



PROCUREMENT NOTICE

State of Connecticut

Department of Mental Health and Addiction Services

REQUEST FOR PROPOSALS

RFP # DMHAS-SWS-PGBC 2020

LEGAL NOTICE

**PROBLEM GAMBLING BETTOR CHOICE REQUEST FOR PROPOSALS
(PGBC RFP)**

The State of Connecticut Department of Mental Health and Addiction Services (DMHAS) is requesting proposals from non-profit providers of behavioral health treatment services who currently operate appropriately licensed behavioral health treatment programs and who can demonstrate experience and capacity to develop and implement services defined throughout this Request for Proposals **to provide Problem Gambling Bettor Choice disordered gambling treatment services.**

Proposers eligible to respond to the RFP are private provider organizations defined as non-state entities that are 501(c) (3) nonprofit corporations or partnerships with principal place of business in Connecticut or Connecticut municipalities registered to do business in Connecticut. The Proposer must provide proof of its non-profit status and proof of the Proposer's Connecticut Business License, issued through the Office of the Secretary of the State/CONCORD.

Minimum Qualifications of Proposers. To qualify for a contract award, a Proposer must have the following minimum qualifications:

1. Ability to develop and sustain clinical treatment and recovery support services for individuals experiencing problem or disordered gambling, as well as persons affected by problem or disordered gambling i.e. family members or significant others
2. Ability to integrate problem gambling awareness into other programs and services that the Agency provides. The intent is to provide clarity in the ability to serve people with mental health, substance abuse, and problem gambling in order to foster an increased level of awareness that should translate to knowledgeable staff and an environment that is accepting of people no matter what type of issues they are dealing with
3. Ability to facilitate problem gambling trainings throughout the Region
4. Experience providing community outreach
5. Experience providing behavioral health services to the criminal justice population and an existing partnership with other prevention organizations to provide community outreach and engagement

Notification of a procurement opportunity for the **Problem Gambling Bettor Choice Program** required by the Connecticut Department of Mental Health and Addiction Services is available for review, download and printing on the State's Procurement/Contracting Portal at:

https://biznet.ct.gov/SCP_Search/Default.aspx?Acclast=2

Procurement notices may also be accessed on the Department of Mental Health and Addiction Services web page at: <http://www.ct.gov/dmhas/site/default.asp>

Questions may be directed to the Official Contact for the **PGBC RFP**.

Lillian Ruiz
DMHAS Contracts Administration Unit
(860) 418-6865

Deadline for Proposals: September 26, 2019, 3:00 PM EST

The Department of Mental Health and Addiction Services is an Equal Opportunity/Affirmative Action Employer.

The Department reserves the right to reject any and all proposals or cancel this procurement at any time if deemed in the best interest of the State of Connecticut (State).

TABLE OF CONTENTS

	<u>Page</u>
Legal Notice	1
Section I — GENERAL INFORMATION.	4-11
A. Introduction	4
B. Abbreviations / Acronyms / Definitions	4
C. Instructions	5-9
D. Proposal Format	9-10
E. Evaluation of Proposals	10-11
Section II — MANDATORY PROVISIONS	12-16
A. POS Standard Contract, Parts I and II	12
B. Assurances	12-13
C. Terms and Conditions.	13-14
D. Rights Reserved to the State	14-15
E. Statutory and Regulatory Compliance	15-16
Section III — PROGRAM INFORMATION	17-23
A. Department Overview	17
B. <i>Program Overview</i>	17
C. Main Proposal Components	17-22
D. Cost Proposal Components	22
E. Appendices & Forms	23
Section IV — PROPOSAL OUTLINE	24-25
Form # 1	26-27
Form # 2	28
Form # 3	29
Form # 4	30-34
Form # 5	35-36
Form # 6	37
Form # 7	38-39

I. GENERAL INFORMATION

■ A. INTRODUCTION

1. **RFP Name or Number.** RFP # DMHAS-SWS-PGBC 2020
2. **Summary.** The Department of Mental Health and Addiction Services (DMHAS) recognizes the need to develop the most cost effective service delivery system to provide a continuum of interventions for those seeking treatment services for problem and disordered gambling. **A Proposer may submit a proposal for multiple Regions. However, only one (1) Proposer will be awarded per Region and a Proposer cannot be awarded more than one (1) Region.**
3. **Synopsis:** DMHAS is looking for innovative and effective approaches that will provide Regional networks of care a comprehensive continuum of problem gambling (PG) services. These PG specific services are designed for people and /or significant others with problem or disordered gambling for whom problem gambling is a primary diagnosis or issue of concern; Bettor Choice program.
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
 - 0600: Services (Professional, Support, Consulting and Misc. Services)
 - 1000: Healthcare Services
 - 2000: Community and Social Services

■ B. ABBREVIATIONS / ACRONYMS / DEFINITIONS

- *Agency:* Proposer agency responding to this RFP
- *Proposer:* A private organization that has submitted a proposal to the Department in response to this RFP
- *CCPG:* CT Council on Problem Gambling
- *CT:* Connecticut
- *Department:* For the purposes of this RFP, 'Department' shall mean the Connecticut Department of Mental Health and Addiction Services
- *DMHAS:* Department of Mental Health and Addiction Services (CT)
- *SWS:* State-wide Services
- *ICGC:* Internationally Certified Gambling Counselor
- *LOI:* Letter of Intent
- *NCPG:* National Council on Problem Gambling
- *PGBC:* Problem Gambling Bettor Choice
- *PGS:* Problem Gambling Services
- *Prospective Proposer:* A DMHAS-funded non-profit provider of addiction treatment services that are eligible may submit a proposal to DMHAS, but has not yet done so
- *Responsive Proposal:* A proposal addressing the requirements in the RFP
- *RFP:* Request For Proposal
- *U.S.:* United States

■ C. 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: **Lillian Ruiz**
Address: 410 Capitol Avenue
P.O. Box 341431
Hartford, CT 06134
Phone: (860) 418-6865
E-Mail: Lillian.Ruiz@ct.gov

Please ensure that e-mail screening software (if used) recognizes and accepts e-mails from the Official Contact.

2. **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 Web Page
<http://www.ct.gov/dmhas/site/default.asp>
- State Contracting Portal
<http://das.ct.gov/cr1.aspx?page=12>

It is strongly recommended that any Proposer or prospective Proposer interested in this procurement subscribe to receive e-mail alerts from the State Contracting Portal. Subscribers will receive a daily e-mail announcing procurements and 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.

Printed copies of all documents are also available from the Official Contact upon request.

3. **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:

Region	Annual Funding
1	\$261,009
2	\$261,009
3	\$261,009
4	\$261,009
5	\$261,009
Total	\$1,305,045

- Number of Awards: Five (5) – **One (1) award per Region per Proposer.**
- Contract Cost: TBD
- Contract Term: Three (3) years

4. **Eligibility.** Proposals may only be submitted from non-profit providers of behavioral health treatment services who currently operate appropriately licensed behavioral health treatment programs and who can demonstrate experience and capacity to develop and implement services defined through this RFP within timeframes set forth by the Department.

