation Services will be provided, Proposer shall refer to a full outline of the tobacco use cessation program curriculum listed in the informational appendices in Section VI.D.

c. REQUIRED ACTIVITIES and STRATEGIES

All Proposers must include the following information regarding additional services to be provided as part of the scope of services:

- 1.) State in detail how the intervention that is described in your proposal shall address tobacco-related health disparities that impact health equity.
- 2.) Demonstrate how proposed collaboration with the TCP and other contractors will increase community capacity to reduce the impact of tobacco use overall on citizens' health within CT communities.
- 3.) Demonstrate how your plan to engage in state-level coalitions for tobacco free community meetings and events will increase the impact of the proposed intervention.
- 4.) Describe your process for meeting reporting deadlines and providing narrative updates. Successful Proposers must submit written narrative reports that demonstrate program progress, including, but not limited to, number and dates of meetings/sessions/programs held; number of people reached; and other data elements based on the type of program being offered and as required by the Department.
- 5.) Provide a summary of program successes and results, "lessons learned", and how you overcame any challenges if you have previously provided any of the services included in this RFP (e.g., Tobacco Product use Direct Cessation Services, tobacco prevention programming, or healthcare systems outreach).
- 6.) Describe how the activities proposed in this response will expand on, and not duplicate, similar initiatives if you are currently funded for similar activities. For example, describe the additional service area and/or additional populations that will be a focus, added capacity building activities, etc.
- 7.) Discuss your ability to submit a final report that includes a summary of all data collected and an assessment of the intervention. Final reports must contain a program summary, including the status of all process and outcome measurements, the effectiveness of services provided, including discussion of successes and challenges, and recommendations for future tobacco prevention and Tobacco Control work in Connecticut.
- 8.) Describe how your program can be sustainable once these contract funds have expired.

3. Evaluation Plan. Proposers for both areas of practice shall explain their capability to work with a third-party evaluator who will collect and review program data to determine overall program effectiveness. Contractors shall cooperate and collaborate with the third-party evaluator selected by the Department to assess these tobacco control programs.

Evaluation shall be ongoing with these initiatives. Each Proposer must submit a draft evaluation plan that includes effective use of available data. A Logic Model template is included in the Appendices to assist Proposers with this process; a Logic Model is required and must be part of the evaluation plan.

The evaluation plan format must include the following:

- Measurable Objective(s);
- Method for Collecting Measure(s);
- Data Source(s);

- Frequency; and
- Responsibility.

The Logic Model must include the following:

- Method for Collecting Measure(s);
- Inputs;
- Activities;
- Outputs; and
- Outcomes (short term, interim, or long term).

The third-party evaluator selected by the Department will review the draft evaluation plans to make recommendations for better program documentation to measure program effectiveness.

- 4. Work Plan.** A comprehensive and realistic Work Plan must be provided and outlined in the Work Plan Form included in Section VI. The Work Plan must be consistent with the RFP and provide details on the proposed project, including project goals, interventions, or services to be provided; the responsible staff position and focus population for each activity; timeframe for completion, including a project start date; and the expected outcome or measure of success for that activity. Details must be provided about the relationship and tasks to be performed by each subcontractor, if applicable.

The Work Plan form shall be completed in the required format provided in the Appendices and included as an attachment. It does not count toward the twenty-five (25) page limit. (See Section VI.)

- 5. Staffing Expectations.** Staff assigned to this project must have the appropriate training and experience to perform the proposed services. 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 the assigned duties.

Resumes for management and professional staff must be included in the proposal; one (1) point of contact shall be requested from the successful Proposer.

Staff must be familiar with evidence-based programming and an ability to address the needs of the Focus Populations.

A current organizational chart for the Proposer organization, with details specific to the proposed project, must be submitted with the attachments.

Please consider 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 VI. - Appendices)

- 6. Data and Technology Expectations.** The Proposer must develop and maintain a data collection system that can collect, store, and detail data elements to the Department that are necessary to report on program outcomes, including but not limited to participant information, status of coverage for cessation services, policy adoption status, or partner communication lists.

The Proposer must describe their quality assurance process, including but not limited to performing periodic data assessments to evaluate the quality, accuracy, and validity of the data and assessing and validating data collection methods used 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.

The Proposer must include development and/or maintenance of a data recovery plan that ensures that files and programs can be restored in the event of loss by any cause and shall also include their plan to safeguard Department data files.

The Department shall require monthly and/or quarterly reports from each Contractor to report program data on an ongoing basis. The frequency of these reports shall depend on the type of program and services to be offered and will be determined by the Department. Reporting is a critical component the Department uses to be able to document ongoing need and the usage of the services provided.

The selected Contractor(s) under both areas of practice shall be expected to respond to questions from the third- party evaluator on data submissions and program operations and may be expected to make data collection modifications, as requested by the Department, to ensure that data necessary to measure outcomes is being tracked.

- 7. Financial Expectations.** Monthly or quarterly expenditure reports shall be required, dependent on the type and cost of program to be provided. The Proposer must have a process in place used by program and fiscal staff to ensure adequate reporting, reconciliation, and tracking of program expenditures.

The Proposer must have financial control procedures in place to verify actual expenditures that will be charged to this program. This may include a Cost Allocation Plan if administrative and general costs will be charged, or a Time and Effort reporting system to verify work performed by staff charged to this program.

Budget basis programs shall require expenditure reports that are submitted to the Department through an electronic reporting system, Core-CT.

The Proposer must have a documented process for reimbursing subcontractors in a timely manner.

The Proposer must include the most recent two (2) years of annual audited financial statements, or any financial statements prepared by a Certified Public Accountant (CPA), including an auditor's management letter and corrective action plan, if applicable.

If the Proposer is a non-profit organization, an IRS Determination letter must be included.

