

**PROCUREMENT NOTICE**  
**State of Connecticut**  
**Department of Correction**  
**Legal Notice**

Notification of a procurement opportunity for **Community Residential Services** required by the Connecticut Department of Correction is available for review, download and printing on the State's Procurement/Contracting Portal at:  
[www.das.state.ct.us/Purchase/Portal/Portal\\_Home.asp](http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp).

Bid notices may also be accessed on the Department of Correction web page at:  
<http://www.ct.gov/doc>

Pursuant to C.G.S. § 18-101i, the Department must award purchase of service contracts only to private nonprofit organizations, State agencies, or units of local government.

The Department of Correction is an Equal Opportunity/Affirmative Action Employer. Questions may be directed to the CTDOC Contracts Administration office at  
(860) 692-7757.

Deaf and hearing-impaired individuals may use a TDD by calling 1-800-842-4524.

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## I. GENERAL INFORMATION

### A. INTRODUCTION

1. **RFP Name or Number:** RFP #DOC-BBII-10-JH / Community Residential Services
2. **Summary:** The purpose of this request is to procure the following residential services within the community:
  - Male Substance Abuse Programs: 30 Beds Anywhere Within Connecticut
  - Scattered-Site Supportive Housing Programs: 10 Beds in the Greater Hartford Area
3. **Synopsis (Optional):** Not Available
4. **Commodity Codes.** The services that the Department wishes to procure through this RFP are as follows:
  - 2000: Community and Social Services

### B. DEFINITIONS

1. *Department:* For the purposes of this RFP, 'Department' shall mean the Connecticut Department of Correction.
2. *Contractor:* A private provider organization, CT State agency, or municipality that enters into a POS (Purchase of Service) contract with the Department as a result of this RFP.
3. *Proposer:* A private provider organization, CT State agency, or municipality that has submitted a proposal to the Department in response to this RFP.
4. *Prospective Proposer:* A private provider organization, CT State agency, or municipality that may submit a proposal to the Department in response to this RFP, but has not yet done so.
5. *Subcontractor:* An individual (other than an employee of the contractor) or business entity hired by a contractor to provide a specific health or human service as part of a POS contract with the Department as a result of this RFP.
6. *Release Status:* The custody status of any offender released prior to the completion of his/her sentence pursuant to the authority of the Commissioner of Corrections or the Board of Pardons and Paroles. This may include: Parole, Community Release, Transitional Supervision and/or Transitional Placement.
7. *Like Programs:* Separate physical programs of the same type, operated by the same provider in different physical locations. (i.e. work release program in Bridgeport and work release program in Hartford)
8. *Offender Subsidy Policy:* Offenders shall not be charged rent until the offender has obtained employment. The Contractor shall not back-charge the offender for any length of stay prior to the beginning date of employment. If the offender becomes unemployed, the Contractor shall refrain from charging rent until new employment is obtained. Rent will not exceed 25% of the offender's net income, up to a maximum of \$100 per week.
9. *Offender Savings Accounts:* The Contractor shall be responsible for ensuring that each offender handles his/her income in a fiscally responsible manner. As such, the Contractor shall assist each offender with establishing a savings account. Offender savings accounts shall be established utilizing one of the following methods:

**In-House Account:** The Contractor shall account for all offender monies in-house. These functions shall include depositing all monies into a contractor-held bank account and tracking and disbursing all monies in accordance with Department policy.

**Joint Bank Account:** The Contractor shall establish a joint bank account in the name of the offender and the name of the Contractor. The account shall be administered by the Contractor, and shall be turned over to the offender upon successful discharge from the program.

**Individual Bank Account:** The Contractor shall ensure that each offender establishes a savings account at a local bank. The Contractor shall be responsible for maintaining and monitoring the passbook for each account.

After all mandatory obligations have been met (Taxes, client rent, court mandated payments, victim services fund, etc.), the offender will transfer an amount not less than 75% of his/her remaining monies to the savings account. Personal spending money will not exceed \$50 per week. If the offender can demonstrate an extraordinary personal need, requiring more than the \$50 allotment, additional money may be allocated, at the discretion of the Contractor.