Proposers eligible to respond to the RFP are private provider organizations (defined as non-state entities that are 501(c) (3) nonprofit corporations or partnerships with principal place of business in Connecticut) or Connecticut municipalities registered to do business in Connecticut. The Proposer must provide proof of its non-profit status and proof of the Proposer's Connecticut Business License, issued through the Office of the Secretary of the State/CONCORD.

5. **Minimum Qualifications of Proposers.** To qualify for a contract award, a Proposer must have the following minimum qualifications:

- a. Ability to develop and sustain clinical treatment and recovery support services for individuals experiencing problem or disordered gambling, as well as persons affected by problem or disordered gambling i.e. family members or significant others;
- b. Ability to integrate problem gambling awareness into other programs and services that the Agency provides. The intent is to provide clarity in the ability to serve people with mental health, substance abuse, and problem gambling in order to foster an increased level of awareness that should translate to knowledgeable staff and an environment that is accepting of people no matter what type of issues they are dealing with;
- c. Ability to facilitate problem gambling trainings throughout the Region;
- d. Experience providing community outreach;
 - o Community outreach may include:
 - Advocacy (for individual clients, and publicly for treatment and recovery services);
 - Outreach across diverse communities;
 - Community awareness events;
 - Local community awareness and education;
 - Client and service advocacy
- e. Experience providing behavioral health services to the criminal justice population and an existing partnership with other prevention organizations to provide community outreach and engagement.

DMHAS reserves the right to reject the submission of any Proposer in default with any current or prior contract.

6. **Procurement Schedule.** See below. Dates after the due date for proposals ("Proposals Due") are target dates only (*). The Department may amend the schedule, as needed. Any change 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 Web Page.

- RFP Planning Start Date: July 30, 2019
- Released: **August 2, 2019**
- Mandatory RFP/Bidder's Conference: **August 15, 2019**
- Deadline for Questions: **August 22, 2019, 3:00 PM EST**

- Answers Released: **August 29, 2019**
- Letter of Intent: **September 9, 2019**
- Proposal Due: **September 26, 2019, 3:00 PM EST**
- (*) Proposer Selection: October 24, 2019
- (*) Start of Contract Negotiations: October 31, 2019
- (*) **Start of Contract: January 1, 2020**

7. Mandatory Letter of Intent. A Letter of Intent (LOI) is required by this RFP.

A Letter of Intent (LOI) is required by this RFP. The LOI is non-binding and does not obligate the sender to submit a proposal. The LOI must be submitted to the Official Contact identified in Section C. INSTRUCTIONS 1. Official Contact. of this RFP. LOI's may be submitted by US mail or e-mail by the deadline established in the Procurement Schedule. The LOI must clearly identify the sender, including agency name, contact person, postal address, telephone number, fax number, and e-mail address. **The LOI must indicate the Region(s) being proposed.** As a courtesy, the Department will confirm receipt of the LOI via email to the email address designated in the LOI, but **it remains the sender's responsibility to confirm the Department's receipt of the LOI.** Failure to submit the required LOI in accordance with the requirements set forth herein shall result in disqualification from further consideration.

8. Inquiry Procedures. All questions regarding this RFP or the Department's procurement process must be directed, in writing, to the Official Agency Contact before the deadline specified in the Procurement Schedule. The early submission of questions is encouraged. Questions will not be accepted or answered verbally— neither in person nor over the telephone. All questions received before the deadline 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. If the Department chooses to answer questions received after the deadline, the question and the answer will be made available to all Proposers or prospective Proposers. The Department may combine similar questions 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 dates established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and the Department's Web Site.

9. Mandatory RFP/Bidder's Conference. A Bidder's Conference will be held for this procurement. Physical attendance at the conference is mandatory. Failure to attend the Bidder's Conference shall result in disqualification from further consideration. Valid ID is required.

- Date: **August 15, 2019**
- Time: **1:30 PM-3:30PM EST**
- Location: **Lee Auditorium, Merritt Hall, Tynan Circle,
Connecticut Valley Hospital, Middletown, CT 06457**
*Valid ID required

10. Proposal Due Date and Time. The Official Contact or designee are the **only authorized recipients of proposals submitted in response to this RFP.** Proposals must be received by the Official Contact or designee on or before the due date and time:

- Due Date: **September 26, 2019**
- Time: **3:00 PM EST**
- Location: DMHAS
410 Capitol Avenue, 4th Floor, Hartford, CT 06134
*Valid ID required

Faxed or e-mailed proposals will not be evaluated. When hand-delivering proposals by courier or in person, allow extra time due to building security procedures. The Department will not accept a postmark date as the basis for meeting the submission due date and time. Proposals received after the due date and time may be accepted by the Department as a clerical function, but late proposals will not be evaluated. At the discretion of the Department, late proposals may be destroyed or retained for pick up by the submitters.

An acceptable submission must include the following:

- **one (1) original proposal;**
- **five (5) conforming copies of the original proposal; and**
- **one (1) conforming electronic copy of the original proposal.**

The original proposal must carry original signatures and be clearly marked on the cover as "Original." Unsigned proposals will not be evaluated. The original proposal and each conforming copy of the proposal must be complete, properly formatted and outlined, and ready for evaluation by the Screening Committee.

The electronic copy of the proposal must be emailed to the Official Agency Contact for this procurement. The subject line of the email must read: **RFP # DMHAS-SWS-PGBC 2020 – Electronic Proposal.** For the electronic copy, required forms and appendices may be scanned and submitted in Portable Document Format (PDF) or similar file format.

- 11. Multiple Proposals.** The submission of multiple proposals in a Region from the same Proposer is not an option with this procurement. (One (1) award per Region per Proposer) The submission of proposals for program or service types other than those delineated in this RFP is not an option with this procurement.
- 12. 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. In Section C of the proposal submission, the Proposer must reference where the information labeled CONFIDENTIAL is located 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).
- 13. 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.”

■ D. PROPOSAL FORMAT

1. **Required Outline.** All proposals must follow the required outline presented in Section IV, of this RFP. 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 Page 1 of the proposal. Proposers must complete and use the Cover Sheet form provided by the Department in Section IV – Forms.
3. **Table of Contents.** All proposals must include a Table of Contents that conforms with the required proposal outline. (See Section IV.)
4. **Executive Summary.** Proposals must include a summary of the main proposal and cost proposal. **This summary must not exceed two (2) pages.** The Executive Summary should include the Region being proposed to serve, a description of the Proposer’s demonstrated experience, established partnerships and/or collaborations with other community providers, location of program, a brief demonstration of need, a brief agency history, and a brief program philosophy. The Executive Summary must also include the requirements found in Section C. INSTRUCTIONS, 4. Eligibility and 5. Minimum Qualifications of Proposers.
5. **Attachments.** Attachments other than the required Appendices or Forms identified in Section IV are not permitted and will not be evaluated. Further, the required Appendices 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 will result in disqualification.
6. **Style Requirements.** Submitted proposals must conform to the following specifications:
 - Binding Type: Loose Leaf, Bound with a Butterfly Clip
 - Dividers: No Dividers
 - Paper Size: 8 ½ x 11” (Standard Letter)
 - Print Style: 2-sided
 - Font Size: 12
 - Font Type: Times New Roman
 - Margins: None specified
 - Line Spacing: Single Space
 - Maximum # of Pages: 20 page maximum, ten (10) doubled-sided pages exclusive of Executive Summary, Appendices and Budget forms
7. **Pagination.** The Proposer’s name must be displayed in the header of each page. All pages, including the required Appendices and Forms, must be numbered in the footer.