- 8. Budget Expectations.** Funding for these tobacco control programs has been allocated by the Tobacco and Health Trust Fund to the Department. The amount of contract funds awarded to each successful Proposer will vary based upon the nature and scope of the work to be performed.

Proposals must contain an itemized budget with justification for each line item included in the budget forms included in the Application Forms provided in Section VI.

- a. All costs (salaries, travel, supplies, etc.) to be charged in the contract must be included in the proposed budget. The maximum amount of the bid may not be increased after the proposal is submitted. All cost estimates shall be considered as "not to exceed" quotations against which time and expenses will be charged.
- 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 the contract price.

- c. These funds cannot be used for any capital purchases, including the purchase or improvement of land; the purchase, construction, or permanent improvement to a building or facility; or for major medical equipment.
- d. The use of subcontractors is allowed. Subcontractor information and details must be included in the itemized budget. All information required of the Contractor must be received from the subcontractor as well.
- e. Any organization that includes administrative and general costs as part of the project budget must also provide their cost allocation plan that identifies which costs are included in the plan and how they are allocated.
- f. Competitiveness of the budget will be considered as part of the proposal review process.
- g. The proposed budget amounts requested by successful Proposers are subject to change and may be amended during the contract award negotiation process.

F. PERFORMANCE MEASURES

A Work Plan format example is provided with the application forms. A Work Plan is required that includes specific details about the interventions and/or services to be performed, the proposed activities to be performed as part of the intervention or service, the responsible staff position and Focus Population for each activity, and the expected outcome or measure of success for that activity.

All interventions and/or services must be described in as much detail as possible. This may include information such as what curriculum(s) will be used, the length of time of each program or session, materials that will be provided or developed through this effort, and any pertinent details that will further describe your proposed project.

The expected outcome, or measure of success, shall be further described within the draft evaluation plan, which must be prepared as a separate document.

The performance metrics below highlight sample key priorities that may be analyzed with Contractors collaboratively during the life of the contract; the set performance measures depend on the selected area of practice and the scope of work.

The Department looks forward to working with successful Proposers to define additional important performance metrics.

Though not an exhaustive list, a sample of the types of Performance Measures that have been used with similar programs include the following:

Outcome	Measure
One (1) statewide conference will be held	The conference was held on xx/xx/xx with xxx attendees
Youth leaders will participate in xx program activities	A (name) program event was held on xx/xx/xx with xx youth leaders and xx attended
	Another (name) program event was held on xx/xx/xx with xx youth leaders and xxx attended
Five (5) housing complexes will adopt smoke and vape-free policies	Four (4) housing complexes adopted policies affecting xxxx residents
	xx housing complexes remain in process of adopting a policy
Two (2) towns will adopt tobacco-free park policies	x towns adopted policies affecting xxxx town residents
Five (5) college campuses will adopt tobacco-free policies	xx campuses adopted policies affecting xxxx faculty, staff, and students.

	xx campuses are in the process of adopting a policy
All program clients are offered relapse prevention services	xx% of program clients were offered relapse prevention support
75% of program clients quit or reduce their tobacco use	xx% of program clients reduced their tobacco use

Proposers must submit key metrics based upon their program type and activities; key metrics shall be included within the required evaluation plan.

G. 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 Contractors 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 Department reserves the right to request and collect other key data and metrics from Contractors, as service needs or national requirements may change from time to time.

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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 will not be evaluated.
2. **Cover Sheet.** The Cover Sheet is both Page one (1) and Page two (2) of the proposal. The RFP Section VII provides the application forms including the Cover Page; Proposers must complete and use this Cover Sheet form provided by the Department.
 - *Contact Person* is defined as the individual who can provide additional information about the proposal or who has immediate responsibility for the proposal.
 - *Authorized Official* is defined as 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.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline; the Department has provided an Outline for the Table of Contents in the Application Forms Appendix.
4. **Executive Summary.** Proposals must include a high-level summary, not exceeding three (3) pages of the main proposal and cost proposal. The summary must also include the organization's eligibility and qualifications to respond to this RFP.
5. **Main Proposal/Scope of Services.** Proposals must include a scope of services detailing how they will deliver services under the selected area of practice. The activities within the scope of service must align with the requirements outlined throughout the RFP.
6. **Attachments.** Three (3) letters of collaboration and support are required from community organizations and project partners that detail the level of involvement and evidence of assistance that they will provide to the project.

A letter of reference is required from one (1) previous employer/grantor that includes a description of the project performed, timeliness of project activities, and completeness of project deliverables.

Letters of reference and letters of collaboration and support must be currently dated and not copies of previous submissions. Letters of reference and collaboration and support cannot be provided by Department staff.

Attachments other than the required Attachments, Forms, and Letters identified may not be evaluated. Further, the required Attachments 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 may result in disqualification.

7. Style Requirements.

An electronic submission shall be emailed to the Official Contact in a PDF format.

- Page Limit: Twenty five (25) pages for the main proposal and scope of services [Does not include the Cover Sheet, Table of Contents, Executive Summary,

proposed budget, Attachments, required Letters or Forms]

- Font Type/Size: Verdana / 9 pt or Calibri / 11 pt
- Margins: One (1) inch
- Line Spacing: 1 ½ minimum spacing

Please note, the pre-designed forms do NOT need to be re-formatted to fit within the above specifications.

- 8. Pagination.** The Proposer's name must be displayed in the header of each page. All pages must be numbered in the footer.
- 9. 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 subsection E of the proposal submission, the Proposer must reference where the information labeled CONFIDENTIAL is 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).
- 10. 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 Department 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 Purchase of Service (POS) and Personal Service Agreement (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, Department 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 Commissioner of Public Health will make 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 Department will reject any proposal that deviates significantly from the requirements of this RFP.