10. *Startup Costs:* One-time costs incurred for the startup of a program. These costs may not be annualized.

## ■ 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) about this RFP is strictly prohibited. Proposers or prospective proposers who violate this instruction may risk disqualification from further consideration.

**Name:** Joel R. Ide

**Address:** 24 Wolcott Hill Road  
Wethersfield, CT 06109

**Phone:** 860 692-7757

**Fax:** 860 692-7771

**E-Mail:** JoelR.Ide@po.state.ct.us

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 Web Site:  
<http://www.ct.gov/doc>
- State Contracting Portal:  
[http://www.das.state.ct.us/Purchase/Portal/Portal\\_Home.asp](http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp)

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:

- Total Funding Available: Approximately \$900,000 annually
- Number of Awards: To Be Determined
- Contract Cost: To Be Determined
- Contract Term: 1-6 Years, at the discretion of the Department

- 4. Eligibility.** Pursuant to C.G.S. § 18-101i, the Department must award purchase of service contracts only to private nonprofit organizations, State agencies, or units of local government.

- 5. Minimum Qualifications of Proposers.** In accordance with CGS §18-101i, bids will be accepted from private, non-profit organizations, state agencies or units of local government. Preference will be given to respondents with a proven history of providing the requested or substantially similar services in the requested geographical areas.

- 6. Procurement Schedule.** Dates marked (\*) are target dates only, and may be subject to change. 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 the Department's Web Site.

- RFP Planning Start Date: October 21, 2009
- RFP Released: February 21, 2010
- Deadline for Letter of Intent: 3:00 PM, March 8, 2010
- Deadline for PRE RFP Conference Questions: 3:00 PM, March 11, 2010
- Answers Released: March 15, 2010
- RFP Conference: March 18, 2010
- Deadline for POST RFP Conference Questions: 3:00 PM, March 24, 2010
- Answers Released: March 26, 2010
- Deadline for Proposal Submission: 3:00 PM, April 12, 2010
- (\*) Proposer Selection: April 30, 2010
- (\*) Start of Contract Negotiations: May 3, 2010
- (\*) Start of Contract: June 1, 2010

- 7. Letter of Intent.** 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.1 of this RFP. LOI's may be submitted by US mail, fax, 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. It is 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 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 reserves the right to answer questions only from those who have submitted an LOI. 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. RFP Conference.** An RFP conference will be held to answer questions from prospective proposers. Attendance at the conference is **mandatory**. Prospective proposers who are not physically represented at the conference are automatically disqualified and ineligible to submit proposals. Copies of the RFP will not be available at the RFP Conference. Prospective proposers are asked to bring a copy of the RFP and writing instruments to the conference. At the conference, attendees will be provided an opportunity to submit written or verbal questions, which the Department's representatives may (or may not) answer at the conference. Any verbal answers given at the conference by the Department's representatives are tentative and not binding on the Department. All questions submitted will be answered in a written amendment to this RFP, which will serve as the Department's official response to questions asked at the conference. 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 agency will release the amendment on the date established in the Procurement Schedule. The Department will publish any and all amendments to this RFP on the State Contracting Portal and, if available, on the Department's Web Site.

- Date: March 18, 2010
- Time/Location: TBD (specifics will be emailed to prospective proposers who submitted an LOI)

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

- Due Date: April 12, 2010
- Time: 3:00 PM

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 will either 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 compatible with Microsoft Office Word 2007. For the electronic copy, whenever possible, 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 from the same proposer is an option with this procurement. Proposals for different program types may not be combined and must be submitted separately.

- 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, pages 19-20 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 as Form #6, in Section IV.I, page 29 of this RFP. If the proposal is being submitted as an Expansion to an Existing Program **currently** under contract with the Department, please utilize Form #7, in Section IV.I, page 30 of this RFP as the proposal cover sheet.
- 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 1 page summary of the main proposal and cost proposal. This summary should include, the type of program being proposed, number of beds proposed, annual number of clients served, location of program, a brief agency history, and a brief program philosophy.
- 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: Standard Letter
  - Print Style: 2-sided
  - Font Size: 12

- Font Type: Times New Roman
- Margins: None specified
- Line Spacing: Single Space