8. **Packaging and Labeling Requirements.** All proposals must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the Proposer must appear in the upper left corner of the envelope or package. The RFP Name or Number must be clearly displayed on the envelope or package. Any received proposal that does not conform to these packaging or labeling instructions will be opened as general mail. Such a proposal may be accepted by the Department as a clerical function, but it will not be evaluated. At the discretion of the Department, such a proposal may be destroyed or retained for pick up by the submitters.

■ **E. 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 offering the right to negotiate contract and awarding contracts, the Department will conform with its written procedures for POS 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).
2. **Screening Committee.** The Department will designate a Screening Committee to evaluate proposals submitted in response to this RFP. The contents of all submitted proposals, including any confidential information, will be shared with the Screening 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. Attempts by any Proposer (or representative of any Proposer) to contact or influence any member of the Screening Committee may result in disqualification of the Proposer.
3. **Minimum Submission Requirements.** All proposals must comply with the requirements specified in this RFP. 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) follow the required Proposal Outline; and (4) be complete. Proposals that fail to follow instructions or satisfy these minimum submission requirements, including the Eligibility and Minimum Qualifications found in Section C. INSTRUCTIONS # 4. and #5. will not be reviewed further. The Department will reject any proposal that deviates significantly from the requirements of this RFP.
4. **Evaluation Criteria (and Weights).** Proposals meeting the Minimum Submission Requirements will be evaluated according to the established criteria. The criteria are the objective standards that the Screening Committee will use to evaluate the technical merits of the proposals. Only the criteria listed below will be used to evaluate proposals. The criteria are weighted according to their relative importance. The weights are disclosed below. The maximum score across all evaluation criteria is 100 points as follows:

1. <i>Organizational Profile</i>	(10 Points)
2. <i>Scope of Services</i>	(20 Points)
3. <i>Staffing Plan</i>	(15 Points)
4. <i>Data and Technology</i>	(15 Points)
5. <i>Subcontractors</i>	<i>(N/A- 0 Points)</i>
6. <i>Work Plan</i>	(20 Points)

7. *Budget and Budget Narrative* (15 Points)

8. *Appendices* (5 Points)

Note: As part of its evaluation, the Screening Committee will consider 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 Screening Committee will submit the rankings of all proposals to the Department head. The final selection of a successful Proposer is at the discretion of the Department head. Any Proposer selected will be so notified and awarded an opportunity to negotiate a contract with the Department. Such negotiations may, but will not automatically, result in a contract. Pursuant to Governor M. Jodi Rell's Executive Order No. 3, any resulting contract will be posted on the State Contracting Portal. All unsuccessful Proposers will be notified by e-mail or U.S. mail, at the Department's discretion, about the outcome of the evaluation and Proposer selection process.
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 e-mail sent date or the postmark date on the notification envelope sent by the Department 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 any comparisons of unsuccessful proposals with other proposals. The Department will 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 Department head with a copy of the appeal being sent to the Official Contact. A Proposer may file an appeal at any time after the proposal due date, but not later than thirty (30) days after an agency notifies unsuccessful Proposers about the outcome of the evaluation and Proposer selection process. The e-mail sent date or the postmark date on the notification envelope sent by the Department 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. **Contest of Solicitation or Award.** Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any bidder or Proposer on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board..." More detailed information is available on the State Contracting Standards Board web site at <http://www.ct.gov/scsb/site/default.asp>.
9. **Contract Execution.** Any contract developed and executed as a result of this RFP is subject to the Department's contracting procedures, which may include approval by the Office of the Attorney General.

II. MANDATORY PROVISIONS

■ A. 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":

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 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(g)(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, the Office of Policy and Management and the Attorney General's Office.

■ B. ASSURANCES

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

- 1. 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.
- 2. 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 a 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.
- 3. 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.

4. **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 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.
5. **Press Releases.** The Proposer agrees to 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 Department 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 Department 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 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 at a time selected 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 interest- 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 State has 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 further

reserves the right to contract with one or more Proposer for such services. After reviewing the scored criteria, 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 thru 43, inclusive.** CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure 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.** Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to

whether any consulting agreement has been entered into in connection with the proposal. As used herein "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 contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: A Proposer must complete and submit OPM Ethics Form 5 to the Department **with the proposal**.

4. **Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2).** If a Proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the Proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

IMPORTANT NOTE: The successful Proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.

5. **Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1).** If a Proposer is awarded an opportunity to negotiate a contract, the Proposer must provide the Department with *written representation* or *documentation* that certifies the Proposer complies with the State's nondiscrimination agreements and warranties. A 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 nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms

IMPORTANT NOTE: The successful Proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

III. PROGRAM INFORMATION

■ A. DEPARTMENT OVERVIEW

The Department of Mental Health and Addiction Services (DMHAS) promotes and administers comprehensive, recovery-oriented services in the areas of mental health treatment and substance abuse prevention and treatment throughout Connecticut.

While the Department's prevention services serve all Connecticut citizens, its mandate is to serve adults (over 18 years of age) with psychiatric or substance use disorders, or both, who lack the financial means to obtain such services on their own. DMHAS also provides collaborative programs for individuals with special needs, such as persons with HIV/AIDS infection, people in the criminal justice system, those with problem gambling disorders, substance abusing pregnant women, persons with traumatic brain injury or hearing impairment, those with co-occurring substance abuse and mental illness, and special populations transitioning out of the Department of Children and Families.

DMHAS operates on the belief that most people with mental illnesses and/or substance use disorders can and should be treated in community settings, and that inpatient treatment should be used only when absolutely necessary to meet the best interests of the patient. Effective care requires that services such as residential, supportive, rehabilitative and crisis intervention programs are available within their local communities. DMHAS is responsible for providing a wide range of services to adults in each of the five human service Regions in Connecticut

Department Mission

The Connecticut Department of Mental Health and Addiction Services is a health care agency whose mission is to promote the overall health and wellness of persons with behavioral health needs through an integrated network of holistic, comprehensive, effective, and efficient services and supports that foster dignity, respect, and self-sufficiency in those we serve.

■ B. PROGRAM OVERVIEW

Problem Gambling “Bettor Choice” treatment program

The Department of Mental Health and Addiction Services, in its effort to successfully implement a person-centered, recovery-oriented, and value-driven system of care requests proposals from qualified private non-profit Proposers to provide submissions that effectively describe a plan for Regional networks that provide for comprehensive problem gambling specific (commonly known as Bettor Choice) treatment and recovery services.