4. Evaluation Criteria. 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. Only the criteria listed below will be used to evaluate proposals.

- Organizational Profile and Service Area
 - Experience providing similar services;
 - Service area to be covered;
 - Need for services;
 - Three (3) letters of collaboration and support from community organizations and project partners that show evidence and level of assistance they will provide to the project;
 - Experience with community and other collaborative projects in the cities/towns in which the program will be located, and plan to collaborate with other partners/subcontractors; and
 - One letter of reference that provides evidence of Proposer's success implementing similar services.
- Scope of Services
 - Demonstration of an effective approach to providing services and performing identified tasks;
 - Incorporation of culturally competent services and messages into program activities;
 - Use of best practice services and materials;
 - Description of Focus Population for all interventions;
 - Identification of appropriate available resources to use for program development;
 - Innovative, creative elements of program activities; and
 - Consideration of statewide or regional approach.

- Staffing Plan including Subcontractors
 - Comprehensive and technically sound approach in drafting
 - Allocation of a sufficient number of staff in the appropriate position classification(s) to provide the full range of services anticipated under this RFP;
 - Availability of alternate language services;
 - A qualified program administrator who shall be responsible for overseeing the overall operation of the program, and shall function as the single point of contact;
 - If providing Direct Cessation Services, a tobacco treatment specialist trained coach/counselor who shall be responsible for providing services to program participants;
 - Identification of staff members who shall be responsible for required day-to-day data collection, including but not limited to data entry for program outcome and reporting purposes in addition to ensuring data quality and accuracy; and
 - Demonstration of capability to effectively coordinate, manage, and monitor the efforts of assigned staff members, including subcontractors, to ensure that work is effectively completed in a timely manner.
- Data and Technology
 - Maintain a data collection system that is capable of tracking and documenting program participant information required to report program outcomes;
 - Collect, store and report data elements included in the proposed minimum data set as well as any additional specified data elements to be determined by the Department;
 - Monitor and maintain data quality assurance including quality improvement modifications, protocols, data elements, software and/or equipment, staff training, and improved communication methods; and
 - Provide required reports in a format and schedule to be determined by the Department and respond to data requests as required by the Department.
- Work Plan
 - Capture and document specific actions, tasks, activities and functions to fulfill program requirements;
 - Conduct tasks/activities and functions in a logical order;
 - Adhere to realistic and feasible performance timelines;
 - Demonstrate how it will measure and/or prove the completion of major tasks, functions, or activities;
 - Define the Focus Population in each activity; and
 - Incorporate program elements that resonate with the Focus Population.
- Evaluation Plan
 - Include measurable outcomes to assure evidence-based programming;
 - Address the relationship of activities to anticipated outcomes;
 - Address capability to work with a third-party evaluator and incorporate recommended changes; and

- Include a Logic Model.
- Budget
 - A detailed budget shall include justifications and a breakdown of all components;
 - Description of a long-term plan to sustain this project after funding expires; and
 - The fiscal competitiveness of the proposal.

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

- 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 successful Proposers is at the discretion of the Commissioner. Any Proposer selected will be 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 email 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, for 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 email 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 comparisons of unsuccessful proposals with other proposals. The Department may schedule and hold the debriefing meeting within fifteen (15) days of the request. The Department 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 of the Department'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's due date, but not later than thirty (30) days after the Department notifies unsuccessful Proposers about the outcome of the evaluation and Proposer selection process. The email 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 Department 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 because 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 the State Contracting Portal and the Department website.

IV. PROPOSAL SUBMISSION OUTLINE AND REQUIREMENTS

All proposals must follow the required outline presented below and in Section VI.C. Proposals must contain a Table of Contents that conforms exactly with this outline, and includes all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated.

⇒ ***Please note the Program has provided Application Forms in an appendix to this RFP.***

A. Cover Sheet

The Proposer must use the Cover Sheet in Section VII.

B. Table of Contents

Proposers must include a Table of Contents that lists sections and subsections with page numbers that follow the organizational outline and sequence for this proposal.

C. Executive Summary

D. Main Proposal/Scope of Services

*****Please note the maximum total page length for this section is twenty five (25).** All appendices and other attachments must be referred to in Section D and then placed in Section H. The Department Review Committee will not read answers longer than the maximum of twenty five (25) pages. The page limit does not include any Attachments or Forms.

E. Declaration of Confidential Information

F. Conflict of Interest – Disclosure Statement

G. Statement of Assurances

H. Attachments (clearly referenced to summary and main proposal where applicable)

Refer to the Key Dates and Proposal Checklist in Section VI.C for a list of relevant attachments.

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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(f)(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, OPM and the Attorney General's Office.

B. ASSURANCES

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

- a. **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.
- b. **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 Department may terminate the 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.

- c. **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.
- d. **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 one hundred and eighty (180) days after the submission due date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the proposal, by reference or otherwise, into any contract with the successful Proposer.
- e. **Press Releases.** The Proposer shall obtain prior written consent and approval of the Department 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 Department 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 Proposer 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 Proposer may request and authorize proposers to submit written clarification of their proposals, in a manner or format prescribed by the Department, and at the Proposer's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline for submission of proposals, unless specifically requested by the Department. The Department 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 selected at a time and in a place provided by the Department. At its sole discretion, the Department 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 Department, 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 Department 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 Department 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 Department 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 Department 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 Department 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 Department.
- 2. Amending or Canceling RFP.** The Department reserves the right to amend or cancel this RFP on any date and at any time, if the Department 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 Department 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 Department 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 Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department 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 Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFP. The Department reserves the right to contract with one or more Proposer(s) for such services. After reviewing the criteria scored, the Department may seek Best and Final Offers (BFO) on cost from Proposers. The Department may set parameters on any BFOs received.
- 7. Clerical Errors in Award.** The Department 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 Department is the sole funder of a purchased service, the Department reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The Department also reserves the right to approve replacements for key personnel who have terminated employment. The Department 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 Department.