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, packages or boxes and must be addressed to the Official Contact. The Legal Name and Address of the proposer must appear in the upper left corner of the envelope, package or box. The RFP Name or Number must be clearly displayed on the envelope, package or box. Any 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 will not be evaluated. At the discretion of the Department, such a proposal may be either 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 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 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. Interpretation of these criteria will be established by the Screening Committee prior to receipt of proposals. The criteria are weighted according to their relative importance. The weights are disclosed below.
  - Organizational Profile
  - Scope of Services (weighted at a factor of 3)
  - Staffing Plan (*see note*) (weighted at a factor of 1)
  - Data and Technology (weighted at a factor of 1)
  - Subcontractors (weighted at a factor of 1)
  - Work Plan (weighted at a factor of 2)
  - Financial Profile (weighted at a factor of 1)
  - Budget and Budget Narrative (weighted at a factor of 2)
  - Appendices (weighted at a factor of 1)

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 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. 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. POS STANDARD CONTRACT, PARTS I AND II

*By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with the provisions of Parts I and II of the State's "standard contract" for POS:*

Part I of the standard contract is maintained by the Department and will include the scope of services, contract performance, quality assurance, reports, terms of payment, budget, and other program-specific provisions of any resulting POS contract. A sample of Part I is available from the Department's Official Contact upon request.

Part II of the standard contract is maintained by OPM and includes the mandatory terms and conditions of the POS contract. Part II is available on OPM's website at: [http://www.ct.gov/opm/fin/standard\\_contract](http://www.ct.gov/opm/fin/standard_contract)

Note:

Included in Part II of the standard contract is the State Elections Enforcement Commission's (SEEC) 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. This section shall not apply when proposals are being submitted to operate a collaborative program provided by one or more separate entities.

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 liability for expenses incurred by proposers in preparing, submitting, or clarifying proposals 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 interests of the State.
- 4. Award and Rejection of Proposals.** The Department reserves the right to award in part or reject proposals in whole or in part for misrepresentation, or if the proposal limits or modifies any of the terms, conditions, or specifications of this RFP. The Department may waive minor technical defects, irregularities, or omissions, if in its judgment the best interests of the State will be served. The Department reserves the right to reject the proposal of any proposer who submits a proposal after the submission date and time.
- 5. Sole Property of the State.** All proposals submitted in response to this RFP are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract awarded as a result of this RFP shall be the sole property of the State, unless stated otherwise in this RFP or subsequent contract. The right to publish, distribute, or disseminate any or 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).** 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 (Ethics Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms) IMPORTANT NOTE: Proposer must complete and submit Ethics Form 5 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](http://www.ct.gov/opm/fin/ethics_forms)
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](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

This RFP is being issued in keeping with the Department's mission which states, 'The Department of Correction shall protect the public, protect staff and provide safe, secure and humane supervision of offenders **'with opportunities that support successful community reintegration.'**

The Department has operated a wide variety of community residential and non-residential programs for over 30 years. These programs have served to assist with the structured and supervised reintegration of offenders into their communities. In July of 2009, through a competitive procurement process, the Department restructured the statewide network of services available to offenders released prior to the completion of their sentences. The newly implemented community network offers a comprehensive and integrated system of care that standardizes components of both residential and non-residential programs, eliminates redundancy in contracted programs and strengthens collaborative relationships between Department staff and contracted providers within each Parole District, which increases the likelihood of an offender's successful reintegration. The Department's network of community services includes the following:

- **Residential Work Release Programs:** Programs designed to provide assistance to offenders in obtaining meaningful employment. These programs run 3-4 months in length, and provide 24/7 on-site supervision of offenders. The goal upon completion of the program is for each offender to have stable, legal employment, an acceptable place to live and sufficient savings to live independently.
- **Residential Substance Abuse Programs:** These programs run 4-6 months in length. They begin with a 30-45 day in-house initial orientation and intensive treatment component for offenders with a history of substance abuse. The in-house component is followed by a period of treatment and supervision while offenders seek employment. Alternatively, after completion of the in-house component, offenders may be moved to a Department-contracted work release program for the remainder of their residential stay. Within substance abuse programs, 24/7 on-site supervision of offenders is required at all times. The goal upon completion of the program is for each offender to have completed the treatment component provided by the contractor, and either obtained stable, legal employment and made suitable living arrangements or be successfully transferred to a Department-contracted work release program for the remainder of their supervision.
- **Residential Mental Health Programs:** A 4-6 month program with a 30-45 day in-house initial orientation and intensive treatment component for offenders with mental health needs. The in-house component is followed by a period of treatment and supervision while offenders seek employment. 24/7 on-site supervision of offenders is required at all times. The goal upon completion of the program is for each offender to have completed the treatment component provided by the contractor, obtained stable, legal employment and made suitable living arrangements, if able. Program staff is responsible for ensuring that upon release, offenders who are unable to work or live independently have established community linkages and relationships with area providers.
- **Residential Women and Children Programs:** A female work release program with an on-site family reunification component. This includes availability of housing for female offenders AND their children.
- **Residential Scattered-Site Supportive Housing Programs:** programs designed to enable eligible offenders to transition to independent living. Programs run 3-4 months in length and do not require on-site supervision. These programs generally consist of apartment-style living for 1-2 same gender offenders. Each program is responsible for providing an assessment and referral component. After assessment, referrals will be made to the CTDOC-contracted non-residential network for necessary services.
- **Residential Temporary Housing Programs:** A 30-60 day program designed to provide safe and secure housing for offenders awaiting transfer to transitional supervision status, as well as offenders with less

than 60 days left on their sentences. Temporary Housing programs should provide on-site supervision and should include a case management and assessment component. After assessment, referrals will be made to the CTDOC-contracted non-residential network for necessary services. Temporary Housing programs also provide on-site housing and benefit specialists to assist offenders with needed services.

- **Non-Residential Behavioral Health Programs:** Programs offering outpatient substance abuse, mental health and anger management evaluation and treatment through the use of evidence-based treatment models.
- **Non-Residential Employment Programs:** Programs offering employment services and vocational training to offenders. These programs are comprised of 3 core components including job development, job readiness and job retention.
- **Non-Residential Social Reunification Programs:** Programs offering outpatient domestic violence treatment, family counseling and reunification to offenders and their families.
- **Non-Residential Support Service Programs:** Programs offering a variety of case-management and support services to offenders in need of assistance upon re-entry.

## ■ B. PROGRAM OVERVIEW

Through this RFP, the Department is seeking to increase its residential Substance Abuse and Supportive Housing (as defined in Section III.A) capacity as follows:

1. **Male Substance Abuse Programs:** Approximately 30 beds statewide.
2. **Scattered-Site Supportive Housing Programs:** Approximately 10 beds in the Greater Hartford area.

## ■ C. MAIN PROPOSAL COMPONENTS

### 1. Organizational Requirements

- (a) Purpose / Mission / Philosophy: Briefly describe the purpose, mission and philosophy of the agency and the proposed program. The Department envisions its substance abuse programs to be recovery-oriented environments designed to enable offenders with substance abuse addictions to re-establish themselves in the community.

If proposals are being submitted for substance abuse programs, this section should also describe how your program or agency will adhere to applicable state and federal laws, regulations and policies governing alcohol or other drug abuse services.

- (b) Entity Type / Years of Operation: Please provide a brief history of the agency and the proposed program. Proposer must be established as a private, non-profit organization, state agency or unit of local government prior to submission of a proposal, and must provide proof of such status in Section H of the proposal.

- (c) Administrative Office Location: Please provide the location of the agency's administrative offices.

- (d) Qualifications / Certification / Licensure: Please describe your agency's experience providing the kinds of services being requested through this RFP. If the agency or program being proposed holds any certifications or licensures, please detail the type and how long it has been held.

- (e) References: If you do not currently or have not in the past 3 years provided services to the Department, at least two reference letters must be included in Section H of the proposal to support the description of your experience in providing these services. Letters must include agency name, contact name, mailing address, phone number and email address of the writer. Letters must also include the nature of the writer's relationship with the proposer and the extent of the proposer's

provision of services to the writer. This is **NOT** a Letter of Support. The writer must be able to detail a prior relationship of services provided by the proposing agency.