■ C. MAIN SUBMISSION COMPONENTS

1. **Organizational Requirements:** Proposals must describe the Proposer's demonstrated experience and capacity to develop and implement services defined through this RFP within timeframes set forth by the Department.

To submit a responsive proposal, THE PROPOSER SHALL provide the following:

- a. Experience in provision of recovery-oriented systems of care;

- b. Experience in delivery of outpatient and intensive outpatient services;
- c. Demonstrated experience with collaborating with other stakeholders within the Region (i.e. member of Regional Behavioral Health Action Organization's gambling awareness team, community outreach and engagement activities with other Regional agencies, etc.);
- d. Qualifications and experience in design and implementation of project work plans;
- e. Qualifications and experience in providing problem gambling treatment and/or problem gambling integrative services;
- f. Experience in gaining buy-in and participation from community leaders and other stakeholders, consumers, providers, and others for similar initiatives;
- g. Working knowledge of Connecticut's behavioral health treatment, recovery support, and prevention service delivery systems and strong community outreach and community organizing capacity;
- h. Experience working with a criminal justice population in recovery modalities; and
- i. Experience with outreach efforts to at-risk and underserved populations.

- 2. Service Requirements:** The prospective Proposer will be responsible for the overall management of services and timely delivery of all other components to the program as identified below. Each proposal should articulate how the organization will meet the expectations outlined below.

The prospective Proposer shall provide problem gambling specific treatment and recovery services to a minimum of forty individuals who are age eighteen (18) or older who exhibit problem or disordered gambling behavior, and/or persons affected by problem gambling (i.e. family members or significant others). Such services shall be named "Bettor Choice" and shall be outpatient and intensive outpatient levels of care.

- a. To submit a responsive proposal, THE PROPOSER SHALL** provide its innovative and effective approaches to accomplish each of the following levels of care and recovery support, 1-8, below.
 - 1. Treatment services will include: individual, family, group counseling, intensive outpatient, medication management, peer support along with brief interventions and after-hours crisis calls.
 - 2. Cultural Responsiveness: All proposals must describe the extent to which the proposed service will meet the cultural and linguistic needs of the population to be served and the extent to which the program will maintain responsiveness to participant's diversity, including racial, culutral, gender, sexual orientation, and age.
 - 3. Call back and/or personal contact to initial telephone calls within twenty-four (24) hours including referrals from the Problem Gambling Helpline.
 - 4. Hours of operation must include evening availability and offer access to after-hours support in the event of an emergent need.
 - 5. A first appointment for an individual shall be within forty-eight (48) hours of the initial contact and ensure a policy is in place to serve "walk-in" clientele.
 - 6. All clients will have timely access to on-site Psychiatrist or APRN required for medication management.

7. The services provided shall be part of a comprehensive recovery plan that is consistent with evidence based standards of gambling treatment and recovery services as determined by a Department approved clinical supervisor.
 8. Each client will have a stage of change appropriate, individualized, person-centered, recovery-oriented treatment plan taking into account the client's strengths and needs.
- b. Services will be subject to ongoing clinical consultation, including ensuring clinical staff participate in a minimum of eight (8) clinical consultation conference calls annually.

To submit a responsive proposal, THE PROPOSER SHALL provide its plan to accomplish a minimum of eight (8) clinical consultation conference calls annually, as stated in b. immediately above.

- c. Integrate problem gambling awareness into all agency-wide initiatives and services, where applicable (include in criminal justice, prevention, substance abuse, and mental health programs);
- o If a Proposer is a provider of services for clients under the age of 18, there will be expectation those services will become gambling informed also, meaning these services will provide problem gambling education and awareness strategies within the context of the services provided.

To submit a responsive proposal, THE PROPOSER SHALL provide its ability to accomplish the requirement as stated in c. immediately above.

- d. Provide a minimum of four (4) community outreach events per year (One (1) of which must be provided in March during Problem Gambling Awareness Month);

To submit a responsive proposal, THE PROPOSER SHALL provide its plan to accomplish the requirement as stated in d. immediately above.

- e. Attendance at quarterly PGS' Bettor Choice meetings, and involvement in quarterly Regional gambling awareness team meetings, facilitated by the Regional Behavioral Health Action Organization;
- f. The Bettor Choice program manager will participate in one (1) monthly administrative conference call facilitated by the Department;
- g. Attend and participate at the Connecticut Council on Problem Gambling's annual conference (minimum three (3) attendees);

To submit a responsive proposal, THE PROPOSER SHALL provide statements acknowledging the requirements of the prospective Proposer as stated in e., f., and g. immediately above.

- h. Provide a link to gambling resources and PG chat on Agency webpage (i.e. DMHAS/PGS, CCPG, NCPG).

To submit a responsive proposal, THE PROPOSER SHALL describe its awareness of gambling resources and how to share resources electronically, as required in h. immediately above.

- i. All services provided under this contract shall be subject to ongoing clinical consultation and outcomes studies by the Department. The prospective contractor agrees to provide any information, data or reports concerning contracted services which the Department may reasonably require. This may include the collection of data using instruments and schedules specified by the Department.

To submit a responsive proposal, THE PROPOSER SHALL describe its reporting capacity to meet the requirements as stated in i. immediately above.

- 3. Staffing Requirements: To submit a responsive proposal, THE PROPOSER SHALL** describe the staffing levels and staff qualifications, as described below, to be assigned to this program. The proposal shall also include its plan to provide routine and consistent clinical supervision, clinical service delivery oversight and case consultation.

At a minimum, the Department requires:

- 1.0 Full Time Equivalent (FTE) Licensed Clinical Program (LCP) Manager to lead the facilitation of services required herein, as well as carry a small clinical caseload, as needed. The LCP Manager shall possess:
 - Minimum of Licensed Alcohol and Drug Counselor (Licensed Clinical Social Worker, Licensed Professional Counselor, Licensed Marriage Family Therapist);
 - Minimum of two (2) years' experience in the field of problem gambling treatment and/or disordered gambling integration;
 - Minimum of International Certified Gambling Counselor (ICGC-I or ICGC-II), or pending certification within one (1) year.
- Minimum (0.5 FTE) Recovery Support Specialist(s), with 40% time designated for community outreach and engagement and 60% time designated toward clinic-based direct recovery support services. Requirements of Bettor Choice Recovery Support include but are not limited to:
 - Lived experience with disordered gambling;
 - Familiarity with (local) Community Resources;
 - Credentials or ability to attain credentials: Recovery Coach, RSS, ICGC;
 - Ability/willingness to speak publicly.
 - Direct service in programs may include:
 - Being an integral part of the treatment team;
 - Individual and group counseling;
 - Support and engagement both on-site and in the community.
 - Community outreach may include:
 - Advocacy (for individual clients, and publicly for gambling treatment and recovery services);
 - Outreach across diverse communities;
 - Engagement of clients in treatment and recovery;
 - Assist the Department in gambling-related trainings;
 - Community awareness events (as approved by the Department);
 - PG prevention initiatives (under the direction of the PGS Prevention Coordinator);
 - Local community awareness and education (as approved by the Department).