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 through 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. § 4-252a.** Pursuant to C.G.S. § 4-252a, 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 OPM access to any data, as defined in C.G.S. § 4e-1, concerning the resulting contract that is 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 Department] and the State Auditors of Public Accounts at no additional cost.

- 9. State Business-Related Call Center and Customer Service Work:** Pursuant to subsection (h) of section 31-57aa of the Connecticut General Statutes, Grantee shall perform all required state business-related call center and customer service work entirely within the State of Connecticut. If Grantee performs work outside of the State of Connecticut and adds customer service employees who will perform work pursuant to this Contract, then Grantee shall employ such new employees within the State of Connecticut prior to any such employee performing any work pursuant to this Contract.
- 10. Compliance with Consumer Data Privacy and Online Monitoring:** Pursuant to section 4 of Public Act 23-16 of the Connecticut General Assembly, Contractor shall at all times comply with all applicable provisions of sections 42-515 to 42-525, inclusive, of the Connecticut General Statutes, as the same may be revised or modified.

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VI. APPENDIX

A. ABBREVIATIONS / ACRONYMS / DEFINITIONS

ATS	Adult Tobacco Survey
BFO	Best and Final Offer
BRFSS	Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention (US)
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunity (CT)
CT	Connecticut
DAS	Department of Administrative Services (CT)
DHHS	Department of Health and Human Services (US)
DPH	Department of Public Health (CT)
EHR	Electronic Health Record
FDA	Food and Drug Administration (US)
FOIA	Freedom of Information Act (CT)
IRS	Internal Revenue Service (US)
LGBTQ+	Lesbian, gay, bisexual, transgender, queer, or questioning
LHD	Local Health District
LOI	Letter of Intent
OAG	Office of the Attorney General (CT)
OPM	Office of Policy and Management (CT)
OSC	Office of the State Comptroller (CT)
NRT	Nicotine Replacement Therapy
POS	Purchase of Service
P.A.	Public Act (CT)
RFP	Request for Proposal
SEEC	State Elections Enforcement Commission (CT)
U.S.	United States
YRBS	Youth Risk Behavior Survey

- *Cessation Coach*: A trained health care provider or counselor who helps individuals quit Commercial Tobacco product use by providing counseling services discussing an individual's tobacco use behaviors and routines to guide them through behavioral health changes in quitting tobacco use.
- *Collaborative Practice Agreement*: A legal document that establishes a legal relationship between clinical pharmacists and collaborating physicians that allows pharmacists to participate in collaborative drug therapy management and these agreements can be specific to a Focus Population or specific clinical situation, such as smoking cessation.
- *Contractor*: A private provider organization, CT State agency, or municipality that enters into a POS contract with the Department as a result of this RFP.
- *Combustible Tobacco Products*: Tobacco products that require burning for consumption, such as cigarettes and cigars.
- *Commercial Tobacco*: Tobacco that is manufactured and sold for profit by companies for recreational and habitual use in cigarettes, hookahs, pipe tobacco, and other products.
- *Community of Practice*: A group of people who share a common concern, a set of problems, or an interest in a topic who come together to fulfill both individual and group goals.
- *CT Quitline*: Services provided 24/7 by DPH to all Connecticut residents who

want assistance with quitting tobacco use. These free services include telephone, online, and texting support, as well as FDA approved Nicotine Replacement Therapy (NRT) and medications to those individuals aged eighteen (18) and over who are medically eligible.

- *Direct Cessation Services:* Programs and interventions provided by an organization or individual designed to help people quit Commercial Tobacco product use. Services can include counseling, therapy, NRT and pharmacotherapy.
- *Formative Research:* A process by which researchers or public health practitioners aim to understand the characteristics of Focus Population that influence their decisions and actions.
- *Logic Model:* A graphic representation of a program that shows the relationship between resources (inputs) and results (outcomes).
- *Non-combustible Tobacco Products:* Tobacco products that do not require burning and include smokeless tobacco.
- *Point-of-Sale:* A location or retail environment where Tobacco Products are purchased and includes what is happening on the exterior and interior of the store and is also the presence of a store that sells tobacco products.
- *Point of Sale Promotion:* A variety of activities in a retail environment to increase sales of Tobacco Products, such as price discounts, product giveaways and advertising signs.
- *Private Provider Organization (PPO):* Non-state entities that are either nonprofit or proprietary corporations or partnerships.
- *Proposer:* A private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP. This term may be used interchangeably with 'bidder', applicant', or 'respondent' throughout the RFP.
- *Prospective Proposer:* A private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP but has not yet done so.
- *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.
- *Technical Assistance:* Providing advice, assistance, or training to prepare for and manage the Best Practice Tobacco Control Program capacity, development, implementation, maintenance, and evaluation.
- *Tobacco Control:* a field of international public health science, policy and practice dedicated to addressing tobacco use and reducing morbidity and mortality it causes and involves systematic efforts to reduce Tobacco use through strategies, policies and regulations.
- *Tobacco Product:* All forms of commercial tobacco, not just cigarettes. This includes both Combustible and Non-combustible Tobacco Products and synthetic nicotine products, regardless of whether the nicotine is derived from tobacco.
- *Traditional Tobacco:* Tobacco and /or other plant mixtures grown or harvested and used by American Indians and Alaskan Natives for ceremonial or medicinal purposes.

- *Youth*: Students up to age eighteen (18) for the purpose of this RFP. High school youth are those in grade nine (9) through grade twelve (12). These students are represented in data collection from the YRBS.