## 2. Service Requirements

Proposals should address each of the following areas. Indicate if your proposed program will deliver a service directly (D), through referral (R) or will not provide the service (NA).

- (a) Referral Process: Decisions regarding acceptance or rejection of offenders must be communicated to the Department not more than 5 days after receipt of the referral package. If no decision is rendered, the Department will consider the offender accepted and make appropriate arrangements for transfer to the program.
- (b) Number and Type of Clients to be Served: Detail gender and age of clients accepted into the program. Include total number of beds proposed through this RFP, total number of beds in the program and who utilizes beds not proposed for purchase by the Department. Proposals for substance abuse programs may not address services for mixed gender populations, but may be submitted as expansions to existing same gender programs, either under contract with CTDOC or another agency.
- (c) Date of Program Availability: Programs should be available by June 1, 2010.
- (d) Location of Proposed Services: Proposers are not required to obtain possession of physical space or zoning compliance prior to submission of a proposal, although preference will be given to proposals indicating possession of space and zoning compliance. The Department will require retention of space and proof of zoning compliance for all residential programs in accordance with local regulations prior to contract execution. If space and zoning is not secured at the time of proposal submission, the proposer must affirm that both will be obtained by June 1, 2010. The Department reserves the right to cancel any negotiations or subsequent contracts if the proposer fails to obtain space or zoning. Furthermore, the Department reserves the right to deem a proposed site as unsuitable for the operation of a residential program.
  - Does your agency currently control the site? If no, provide details of how and when the site will be available.
  - Has appropriate zoning been secured for the site? If yes, provide proof of approved zoning in Section H of the proposal; if no, provide details of how and when zoning approval is anticipated.
  - Is the site fully compliant with ADA standards? If no, describe the degree to which the site is ADA compliant.
  - Does the program site share space with any other program, agency, business, residence, etc.?
- (e) Room and Board: Provide the average length of stay needed for offender completion of the program, as well as the maximum length of stay for each offender. The Department will not be responsible for payment of services to offenders exceeding the maximum length of stay.
 

The Department has established an average length of stay of 30-45 days for the in-house care component of its substance abuse programs. If the offender will remain in the program for a subsequent employment phase, length of stay should not exceed an additional 120 days.

The Department has established an average length of stay of 120 days for scattered-site supportive housing programs.
- (f) Accountability: The Department requires that all residential substance abuse programs be operational and staff supervised, 24/7. The Department does not require 24/7 supervision of offenders residing in supportive housing programs, but proposals for supportive housing programs should detail the level of supervision provided. The Department reserves the right to enter the program at any time, for any reason without prior notification to the contractor.

- (g) Intake/Orientation: Please describe the process followed for each intake, as well as the topics covered during the orientation period. Orientation periods should not exceed 1 week, and must include assessment by a validated assessment tool similar to the Level of Services Inventory Revised (LSI-R) and, for substance abuse programs, the CAI, SASSI, ASI, T-ASI, TCUDS II or ASUS.
- (h) Development of Individual Treatment Plans: Program staff, in conjunction with the offender, should work together to develop an Individual Treatment Plan that addresses the offender's primary criminogenic needs. The plan should incorporate information obtained from assessments, and should identify needed services and goals.
- (i) Treatment Approach: Proposals for substance abuse treatment programs must describe the modalities by which the program will provide substance abuse treatment of offenders including:
- Group Treatment
  - Individual Treatment
  - Treatment Methods
  - Curriculums Utilized

Proposals for supportive housing programs must describe services offered to offenders and the modality by which they are offered. The Department envisions its supportive housing programs to function primarily as programs that assist offenders with independent living options, benefits eligibility assistance and referrals for needed services.