- (1.5 FTE) Licensed Clinicians to provide clinical services. Time can be split between multiple clinicians or 1 (1.0 FTE) clinician and 1 (.5 FTE) clinician.
 - Minimum of LADC licensure;
 - Minimum of one (1) year experience in the field of problem gambling treatment and/or disordered gambling integration;
 - Minimum of Specialty Certificate in Problem Gambling (SCPG), or International Certified Gambling Counselor (ICGC-I or ICGC-II).

4. Data/Technology Requirements: To submit a responsive proposal, THE PROPOSER SHALL provide a minimum of two (2) detailed examples of recent experience designing and leading initiatives of similar size and scope, including dates and names of partners on the initiative, the technology used to communicate, train and manage data and describe its ability to access technology to facilitate webinars and other web-based media, the Proposer's experience utilizing technology for learning environments and use of an existing Agency website to promulgate treatment resources

- a. The prospective contractor will establish a billing structure that will support the sustainability of the program and maximize grant funds.

The prospective contractor shall establish a schedule of charges, on a sliding fee basis, for services provided to individuals under this contract. The level of indebtedness or debt service resulting from gambling shall be included as a determining factor in the establishment of fees. In addition to banks, credit card companies and loan companies, creditors may include bookies, loan sharks, relatives and friends.

- The prospective contractor shall obtain the Department's prior approval before implementing a schedule of charges or any changes to a previously approved schedule of charges.

To submit a responsive proposal, THE PROPOSER SHALL describe its plans to develop this infrastructure within the program as listed in 4.a. immediately above.

NOTEWORTHY: For informational purposes only: The grant is intended as a payer of last resort. When billing for services is a barrier to treatment and/or other extenuating circumstances presents a barrier for accessing services (i.e. high insurance deductible, utilizing insurance can compromise employment, client uninsured, level of financial debt presents barriers for ability to pay, or client refuses to provide insurance) the contractor can utilize grant funding with a documentation plan set forth by the Department and reported to the Department on a quarterly basis. For any other concerns about clients utilizing insurance, contact the Department for approval.

- The Contractor shall utilize grant funding for insurance copayments, with a documentation plan set forth by the Department and reported to the Department on a quarterly basis, once a client is admitted into the Bettor Choice Gambling Treatment Program.

5. Use of Sub Contractors: Sub-contractors are not allowed for this procurement.

- 6. Work Plan. To submit a responsive proposal, THE PROPOSER SHALL** include a detailed implementation process and timeline, including the identification of all necessary steps to implement your proposal to include dates and the responsibilities of proposed staffing levels. The implementation process shall include the ability of the agency to begin taking referrals and carry a caseload within one (1) month of the contract execution. If proposing a supplemental chart or grid, please attach as an Appendix to your proposal.

■ **D. COST PROPOSAL COMPONENTS**

1. Financial Requirements:

- a. If the Proposer is not a current DMHAS-funded agency, **to submit a responsive proposal, THE PROPOSER SHALL** provide a copy of the Proposer's most recent financial audit must be included in the proposal, as noted in Section H. Appendices, Appendix 6. This is required to prove the financial stability and viability of the Proposer agency. If less than 3 audits were conducted, detail must be provided as to why, and any supporting documentation assuring the financial efficacy of the Proposer agency should be included (i.e. an accountant prepared financial statement, a tax return, etc.).

If the 3 most recent audits are available via the Office of Policy and Management's EARS system, such **may be noted in the proposal**, and a hardcopy of the audit cover letters need not be provided.

- b. If the Proposer is a current DMHAS-funded agency, **to submit a responsive proposal, THE PROPOSER SHALL** provide a copy of the Proposer's most recent audit finding letter must be included in the proposal, as noted in Section H. Appendices, Appendix 6. This is required to prove the financial stability and efficacy of the Proposer agency.

2. Budget Requirements: To submit a responsive proposal, THE PROPOSER SHALL provide:

- a. a line item budget delineating all costs associated with the proposed services, and
b. a budget narrative to correlate to all identified line item costs.

NOTEWORTHY:

- ✓ A budget template is provided as Form #7 in Section IV of this RFP
- ✓ Startup costs for this project are not allowable

■ **E. APPENDICES & FORMS:**

The following appendices must be included in the submission, as Section H. These appendices must not be used to extend or replace sections of the Program Narrative, and no other appendices are permitted for inclusion in the proposal. **To submit a responsive proposal, THE PROPOSER SHALL** provide the following:

1. Appendix 1: Proof of Agency non-profit status must be provided as Appendix 1.
2. Appendix 2: Proof of the Proposer agency's Connecticut Business License (issued through the Office of the Secretary of the State) must be provided as Appendix 2. Please refer to the following hyperlink:
<https://www.concord-sots.ct.gov/CONCORD/online?sn=InquiryServlet&eid=99>
3. Appendix 3: Resumes for Existing Staff and/or Job Descriptions for New Positions for Staffing Requirements as required in Section C. Main Submission Components, 3. Staffing Requirements.
4. Appendix 4: Letters of Reference. A minimum of three (3) Letters of References for the Proposer must be provided. This is not to be misconstrued as a letter of support. Letters of Reference must be provided from entities for whom the Proposer has successfully completed collaborative initiatives.
5. Appendix 5: One (1) related initiative that illustrates the Proposer's ability to meet the qualifications for this project.
6. Appendix 6: **If Proposer is not a current** DMHAS-funded provide a copy of Most Recent Financial Audit. **If a Proposer is a current** DMHAS-funded agency, copy of the Proposer's most recent audit finding letter.

In addition to the required appendices, the forms included in this RFP and delineated in Section IV must be completed in their entirety and returned with the proposal.

IV. PROPOSAL OUTLINE

*This section presents the **required** outline that must be followed when submitting a proposal in response to this RFP. Proposals must include a Table of Contents that exactly conforms to the required proposal outline (below). Proposals must include all the components listed below, in the order specified, using the prescribed lettering and numbering scheme. Incomplete proposals will not be evaluated. While the proposal outline is standard, the information requested from Proposers will vary by RFP, depending of the Department's procurement requirements.*

	Page
A. Cover Sheet	1
B. Table of Contents	2
C. Declaration of Confidential Information	Etc.
D. Conflict of Interest - Disclosure Statement	
E. Executive Summary	
F. Main Proposal	
1. Organizational Profile	
2. Scope of Services	
3. Staffing Plan	
4. Data and Technology	
5. Subcontractors	n/a
6. Work Plan	
G. Cost Proposal	
1. Line Item Budget.	
2. Narrative	
H. Appendices	
1. Appendix 1. Proof of Non-Profit Status.	
2. Appendix 2. Connecticut Business License, Office of Secretary of State/CONCORD .	
3. Appendix 3. Resumes.	
4. Appendix 4. Letters of Reference	
5. Appendix 5. At least one (1) work product that illustrates the Proposer's ability to meet the qualifications for this project.	
6. Appendix 6. Financial Audit/Letter	

I. Forms

- 1. Form #1: Gift and Campaign Contribution Certification**
This form must be completed and included in Section I of the proposal.
- 2. Form #2: Consulting Agreement Affidavit**
This form must be completed and included in Section I of the proposal.
- 3. Form #3: Acknowledgment of Contract Compliance**
This form must be completed and included in Section I of the proposal.
- 4. Form #4: Notification To Bidders**
This form must be completed and included in Section I of the proposal. For more information on completion of this report, go to www.ct.gov/chro
- 5. Form #5: Employer Information Report**
This form must be completed and included in Section I of the proposal. For more information on completion of this report, go to www.eeoc.gov
- 6. Form #6: Cover Sheet**
This form is page one (1) of your Proposal.
- 7. Form #7: Budget Template**



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

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

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 preparation 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.