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B. STATEMENT OF ASSURANCES

Agency Name

The undersigned Proposer 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 Proposer shall deliver services to the Department at the cost proposed in the RFP and within the timeframes specified therein.
- c. The Proposer shall seek prior approval from the Department before making any changes to the location of services.
- d. The Proposer and its officials, and the Proposer's subcontractors and the subcontractors' officials, have not received any notices of debarment or suspension from contracting with the State of Connecticut or the Federal Government.
- e. The Proposer and its officials, and the Proposer's subcontractors and the subcontractors' officials, have not received any notices of debarment or suspension from contracting with other states within the United States.

Legal Name of Organization:

Authorized Signatory

Date

C. KEY DATES AND PROPOSAL CHECKLIST

To assist Proposers in managing proposal planning and document collation processes, this document summarizes key dates and proposal requirements for this RFP. Please note that this document does not supersede what is stated in the RFP. Please refer to the Proposal Submission Overview, Required Proposal Submission Outline, and Mandatory Provisions (Sections II, III, and IV of this RFP) for more comprehensive details. It is the responsibility of each Proposer to ensure that all required documents, forms, and attachments, are submitted in a timely manner.

Key Dates

Procurement Timetable		
The Department reserves the right to modify these dates at its sole discretion		
Item	Action	Date
1	Proposal Submission Due Date	April 3, 2025
2	Selection of Proposer	May 5, 2025
3	Contract Negotiations Begin	May 12, 2025
4	Contract Start Date	December 1, 2025

Registration with State Contracting Portal (if not already registered):

- ☐ Register at: <https://portal.ct.gov/DAS/CTSource/Registration>
- ☐ Submit Campaign Contribution Certification (OPM Ethics Form 1): <https://portal.ct.gov/OPM/Fin-PSA/Forms/Ethics-Forms>

Proposal Content Checklist

- ☐ **Cover Sheet:** including required information
- ☐ **Table of Contents:** including page numbers
- ☐ **Executive Summary:** high-level summary of proposal and cost (maximum of three pages)
- ☐ **Main proposal body answering all questions with relevant attachment:** Proposers should use their discretion to determine whether certain required information is sufficiently captured in the body of their proposal or requires additional attachments for clarification.
- ☐ **Declaration of Confidential Information**
- ☐ **Conflict of Interest Disclosure Statement**
- ☐ **Statement of Assurances**
- ☐ **Attachments**

Main proposal attachments

- a. Work Plan
- b. Evaluation Plan (summary and Logic Model)
- c. Cost Proposal:
 - i. Budget Summary Form A
 - ii. Budget Summary Position Schedule #2A - Staffing Profile
 - iii. Budget Justification Schedule B

- iv. Subcontractor Costs: Budget Justification Subcontractor Schedule A – Detail Form
- v. Two (2) years of recent annual Audited Financial Statements or any financial statements prepared by a Certified Public Accountant for those organizations that have been incorporated for less than two (2) years
- vi. IRS Determination Letter - for non-profit organizations only
- d. Résumés of Key Personnel
- e. Project Organizational Chart
- f. One (1) letter of reference with contact information from previous employer/funder/grantor
- g. Three (3) letters of collaboration and support from community organizations and project partners
- h. FORMS:
 - i. Tobacco Industry Funding and Partnership Certification
 - ii. Notification to Bidders
 - iii. Workforce Analysis Form for Connecticut employees

Additional Attachments: It is optional to provide sample program materials, curriculum, or results of prior similar projects.

Style and Formatting Checklist

- ☐ Is the main body of the proposal within the required page limit, not including the cover sheet, table of contents, executive summary, work plan, cost proposal, attachments, or forms?
- ☐ Is the proposal in 9 pt. Verdana or 11 pt. Calibri font?
- ☐ Does the proposal format follow normal (one (1) inch) margins and 1 ½ line spacing?
- ☐ Does the Proposer's name appear in the header of each page?
- ☐ Does the proposal include page numbers in the footer?
- ☐ Are confidential labels applied to sensitive information (if applicable)?

D. ADDITIONAL RELEVANT FORMS

INFORMATIONAL APPENDICES:

The information and forms in this section are for your reference only. Some of this information may be required of Proposers awarded funding and will be requested during the contract development process. Some of the indicated information may be submitted electronically.

Do not include any of the forms included here with your proposal, they are provided for your information.

- 1) Outline for a Tobacco Use Cessation Program Curriculum.
- 2) Sample Logic Model for use with Evaluation Plan

Outline for a Tobacco Use Cessation Program Curriculum

These specifications must be followed if a Proposer is planning to incorporate direct tobacco use cessation programming activities into their proposal.

The following services must be provided at a minimum, and the Proposer's approach must be addressed in the proposal:

- 1) Provide tobacco use cessation services that are culturally and linguistically appropriate, including all education materials. All services and materials must adhere to the *DHHS Clinical Practice Guidelines – Treating Tobacco Use and Dependence*.
https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf
- 2) Purchase or develop in consultation with the Department an evidence-based tobacco use cessation curriculum that includes the following: problem-solving skills and the importance of support systems, positive behavioral changes, stress management, coping skills, effects of tobacco use and the benefits of quitting, discussion of medication options and relapse prevention.
- 3) Train all staff within the organization that will be involved in the tobacco use cessation program in the policies and procedures of the tobacco use cessation treatment program and the curriculum.

