

This Addendum 2 makes changes to the RFP Appendix Lettering and Form Numbering.

A. APPENDICES

Appendices should clearly identify the attachment label, and each page numbered sequentially as part of the total RFP.

Attachment A - Proposer's Authorized Representatives (**Form 1**)

Attachment B - Agency Agreement and Assurance Form (**Form 3**)

Attachment C – No Attachment C

Attachment D - Organization Chart (**no form provided**)

Attachment E - Executive Management Resumes. Provide a copy of the resume for the administrator of the organization and the Executive Management Team (**no form provided**).

Attachment F - Proposer Performance Reviews (**no form provided**)

Attachment G - The most recent annual financial statements prepared by an independent Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (USA). If a proposer has been in business for less than two years, such proposer must include any financial statements prepared by a Certified Public Accountant and reviewed or audited in accordance with Generally Accepted Accounting Principles (US) for the entire existence of such firm or corporation. (**no form provided**)

Attachment H - Letters of Reference (3 total) (**no form provided**)

Attachment I - Staffing Schedule (**a sample schedule is provided in this RFP**)

Attachment J - Program Organization Chart (**no form provided**)

Attachment K - Key Program Personnel Resumes (**no form provided**)

Attachment L - Consulting Agreement Affidavit (**Form 6**)

Attachment M - Gift and Campaign Contributions Certification (**Form 7**)

Attachment N – No Attachment N

Attachment O - Copy of the Internal Revenue Service letter that verifies the provider is a 501(3) private non-profit organization (**no form provided**)

II. Forms

The purpose of this subsection is to provide blank copies of any Department forms that must be submitted with a proposal.

Form 1 - Proposer's Authorized Representatives

Form 2 – Non-Disclosure Form

Form 3 – Agency Agreement and Assurances Form

Form 4 – No Form 4

Form 5 – Conflict of Interest Form

Form 6 – Consulting Agreement Affidavit

Form 7 – Gift and Campaign Contributions Certification

Form 8 – Budget Summary Form

**STATE OF CONNECTICUT
DEPARTMENT OF DEVELOPMENTAL SERVICES**

1. PROPOSERS AUTHORIZED REPRESENTATIVE FORM

Applicant Agency: _____
Legal Name

Authorized Representatives: Applicants must designate an authorized representative and one (1) alternate. The form must be signed by the organization's Chief Executive Officer or another official with signatory authority.

Authorized Representative:

		() -
Name	Title	Telephone Number
Street	Town	Zip Code
E-mail Address	Facsimile Number	
Normal Working Hours		

Alternate:

		() -
Name	Title	Telephone Number
Street	Town	Zip Code
E-mail Address	Facsimile Number	
Normal Working Hours		

I, the undersigned, for and on behalf of the named applicant agency, do herewith apply for this funding and attest that to the best of my knowledge the statements made herein are true.

Signature of Authorizing Official

Date

Typed Name and Title

FORM 1



Ned Lamont
Governor

State of Connecticut Department of Developmental Services



Jordan Scheff
Commissioner

Elisa Velardo
Deputy Commissioner

2. NON-DISCLOSURE FORM

HIPAA and Privacy Rights Acknowledgement and Agreement

The undersigned in submitting a Letter of Intent for _____ to
(Name of Proposer)
participate in a Request for Proposal process hereby acknowledges the applicability of HIPAA
and state law protections of DDS client information and agrees that any protected health
information, individually identifiable health information, and/or any other DDS client
information which is obtained during Participation in the RFP process shall be maintained
confidential.

Further, the undersigned acknowledges and agrees to return any of the aforementioned
information to DDS if the provider agency is not selected at the conclusion of the RFP
process.

Executive Director/Authorized Agent

Date: _____

FORM 2

DEPARTMENT OF DEVELOPMENTAL SERVICES (DDS)

3. AGREEMENTS AND ASSURANCES

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 will deliver services to DDS at the cost proposed in the RFP and within the time frames therein.
- c. Neither the proposer or any official of the organization nor any subcontractor to the proposer or any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with the State of Connecticut or the Federal Government.
- d. Neither the proposer or any official of the organization nor any subcontractor to the proposer or any official of the subcontractor's organization has received any notices of debarment or suspension from contracting with other states within the United States.

2. DDS Policies and Procedures

- a. The proposer has read and understands the DDS Policies and Procedures Manual and will adhere to all DDS policies and procedures.
- b. The proposer will participate in the Individual Planning Process and attend regular meetings.
- c. The proposer will seek prior approval from DDS before making any changes to the level of services.
- d. The proposer will seek prior approval from DDS before making any changes to the location of services.
- e. The proposer will follow the Continuous Quality Improvement policies and procedures.

Legal Name of Organization

Authorized Signatory Date

5. CONFLICT OF INTEREST

****This form must be printed on your company letterhead****

I, _____
(Name, Title)

(Organization)

(Address)

certifies that this business entity

does/does not (*circle one*)

have any current business relationships [within the past (3) years] that pose a conflict of interest as defined by Connecticut General Statutes Section 1-85.

Legal Signature

Date

If you circled "does" above, please explain:

Section 1-85. (Formerly Sec. 1-68). Interest in conflict with discharge of duties. A public official, including an elected state official, or state employee has an interest which is in substantial conflict with the proper discharge of his duties or employment in the public interest and of his responsibilities as prescribed in the laws of this state, if he has reason to believe or expect that he, his spouse, a dependent child, or a business with which he is associated will derive a direct monetary gain or suffer a direct monetary loss, as the case may be, by reason of his official activity. A public official, including an elected state official, or state employee does not have an interest which is in substantial conflict with the proper discharge of his duties in the public interest and of his responsibilities as prescribed by the laws of this state, if any benefit or detriment accrues to him, his spouse, a dependent child, or a business with which he, his spouse or such dependent child is associated as a member of a profession, occupation or group to no greater extent than any other member of such profession, occupation or group. A public official, including an elected state official or state employee who has a substantial conflict may not take official action on the matter.