CAMPAIGN CONTRIBUTION CERTIFICATION:

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

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 of Authorized Official

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

Commissioner of the Superior Court (or Notary Public)



**STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT**

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently filed affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below:**

Consultant's Name and Title

Name of Firm (if applicable)

Start Date

End Date

Cost

Description of Services Provided: _____

Is the consultant a former State employee or former public official? YES NO

If YES: _____
Name of Former State Agency

Termination Date of Employment

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

Printed Name of Bidder or Contractor **Signature of Principal or Key Personnel** **Date**

Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 20____.

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

Acknowledgement of Contract Compliance - Notification to Bidders

**COMMISSION ON HUMAN RIGHTS AND OPPORTUNITIES
CONTRACT COMPLIANCE REGULATIONS
NOTIFICATION TO BIDDERS
(Revised 09/3/15)**

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71(d) and 46a-81i(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-30(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 4a-60 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 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) persons who have origins in the Iberian Peninsula . . . (4) Women . . . (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . .” An individual with a disability is also a minority business enterprise as provided by Section 4a-60g of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) 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 Administrative Regulations of Connecticut State Agencies, inclusive;
- (c) the bidder’s promise to develop and implement a successful affirmative action plan;
- (d) the bidder’s submission of employment statistics contained in the “Employment Information Form”, indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce 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 46a-68j-30(10)(E) of the Contract Compliance Regulations.

*** INSTRUCTIONS Proposer must sign acknowledgment below, and return acknowledgment to awarding agency along with signed proposal.**

The undersigned acknowledges receiving and reading a copy of the “Notification to Bidders” form.

Signature: _____

Date: _____

INSTRUCTIONS AND OTHER INFORMATION

The following **BIDDER CONTRACT COMPLIANCE MONITORING REPORT** must be completed in full, signed, and submitted with the bid for this contract. The contract awarding agency and the Commission on Human Rights and Opportunities will use the information contained thereon to determine the bidders compliance to Sections 4a-60 and 4a-60a CONN. GEN. STAT., and Sections 46a-68j-23 of the Regulations of Connecticut State Agencies regarding equal employment opportunity, and the bidder's good faith efforts to include minority business enterprises as subcontractors and suppliers for the work of the contract.

1) Definition of Small Contractor

Section 4a-60g CONN. GEN. STAT. defines a small contractor as a company that has been doing business under the same management and control and has maintained its principal place of business in Connecticut for a one year period immediately prior to its application for certification under this section, had gross revenues not exceeding fifteen million dollars in the most recently completed fiscal year, and at least fifty-one percent of the ownership of which is held by a person or persons who are active in the daily affairs of the company, and have the power to direct the management and policies of the company, except that a nonprofit corporation shall be construed to be a small contractor if such nonprofit corporation meets the requirements of subparagraphs (A) and (B) of subdivision 4a-60g CONN. GEN. STAT.

To download an electronic copy of the Bidder Contract Compliance Monitoring Report from CHRO:

https://www.ct.gov/chro/lib/chro/Notification_to_Bidders.pdf

Please attach a copy of the **Bidder Contract Compliance Monitoring Report** to the Proposal as Form #4.

Bidder Contract Compliance Monitoring Report

2) Description of Job Categories (as used in Part IV Bidder Employment Information) (Page 2)

<p>MANAGEMENT: Managers plan, organize, direct, and control the major functions of an organization through subordinates who are at the managerial or supervisory level. They make policy decisions and set objectives for the company or departments. They are not usually directly involved in production or providing services. Examples include top executives, public relations managers, managers of operations specialties (such as financial, human resources, or purchasing managers), and construction and engineering managers.</p> <p>BUSINESS AND FINANCIAL OPERATIONS: These occupations include managers and professionals who work with the financial aspects of the business. These occupations include accountants and auditors, purchasing agents, management analysts, labor relations specialists, and budget, credit, and financial analysts.</p> <p>MARKETING AND SALES: Occupations related to the act or process of buying and selling products and/or services such as sales engineer, retail sales workers and sales representatives including wholesale.</p> <p>LEGAL OCCUPATIONS: In-House Counsel who is charged with providing legal advice and services in regards to legal issues that may arise during the course of standard business practices. This category also includes assistive legal occupations such as paralegals, legal assistants.</p> <p>COMPUTER SPECIALISTS: Professionals responsible for the computer operations within a company are grouped in this category. Examples of job titles in this category include computer programmers, software engineers, database administrators, computer scientists, systems analysts, and computer support specialists</p> <p>ARCHITECTURE AND ENGINEERING: Occupations related to architecture, surveying, engineering, and drafting are included in this category. Some of the job titles in this category include electrical and electronic engineers, surveyors, architects, drafters, mechanical engineers, materials engineers, mapping technicians, and civil engineers.</p> <p>OFFICE AND ADMINISTRATIVE SUPPORT: All clerical-type work is included in this category. These jobs involve the preparing, transcribing, and preserving of written communications and records; collecting accounts; gathering and distributing information; operating office machines and electronic data processing equipment; and distributing mail. Job titles listed in this category include telephone operators, bill and account collectors, customer service representatives, dispatchers, secretaries and administrative assistants, computer operators and clerks (such as payroll, shipping, stock, mail and file).</p>	<p>BUILDING AND GROUNDS CLEANING AND MAINTENANCE: This category includes occupations involving landscaping, housekeeping, and janitorial services. Job titles found in this category include supervisors of landscaping or housekeeping, janitors, maids, grounds maintenance workers, and pest control workers.</p> <p>CONSTRUCTION AND EXTRACTION: This category includes construction trades and related occupations. Job titles found in this category include boilermakers, masons (all types), carpenters, construction laborers, electricians, plumbers (and related trades), roofers, sheet metal workers, elevator installers, hazardous materials removal workers, paperhangers, and painters. Paving, surfacing, and tamping equipment operators; drywall and ceiling tile installers; and carpet, floor and tile installers and finishers are also included in this category. First line supervisors, foremen, and helpers in these trades are also grouped in this category.</p> <p>INSTALLATION, MAINTENANCE AND REPAIR: Occupations involving the installation, maintenance, and repair of equipment are included in this group. Examples of job titles found here are heating, ac, and refrigeration mechanics and installers; telecommunication line installers and repairers; heavy vehicle and mobile equipment service technicians and mechanics; small engine mechanics; security and fire alarm systems installers; electric/electronic repair, industrial, utility and transportation equipment; millwrights; riggers; and manufactured building and mobile home installers. First line supervisors, foremen, and helpers for these jobs are also included in the category.</p> <p>MATERIAL MOVING WORKERS: The job titles included in this group are Crane and tower operators; dredge, excavating, and lading machine operators; hoist and winch operators; industrial truck and tractor operators; cleaners of vehicles and equipment; laborers and freight, stock, and material movers, hand; machine feeders and offbearers; packers and packagers, hand; pumping station operators; refuse and recyclable material collectors; and miscellaneous material moving workers.</p> <p>PRODUCTION WORKERS: The job titles included in this category are chemical production machine setters, operators and tenders; crushing/grinding workers; cutting workers; inspectors, testers sorters, samplers, weighers; precious stone/metal workers; painting workers; cementing/gluing machine operators and tenders; etchers/engravers; molders, shapers and casters except for metal and plastic; and production workers.</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