Also, if the program is in a clinical setting:

- a) Train healthcare providers and medical staff within the agency in the US Department of Health and Human Services, Public Health Service, Clinical Practice Guideline for Treating Tobacco Use and Dependence, including the adaptations recommended by The American College of Obstetricians and Gynecologists for treating tobacco use in pregnant women, or the adaptations recommended by The American Academy of Pediatrics for treating tobacco use in Youths.
 - b) Include tracking components (ask, advise, assess, assist, arrange) into a reminder system or flow sheet for incorporation into patient records.
 - c) Orient all clinic staff on the new reminder/tracking system.
 - d) Assess all patients for tobacco use and implement the DHHS clinical practice guidelines into all clinical services, including but not limited to the health consequences of tobacco use, behavior modification modalities, pharmacotherapies and medical aids to control nicotine addiction, and counseling services.
 - e) Refer patients using Tobacco Products to tobacco use cessation counseling.
- 4) Advertise and market the tobacco use cessation program to agencies and organizations that serve tobacco users in the contractor's area, using earned media and educating legislators on available services to increase referrals. Marketing and outreach activities should concentrate on reaching the Focus Population(s).
 - 5) Provide in person individual and group tobacco use cessation counseling sessions that are culturally and linguistically appropriate, including all educational materials to be provided at no cost to program participants.

- a) Any evidence-based Tobacco Product Use Cessation curriculum must be followed for the provision of these services. Components of the cessation program must include problem-solving skills and the importance of support systems, positive behavioral changes, stress management, coping skills, effects of tobacco use and the benefits of quitting, discussion of medication options and relapse prevention.
- b) All persons enrolled must receive an initial individual intensive thirty (30) minute counseling session, regardless of whether they choose to participate in the individual or group counseling program option.
- c) Individual counseling programs must consist of no fewer than five (5) sessions. These five (5) sessions must be face to face, may be administered virtually at the request of the participant, and be at least twenty (20) minutes long.
- d) Group programs must consist of no less than six (6) sessions. Each session must be a minimum of sixty (60) minutes long.
- e) Telephone and/or virtual counseling sessions can be used as extra support but will not be considered a substitute for face-to-face counseling if face-to-face counseling is preferred by the participant.
- f) The provision of incentives at sessions beyond the third session is encouraged in order to promote better attendance.
- g) The provision of incentives to facilitate the collection of follow up data is also encouraged.
- 6) Medications, which include all FDA-approved NRT and prescription medications, will be provided for up to ~~twelve~~ (12) weeks per client to assist in the treatment of tobacco use dependence for program participants at no cost to the participant when medically appropriate and approved. Records must be kept of all medical materials purchased and provided to program participants including maintenance of an ongoing inventory if appropriate.
- 7) Provide follow up care to prevent tobacco use relapse in the form of a relapse group and/or additional individual counseling. This follow up care curriculum must include coping and problem-solving skills, and the importance of support systems, positive behavioral changes, benefits of staying quit, strategies to manage stress, and additional cessation resources available including the CT Quitline.
- 8) Collect and input data elements into an Excel spreadsheet that will be reviewed by the Department
 - a) Data is collected at the following time periods to determine patient status regarding tobacco use:
 - i) Intake at initial enrollment/individual intensive cessation counseling session;
 - ii) Program completion or dropout;
 - iii) Follow up at four (4) months post-enrollment;
 - iv) Follow up at seven (7) months post-enrollment.
 - b) Data elements to be collected include, but are not limited to, the following:
 - i) Patient Demographics
 - ii) Medical Materials Administered
 - iii) Tobacco Use Status
 - iv) Quit Status
 - c) De-identified data shall be submitted monthly in a format and manner to be determined by the Department.
- 9) Refer patients to the CT Quitline as a secondary support system, smartphone application or other tertiary care systems to augment the cessation counseling. A referral system is in

place to easily refer patients who have given consent to the CT Quitline provider, and an electronic medical records referral system may also be established by successful Proposer.

- 10) Conduct a client satisfaction survey using an evaluation tool to be approved by the Department.
- 11) Collaborate with other entities to minimize expense and maximize services by obtaining community involvement such as donation of refreshments, incentives, materials, or space; assistance in marketing or improving cultural relevance of the curriculum and materials, and transportation assistance and childcare services.

Sources of information for tobacco use cessation treatment include:

All services and materials must adhere to the **United States Department of Health and Human Services, Public Health Service, Clinical Practice Guidelines-Treating Tobacco Use and Dependence** https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/treating_tobacco_use08.pdf.