STATE OF CONNECTICUT 7. GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of \$50,000 or more, pursuant to C.G.S. §§ 4-250, 4-252(c); and 9-612(f)(2) and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE: Initial Certification 12 Month Anniversary Update (Multi-year contracts only.)
 Updated Certification because of change of information contained in the most recently filed certification or twelve-month anniversary update.

GIFT CERTIFICATION:

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

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

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or 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 preparing of bid solicitations or request 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.

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

FORM 7

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after January 1, 2011, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. § 9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after January 1, 2011 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

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

Lawful Campaign Contributions to Candidates for the General Assembly:

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

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

Printed Contractor Name

Printed Name of Authorized Official

Signature or Authorized Official

Subscribed and acknowledged before me this _____ day of _____, 20__.

Commissioner of the Superior Court (or Notary Public)

My Commission Expires

FORM 7

8. BUDGET SUMMARY

Proposal

Submitted by:

Budget for:

Children's Community Engagement

Administrative and General Expenses	Salary & Wages	Amount	FTE
	Administration		
	Business		
	Secretarial/Clerical		
	Other (Specify)		
	Salary & Wages		
		Total	\$0.00
	Non-Salary	Amount	FTE
	Accounting & Auditing		
	Office Supplies (including postage)		
	Occupancy Costs (utilities, telephone, repairs, rent, taxes)		
	Insurance		
	Employee Mileage		
	Lease Equipment & Maintenance		
	Other (Specify)		
	Non-Salary		
		Total	\$0.00
	Total Administrative and General Expenses		\$0.00
Program Expenses	Salaries & Wages	Amount	FTE
	Supervisor		
	Program Manager		
	Professional Staff		
	Recreational Therapist		
	Per Diem/Substitute Staff		
	Other (Specify)		
	Salaries & Wages		
		Total	\$0.00
	Employee Benefits	Amount	FTE
	Social Security (FICA)		
	Unemployment		
	Workers Compensation		
	Insurance (Health, Dental, Disability, Life)		
	Retirement		
	Other (Specify)		

Employee Benefits		
	Total	\$0.00
Non-Salary Contract Personnel	Amount	FTE
Occupational Therapy		
Physical therapy		
Registered Nurse		
Speech		
Psychiatry		
Psychology		
Other (Specify)		
Total Non-Salary Contract Personnel		
	Total	\$0.00
Supplies and Services	Amount	FTE
General Supplies & Services		
Employee Training, Fees and Supplies		
Client Med. & Education & Recreation		
Other (Specify)		
Supplies and Services		
	Total	\$0.00
Transportation	Amount	FTE
Transportation (excluding Vehicle Interest)		
Vehicle Interest		
Other (Specify)		
Transportation		
	Total	\$0.00
Total Program Expenses		\$0.00
Total Administrative and Program Expenses for Proposal		\$0.00

III. MISCELLANEOUS INFORMATION

A. MINIMUM SUBMISSION REQUIREMENTS

Check ✓Yes or ✓No for each requirement listed in the table below.
 If No is checked for any requirement, stop the review and notify the Chair of Screening Committee.

Yes	No	Requirement
		Provider Qualification:
		- Not on Enhanced Contract Monitoring
		- Organization can connect with already established community activities that are inclusive
		- Developed work plan with community engagement activities for the development and operation of the program
		- Access to one (1) Recreational Therapist

Yes	No	Requirement
		Proposal received before deadline no fax
		Emailed Proposal meet file requirements:
		- Proposal, including attachments, submitted as one document
		Proposal follows the required format:
		- page size (8 ½ X 11 / portrait), font size, font type (Times New Roman), margins (1" all sides) & pagination (all pages numbered)
		- no material dependent on color distinctions or animations
		- no notebooks or binders
		- no prohibited attachments (required Attachments A-N)
		- Proposal is complete (includes all required sections)
		Proposal includes required Outline documentation:
		- Cover Sheet
		- Table of Contents
		- Declaration of Confidential Information
		- Conflict of Interest Disclosure Statement Signed and either does/does not is circled
		- Executive Summary
		Main proposal includes required Sections:
		- Organizational profile
		- Scope of Services
		- Staffing Plan
		- Data and Technology
		- Subcontractors

Yes	No	Requirement
		- Work Plan
		- Cost Proposal - A. Budget Summary Form - B. Budget Narrative
		- Proposed budget must be no more than the maximum financial amount identified for each grouping
		- Proposer's Authorized Representatives (Attachment A)- signed
		- Agreements and Assurances Form (Attachment B) - signed
		- (No attachment C)
		- Organization Chart (Attachment D)
		- Executive Management Resumes (Attachment E) – - A. Administrator of the organization - B. Executive Management Team
		- Proposer Performance Reviews (Attachment F) – - 4 Consumer Satisfaction Surveys, - 2 QSR, CARF Accreditation, Licensing Reports
		- 2 Financial Statements (Attachment G) - 2 most recent or if <2yrs operation then CPA statements reviewed or audited
		- 3 Letters of Reference (Attachment H)
		- Staffing Schedule (Attachment I)
		- Program Organization Chart (Attachment J)
		- Key Personnel Resumes (Attachment K)
		- Consulting Agreement Affidavit (Attachment L)
		- Gift and Campaign Contributions Certification (Attachment M)
		- Copy of IRS Letter (Attachment O)