3) Definition of Racial and Ethnic Terms (as used in Part IV Bidder Employment Information) (Page 3)

<p>White (not of Hispanic Origin)-All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p>Black (not of Hispanic Origin)-All persons having origins in any of the Black racial groups of Africa.</p> <p>Hispanic- All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.</p>	<p>Asian or Pacific Islander- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes China, India, Japan, Korea, the Philippine Islands, and Samoa.</p> <p>American Indian or Alaskan Native- All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

BIDDER CONTRACT COMPLIANCE MONITORING REPORT

PART I – Bidder Information

<p>Company Name: _____</p> <p>Street Address: _____</p> <p>City & State: _____</p> <p>Chief Executive: _____</p> <p>Major Business Activity: (brief description)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Bidder Parent Company: (If any)</p> <p>_____</p> <p>Other Locations in CT: (If any)</p> <p>_____</p>	<p>Bidder Federal Employer Identification Number: _____</p> <p>Or Social Security Number: _____</p> <p>Bidder Identification (response optional/definitions on page 1)</p> <p>-Bidder is a small contractor? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>-Bidder is a minority business enterprise? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>(If yes, check ownership category)</p> <p>Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/></p> <p>American Indian/Alaskan Native <input type="checkbox"/> Iberian Peninsula <input type="checkbox"/></p> <p>Individual(s) with a Physical Disability <input type="checkbox"/> Female <input type="checkbox"/></p> <p>-Bidder is certified as above by State of CT? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

PART II - Bidder Nondiscrimination Policies and Procedures

<p>1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6. Does your company have a collective bargaining agreement with workers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of CT? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>7. Do all of your company contracts and purchase orders contain non-discrimination statements as required by Sections 4a-60 & 4a-60a Conn. Gen. Stat.? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>9. Does your company have a mandatory retirement age for all employees? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>10. If your company has 50 or more employees, have you provided at least two (2) hours of sexual harassment training to all of your supervisors? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>11. If your company has apprenticeship programs, do they meet the Affirmative Action/Equal Employment Opportunity requirements of the apprenticeship standards of the Ct. Dept. of Labor? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>12. Does your company have a written affirmative action Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain. _____</p> <p>13. Is there a person in your company who is responsible for equal employment opportunity? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name and phone number: _____</p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Will the work of this contract include subcontractors or suppliers? Yes No

1a. If yes, please list all subcontractors and suppliers and report if they are a small contractor and/or a minority business enterprise. (defined on page 1 / use additional sheet if necessary)

1b. Will the work of this contract require additional subcontractors or suppliers other than those identified in 1a. above? Yes No

PART IV - Bidder Employment Information

Date: _____

JOB CATEGORY *	OVERALL TOTALS	WHITE (not of Hispanic origin)		BLACK (not of Hispanic origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		AMERICAN INDIAN or ALASKAN NATIVE	
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Management											
Business & Financial Ops											
Marketing & Sales											
Legal Occupations											
Computer Specialists											
Architecture/Engineering											
Office & Admin Support											
Build/ Grounds Cleaning/Maintenance											
Construction & Extraction											
Installation, Maintenance & Repair											
Material Moving Workers											
Production Occupations											
TOTALS ABOVE											
Total One Year Ago											
FORMAL ON THE JOB TRAINEES (ENTER FIGURES FOR THE SAME CATEGORIES AS ARE SHOWN ABOVE)											
Apprentices											
Trainees											

*NOTE: JOB CATEGORIES CAN BE CHANGED OR ADDED TO (EX. SALES CAN BE ADDED OR REPLACE A CATEGORY NOT USED IN YOUR COMPANY)

PART V - Bidder Hiring and Recruitment Practices

(Page 5)

1. Which of the following recruitment sources are used by you? (Check yes or no, and report percent used)				2. Check (X) any of the below listed requirements that you use as a hiring qualification (X)		3. Describe below any other practices or actions that you take which show that you hire, train, and promote employees without discrimination
SOURCE	YES	NO	% of applicants provided by source			
State Employment Service	<input type="checkbox"/>	<input type="checkbox"/>			Work Experience	
Private Employment Agencies	<input type="checkbox"/>	<input type="checkbox"/>			Ability to Speak or Write English	
Schools and Colleges	<input type="checkbox"/>	<input type="checkbox"/>			Written Tests	
Newspaper Advertisement	<input type="checkbox"/>	<input type="checkbox"/>			High School Diploma	
Walk Ins	<input type="checkbox"/>	<input type="checkbox"/>			College Degree	
Present Employees	<input type="checkbox"/>	<input type="checkbox"/>			Union Membership	
Labor Organizations	<input type="checkbox"/>	<input type="checkbox"/>			Personal Recommendation	
Minority/Community Organizations	<input type="checkbox"/>	<input type="checkbox"/>			Height or Weight	
Others (please identify)	<input type="checkbox"/>	<input type="checkbox"/>			Car Ownership	
	<input type="checkbox"/>	<input type="checkbox"/>			Arrest Record	
	<input type="checkbox"/>	<input type="checkbox"/>			Wage Garnishments	

Certification (Read this form and check your statements on it CAREFULLY before signing). I certify that the statements made by me on this BIDDER CONTRACT COMPLIANCE MONITORING REPORT are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to be declared in non-compliance with Section 4a-60, 4a-60a, and related sections of the CONN. GEN. STAT.

(Signature)	(Title)	(Date Signed)	(Telephone)
-------------	---------	---------------	-------------

- Joint Reporting Committee
- Equal Employment Opportunity Commission
- Office of Federal Contract Compliance Programs (Labor)

**EQUAL EMPLOYMENT OPPORTUNITY
EMPLOYER INFORMATION REPORT EEO-1**

Standard Form 100
REV 01/2006
O.M.B. No. 3048-0007
EXPIRES 01/2009
100-214

Section A—TYPE OF REPORT

Refer to instructions for number and types of reports to be filed.

1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX).