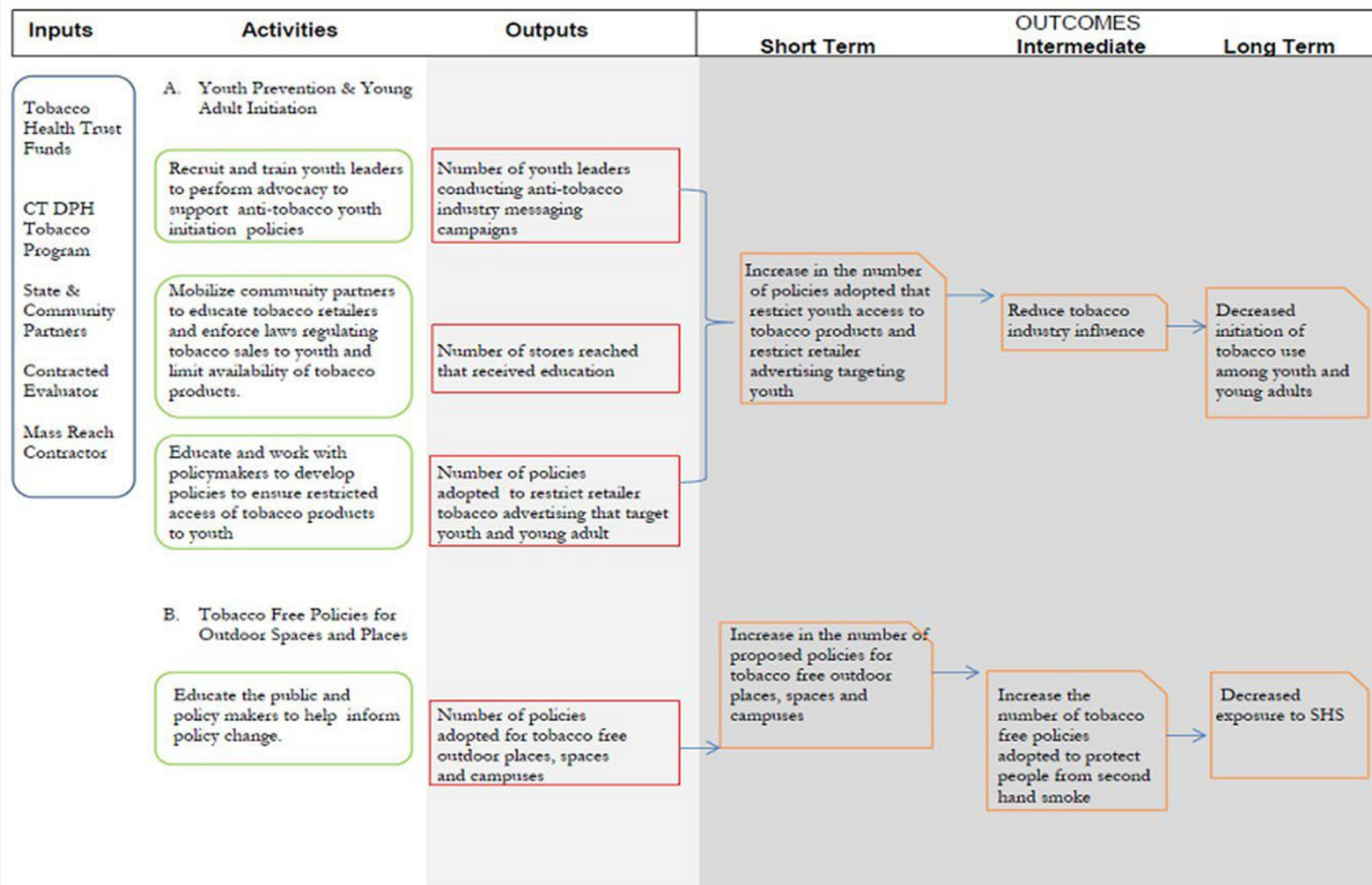
All services and materials catered to Focus Population(s) including pregnant women, LGBTQ+, youth and young adults must also adhere to the following guidance:

Adaptations for tobacco use cessation programs if serving pregnant women:
American College of Obstetricians and Gynecologists: <http://www.acog.org/https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2020/05/tobacco-and-nicotine-cessation-during-pregnancy>

Adaptations for tobacco use cessation programs if serving
LGBTQ+:
How to Run a Culturally Competent LGBT Smoking Treatment Group
<https://cancer-network.org/wp-content/uploads/2021/05/SmokingCessationFINAL.pdf>

Adaptations for tobacco use cessation programs for Youth:
<https://www.aap.org/en/patient-care/tobacco-control-and-prevention/youth-tobacco-cessation/tobacco-use-considerations-for-clinicians/>

Sample Logic Model



SECTION VII: Application Forms

The following forms are also available in WORD Format for applicant use during the application period; the forms are available in a separate file that is posted in the same locations as the RFP.

REQUEST FOR PROPOSAL COVER SHEET
State of Connecticut – Department of Public Health
DPH RFP # 2026-0905: TOBACCO CONTROL PROGRAMS

APPLICATION FOR _____ (State & Community or Cessation) Interventions

Applicant Information Form

Legal Name _____ FEIN _____

Address _____

City/Town _____ State _____ Zip Code _____

Telephone No. _____ FAX No. _____ Email Address _____

Principal Contact Person _____ Title _____

Telephone No. _____ Email Address _____

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:

- a. Full legal name of the organization or corporation as it appears on the corporate seal and as registered with the Secretary of State; Federal Employment Identification Number (FEIN).
- b. Mailing address;
- c. Main telephone number; Fax number, and email address;
- d. Principal contact person for the application (person responsible for developing application), Title, Contact Information: Telephone, Email address;
- e. 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-ProfitFederal Employer I.D.
Number:

Town Code No:

Medicaid Provider Status: ☐ YES ☐ NO

Medicaid Number:

Minority Business Enterprise (MBE): ☐ YES ☐ NOWomen Business Enterprise (WBE): ☐ YES ☐ NO

Work Plan

(Make as many blank pages as needed, and form may be set up in either portrait or landscape mode)

Services to be Provided (Provide specifics)	Activities (Tasks/Deliverables)	Staff Position(s) Responsible Focus Population for This Activity	Expected Outcomes, Measures of Success	Timeframe for Completion (Include scheduled start and end dates)

Evaluation Plan Summary Sample Format

Evaluation Question	Indicator/Performance Measure	Data Collection Method	Data Source	Frequency	Responsibility	Comments

Evaluation Plan: Logic Model Template**(Add as many boxes as needed to reflect the proposed program)****OUTCOMES:**

Inputs	Activities	Outputs	Short Term	Intermediate	Long Term

A. BUDGET SUMMARY INSTRUCTIONS

1) Position Schedule #2a (complete first)

- a) Complete the schedule for all positions to be funded, even if currently vacant.
- b) Complete one (1) 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 to be charged, as listed on Position Schedule 2a.
- b) Line #2 **Fringe Benefits** Line: Enter the total fringe benefits to be charged, as listed on Position Schedule 2a.

3) Line #3 Contractual (Subcontracts):

Provide the total of all subcontracts and complete Subcontractor Schedule, Item C, below.

4) Lines #4 - 7: Complete categories as appropriate**5) Line #8: Other Expenses:**

For any other types of expense that do not fit into the categories listed; provide details.