- (j) Case Management Services: (including but not limited to);
- Employment Assistance  
*Proposals for supportive housing programs and substance abuse programs with an employment component must describe the modalities by which the program will provide job development, job readiness and job retention.*
  - Oversight of Offender Monies  
*This component is mandatory for substance abuse programs with an employment component and all supportive housing programs. Upon employment, contractors will be expected to establish a savings account for each offender. Specific guidelines for offender savings accounts are defined in Section I.B (8 and 9) of this RFP.*
  - Referrals
  - Drug Testing  
*Describe your agency's policies and procedures regarding urine testing of CTDOC offenders. This procedure is mandatory.*
  - Transportation  
*Programs awarded as a result of this RFP will be expected to provide a method of transportation for offenders. This includes transportation to/from medical appointments, job interviews, etc.*
  - Discharge Planning  
*In conjunction with the offender's Individual Treatment Plan, program staff should work collaboratively with the offender to develop a Discharge Plan. The Discharge Plan should include permanent housing upon release, benefits eligibility, linkage to local community agencies, etc.*
  - Aftercare
- (k) Evidence-Based Programming: The proposal must describe the extent to which services are evidence-based and how that determination was made. Describe what evidence-based curricula are being utilized. Please cite specific research, papers, journals, etc. Copies of the cited literature will be requested, if necessary. **Do Not** include them with the proposal.
- (l) Internal Security Measures: The proposal must clearly describe all internal security measures.
- (m) Eligibility and Exclusions: The proposal must clearly define all eligibility criteria and must identify and define any categories of offenders that would be excluded from the proposed program. All exclusions must be fully explained, including rationale for exclusion. Preference will be given to proposers

demonstrating the least restrictive eligibility and exclusion criteria. Release status of the offender is not an acceptable criteria for eligibility or exclusion. Offenders should be accepted into the program regardless of custody status. Preference will be given to supportive housing programs indicating acceptance of sex offenders.

### **3. Staffing Requirements**

The Department will require that substance abuse programs be staffed with a minimum of 1 staff person on-site at all times. For programs exceeding a total of 40 beds, regardless of funding source, a minimum of 2 staff on-site at all times is required. Staff whose duties include treatment for substance abuse will be required to maintain licensure in accordance with CT regulations for the length of any contract resulting from this RFP.

Proposers must describe the staff categories to be assigned to this project, including the extent to which they have the appropriate training and experience to perform assigned duties. The proposal must describe the extent to which staff is multi-lingual and multi-cultural. Job descriptions, minimum qualifications, licensing requirements, hours per week and hourly wages must be provided for all staff categories assigned to this project. Please do not include resumes. If the staff person to be assigned to the position is known at the time of proposal submission, a brief narrative summarizing that person's qualifications is sufficient.

Proposals must also include a staff retention plan detailing measures taken to reduce staff turnover.

### **4. Data and Technology Requirements**

Proposers must describe the extent to which the agency and the proposed program have the capability to access the internet, send/receive outside email and view PDF documents.

Performance Outcome Measures will be developed collaboratively with the Department after contract execution. Reporting requirements will be determined by the Department. The Department will require electronic submission of all Agency and Program-Specific Policies and Procedures after contract execution.

## **D. COST PROPOSAL COMPONENT**

### **1. Financial Requirements**

Proposers must submit cover letters from their auditor for the last 3 annual audits of their agency. Letters must be included in Section H of the proposal. If less than 3 audits were conducted, please detail why.

### **2. Budget Requirements**

Proposals must contain an itemized budget on the budget form included as Form #8 in Section IV (I.h), pages 31-33 of this RFP. All startup costs must be clearly identified as 1 line item in the budget.

A budget narrative must be provided, explaining all costs contained in the budget. All start up costs must be separately and clearly detailed in the budget narrative.

All other funding, including agency financial support and income from offender rent must be identified. Program rent policies must be in compliance with the Department's Offender Subsidy Policy defined in Section I.B of this RFP.

Offenders residing in Department-funded residential programs are not eligible for CT State assistance.

## IV. PROPOSAL OUTLINE

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**5. Subcontractors . . . . .**

*If the proposal includes the use of subcontractors, please detail the following. If this proposal is being submitted as a stand-alone program, this section of the proposal may be omitted.*

- a. Legal Name of Agency, Address, FEIN . . . . .
- b. Contact Person, Title, Phone, Fax, E-mail . . . . .
- c. Services To Be Provided Under Subcontract . . . . .
- d. Subcontract Cost and Term . . . . .