- | | |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) <input type="checkbox"/> Single-establishment Employer Report | Multi-establishment Employer:
(2) <input type="checkbox"/> Consolidated Report (Required)
(3) <input type="checkbox"/> Headquarters Unit Report (Required)
(4) <input type="checkbox"/> Individual Establishment Report (submit one for each establishment with 50 or more employees)
(5) <input type="checkbox"/> Special Report |
|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. Total number of reports being filed by this Company (Answer on Consolidated Report only) _____

Section B—COMPANY IDENTIFICATION (To be answered by all employers)

1. Parent Company					OFFICE USE ONLY
a. Name of parent company (owns or controls establishment in item 2) omit if same as label					a.
Address (Number and street)					b.
City or town	State	ZIP code			c.
2. Establishment for which this report is filed. (Omit if same as label)					
a. Name of establishment					d.
Address (Number and street)		City or Town	County	State	ZIP code
					e.
b. Employer identification No. (IRS 9-DIGIT TAX NUMBER)					f.
c. Was an EEO-1 report filed for this establishment last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Section C—EMPLOYERS WHO ARE REQUIRED TO FILE (To be answered by all employers)

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Does the entire company have at least 100 employees in the payroll period for which you are reporting?
<input type="checkbox"/> Yes <input type="checkbox"/> No			2. Is your company affiliated through common ownership and/or centralized management with other entities in an enterprise with a total employment of 100 or more?
<input type="checkbox"/> Yes <input type="checkbox"/> No			3. Does the company or any of its establishments (a) have 50 or more employees AND (b) is not exempt as provided by 41 CFR 60-1.5, AND either (1) is a prime government contractor or first-tier subcontractor, and has a contract, subcontract, or purchase order amounting to \$50,000 or more, or (2) serves as a depository of Government funds in any amount or is a financial institution which is an issuing and paying agent for U.S. Savings Bonds and Savings Notes?
			If the response to question C-3 is yes, please enter your Dun and Bradstreet identification number (if you have one): <input style="width: 100px;" type="text"/>

NOTE: If the answer is yes to questions 1, 2, or 3, complete the entire form, otherwise skip to Section G.

Section D - EMPLOYMENT DATA

Employment at this establishment - Report all permanent full- and part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be interpreted as zeros.

Job Categories	Number of Employees (Report employees in only one category)														Total Col A - N
	Hispanic or Latino							Not-Hispanic or Latino							
	Race/Ethnicity							Race/Ethnicity							
	Male			Female				Male			Female				
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
Executive/Senior Level Officials and Managers	1.1														
First/Mid Level Officials and Managers	1.2														
Professionals	2														
Technicians	3														
Sales Workers	4														
Administrative Support Workers	5														
Craft Workers	6														
Operatives	7														
Laborers and Helpers	8														
Service Workers	9														
TOTAL	10														
PREVIOUS YEAR TOTAL	11														

1. Date(s) of payroll period used: _____ (Omit on the Consolidated Report.)

Section E - ESTABLISHMENT INFORMATION (Omit on the Consolidated Report.)

1. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, tile insurance, etc. Include the specific type of product or type of service provided, as well as the principal business or industrial activity.)

Section F - REMARKS

Use this item to give any identification data appearing on the last EEO-1 report which differs from that given above, explain major changes in composition of reporting units and other pertinent information.

Section G - CERTIFICATION

Check 1 All reports are accurate and were prepared in accordance with the instructions. (Check on Consolidated Report only.)
 one 2 This report is accurate and was prepared in accordance with the instructions.

Name of Certifying Official: _____ Title: _____ Signature: _____ Date: _____

Name of person to contact regarding this report: _____ Title: _____ Address (Number and Street): _____

City and State: _____ Zip Code: _____ Telephone No. (including Area Code and Extension): _____ Email Address: _____

All reports and information obtained from individual reports will be kept confidential as required by Section 709(c) of Title VII WILLFULLY FALSE STATEMENTS ON THIS REPORT ARE PUNISHABLE BY LAW, U.S. CODE, TITLE 18, SECTION 1001



REQUEST FOR PROPOSAL

RFP # DMHAS-SWS-Problem Gambling Better Choice 2020

Department of Mental Health and Addiction Services

Due Date: September 26, 2019 3:00 PM EST

Proposal Cover Sheet

Proposer/Agency Name _____
FEIN

Address

City/Town **State** **Zip Code**

Agency Contact: _____
Title:

Telephone Number **Fax Number** **E-Mail Address**

Total Annual Program Cost

Total Annual Cost to DMHAS

Proposed Program Address:

Proposer/Agency Fiscal Year: _____ to _____
 (month) (month)

Is your agency a non-profit? Yes No **Is your agency incorporated?** Yes No

Is your agency registered as a:

Minority Business Enterprise? Yes No

Women Business Enterprise? Yes No

Small Business Enterprise? Yes No

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

DIRECT EXPENSES		ANNUAL Costs
5100: SALARIES		-
5101	Staff Salaries & Wages	
5102	Overtime	
5103	Non-Routine Comp. (specify in narrative)	
Total Salaries		\$ -
5200: FRINGE BENEFITS		
5300: CONTRACTUAL SERVICES		-
5301	Medical Professional	
5302	Behavioral Health Professional	
5303	Contracted Workers - Non-Payroll	
5304	Other Contractual (specify in narrative)	
Total Contractual Services		\$ -
5400: TRANSPORTATION		-
5401	Staff Travel Reimbursement	
5402	Vehicle Leases	
5403	Vehicle Maintenance	
5404	Other Transportation (specify in narrative)	
Total Transportation		\$ -
5500: MATERIALS AND SUPPLIES		-
5501	Food	
5502	Lab & Medical Supplies	
5503	Equipment (Less than \$5,000)	
5504	Other Materials and Supplies (specify in narrative)	
Total Materials/Supplies		\$ -
5600: FACILITIES		-
5601	Rent and Real Estate Taxes	
5602	Security	
5603	Maintenance & Repair - Facility and Plant	
5604	Utilities	
5605	Other Facilities (specify in narrative)	
Total Facilities		\$ -
5700: CAPITAL EXPENSES (> \$5,000)		-
5701	Capital Equipment	
5702	Depreciation	
5703	Other Capital (specify in narrative)	
Total Capital Expenses		\$ -
5800: OTHER EXPENSES		-
5801	Communications	

5802	Insurance	
5803	Housekeeping	
5804	Staff Training and Conferences	
5805	Drug Testing	
5806	Other (specify in narrative)	
Total Other Expenses		\$ -
5900: CLIENT SUBSIDIES		-
5901	Transportation	
5902	Nutrition/Food Vouchers	
5903	Education	
5904	Housing	
5905	Personal Items	
5906	Other Client Subsidies (specify in narrative)	
Total Client Subsidies		\$ -
TOTAL DIRECT EXPENSES		\$ -
INDIRECT EXPENSES		-
7100: ADMINISTRATIVE & GENERAL		-
7111	Staff Salaries & Wages	
7120	Fringe Benefits	
	All Other A&G	
TOTAL INDIRECT EXPENSES		\$ -
		\$ -