6) Audit Costs

The cost of audits made in accordance with OMB Circular A133 (Federal Single Audit) are allowable charges to Federal awards. The costs 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 the 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) Line Item #9: Administrative and General (A&G) Costs

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, and proportional office costs such as building occupancy, telephone, equipment, and office supplies.

Please review the OPM website on Cost Standards for more information at: <https://portal.ct.gov/opm/fin-pos/standards/pos-cost-standards>

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.

Cost Allocation Plans must be submitted with applications that include budget line items for allocated Administrative and General costs.

8) Other Program Income: list any other program income, if appropriate, such as in-kind contributions, fees collected, or other funding sources and include a brief explanation on the Budget Justification.**9) Multiple Funding Periods:** Assume level funding for each of the three (3) years for budgeting line items.

Budget Instructions, Continued

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	\$975	1,500 miles @ .65 = \$975.00 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.*

Budget Justification – Subcontractor Schedule A Instructions

C. Subcontractor Schedule A-Detail

For Contractors who have subcontracts, a brief description of the purpose of each subcontract must be provided.

All subcontractors used by each program must be included. If it is not known who the subcontractor will be at the time of submission, an estimated amount and whatever budget detail is anticipated must be provided. Actual details must be provided when available. A separate subcontractor schedule must be completed for each program included in the contract.

Detail of Each Subcontractor:

1. 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.

2. Choose whether the subcontractor is a minority or woman owned business:

☐ MBE ☐ WBE ☐ Neither

3. Provide the detail for each subcontract just as for the primary contract budget referencing the corresponding program of the contract. Details 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 FORM A**Applicant Name:****FUNDING and CONTRACT PERIOD**

Period:	12/01/2025- 11/30/2026	12/01/2026- 11/30/2027	12/01/2027- 11/30/2028	Total
1. Salaries & Wages				
2. Fringe Benefits				
3. Contractual (Sub-Contracts)**				
4. Transportation				
5. Materials and Supplies				
6. Facilities				
7. Client Subsidies				
8. Other Expenses (list)				
a.				
b.				
c.				
d.				
e.				
f.				
g.				
h.				
i.				
9. Administrative and General Costs				
Total Project Budget				
Other Program Income				

****Complete Sub-contractor Schedule A**

BUDGET SUMMARY – POSITION SCHEDULE # 2a – Staffing Profile**Applicant Name:**FUNDING PERIOD:CONTRACT PERIOD: 12/01/2025-11/30/2028

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:		/			%	
Totals						

BUDGET JUSTIFICATION SCHEDULE B**Applicant Name:****FUNDING PERIOD:****CONTRACT PERIOD:12/1/2025-11/30/2028****Budget Justification Schedule**

Please provide an explanation for each line item listed on the budget summary form and 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 per Unit	Total for Line Item	Justification including Breakdown of Costs
Total Budget:			

Budget Justification Subcontractor Schedule A-Detail Form**Applicant Name:**

Budget Period:
Program/Site:

#1

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** ☐ Budget Basis **B** ☐ Fee-for-Service **C** ☐ Hourly RateIndicate One: ☐ MBE ☐ WBE ☐ Neither

Description of Services to be Provided	Total
Line Item(s)	
Total Subcontract Amount:	

#2

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** ☐ Budget Basis **B** ☐ Fee-for-Service **C** ☐ Hourly RateIndicate One: ☐ MBE ☐ WBE ☐ Neither

Description of Services to be Provided	Total
Line Item(s)	
Total Subcontract Amount:	

#3

Subcontractor Name:

Address:

Telephone: () (-)

Select One: **A** ☐ Budget Basis **B** ☐ Fee-for-Service **C** ☐ Hourly RateIndicate One: ☐ MBE ☐ WBE ☐ Neither

Description of Services to be Provided	Total
Line Item(s)	
Total Subcontract Amount:	

**State of Connecticut
Department of Public Health
Tobacco Control Program**

Tobacco Industry Funding and Partnership Certification

I, _____ certify that _____ has not
(Printed Signatory Name) (Company/Agency)
received funding or engaged in partnerships, either formal or informal, with any Tobacco Company
within the last three (3) years.

The above-mentioned Agency will not accept funding nor engage in partnerships with any Tobacco
Company during the contract period, should we be awarded funds from the Agency's Tobacco
Control Program.

Applicant's Authorized Signature

Date

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 it's 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:

WORKFORCE ANALYSIS

Contractor Name:
Address:

Total Number of CT employees:
Full Time: Part Time:

Complete the following Workforce Analysis for employees on Connecticut worksites who are:

Job Categories	Overall Totals (sum of all cols. male & female)	White (not of Hispanic Origin)		Black (not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		American Indian or Alaskan Native		People with Disabilities	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Officials & Managers													
Professionals													
Technicians													
Office & Clerical													
Craft Workers (skilled)													
Operatives (semi-skilled)													
Laborers (unskilled)													
Service Workers													
Totals Above													
Totals 1 year Ago													
FORMAL ON-THE-JOB TRAINEES (Enter figures for the same categories as are shown above)													
Apprentices													
Trainees													
EMPLOYMENT FIGURES WERE OBTAINED FROM:						Visual Check:		Employment Records		Other:			

1. Have you successfully implemented an Affirmative Action Plan? ☐ YES ☐ NO
Date of implementation: _____ If the answer is "No", explain.

2. a) Do you promise to develop and implement successful Affirmative Action?
☐ YES ☐ NO ☐ Not Applicable Explanation:

3. 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:

4. According to EEO-1 data, is the composition of your workforce at or near parity when compared with the racial and sexual composition of the workforce in the relevant labor market area? ☐ YES ☐ NO Explanation:

5. If you plan to subcontract, will you set aside a portion of the contract for legitimate minority business enterprises
☐ YES ☐ NO Explanation:

Authorized Signature

Date