**G. Cost Proposal . . . . .**

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**I. Forms . . . . .**

- a. **Form #1:** Gift and Campaign Contribution Certification . . . . .  
*This form must be completed and included in Section I of the proposal.*
- b. **Form #2:** Consulting Agreement Affidavit . . . . .  
*This form must be completed and included in Section I of the proposal .*
- c. **Form #3:** Acknowledgment of Contract Compliance . . . . .  
*This form must be completed and included in Section I of the proposal.*
- d. **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](http://www.ct.gov/chro)*
- e. **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](http://www.eeoc.gov)*
- f. **Form #6:** Cover Sheet . . . . .  
*This form must be completed if the proposal is being submitted for a program NOT currently under contract with the Department.*
- g. **Form #7:** Expansion to Existing Program . . . . .  
*This form may be completed in lieu of the Cover Sheet ONLY if the proposal is being submitted for a program CURRENTLY under contract with the Department.*
- h. **Form #8:** Budget . . . . .  
*This form must be completed and included in Section I of the proposal*



## STATE OF CONNECTICUT

### GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION- FORM #1

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

#### INSTRUCTIONS:

Complete all sections of the form. Attach additional copies of this certification, if necessary, to provide full disclosure about any gifts made to any public official or employee of the awarding State agency. Sign and date form in the presence of a Commissioner of the Superior Court or Notary Public. Submit completed form to the awarding State agency at the time of contract execution.

#### CHECK ONE:

- ☐ Initial gift and campaign contribution certification.  
☐ Annual update of initial gift and campaign contribution certification. (Multi-year contracts only.)

#### CERTIFICATION: [ Number of Certifications Sworn and Subscribed On This Day: \_\_\_\_\_ ]

I, the undersigned, am the official authorized to execute the attached contract on behalf of the contractor (named below). I hereby certify that no gifts were made, as defined and described in C.G.S. §§ 4-250(1) and 4-252(c)(1), between the date (indicated below) that the awarding State agency began planning the project, services, procurement, lease or licensing arrangement covered by this contract and the execution date of this contract, except for the gift(s) listed below:

| <u>Date of Gift</u> | <u>Name of Gift Giver</u> | <u>Name of Recipient</u> | <u>Value</u> | <u>Gift Description</u> |
|---------------------|---------------------------|--------------------------|--------------|-------------------------|
| _____               |                           |                          |              |                         |

I further certify that neither I, nor any principals or key personnel of the contractor, nor any principals or key personnel of the agents of such contractor, know of any action by such contractor to circumvent the above prohibition on **gifts** by providing for any other principals, key personnel, officials, employees or agents of such contractor to provide a gift to any public official or employee, as described in C.G.S. § 4-250(c).

I further certify that, on or after December 31, 2006, neither I, nor any principals or key personnel of the contractor, nor any principals or key personnel of the agents of such contractor, made a contribution to, or solicited a contribution on behalf of, any **campaigns** of candidates for statewide public office or the General Assembly.

I further certify that the contractor made the bid or proposal without fraud or collusion with any person.

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

|                                  |                                           |               |
|----------------------------------|-------------------------------------------|---------------|
| _____<br>Printed Contractor Name | _____<br>Signature of Authorized Official | _____<br>Date |
|----------------------------------|-------------------------------------------|---------------|

|                                               |                                              |
|-----------------------------------------------|----------------------------------------------|
| _____<br>Federal Employer ID Number (FEIN) or | _____<br>Printed Name of Authorized Official |
|-----------------------------------------------|----------------------------------------------|

Social Security Number (SSN) \_\_\_\_\_

|                                   |                                        |                                  |
|-----------------------------------|----------------------------------------|----------------------------------|
| _____<br>Department of Correction | _____<br>Start Date of Agency Planning | _____<br>Contract Execution Date |
| _____<br>Awarding State Agency    |                                        |                                  |

Sworn and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

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



## STATE OF CONNECTICUT CONSULTING AGREEMENT AFFIDAVIT

*Affidavit to accompany a State contract for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b)*

### INSTRUCTIONS:

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

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

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

**AFFIDAVIT:** [ Number of Affidavits Sworn and Subscribed On This Day: \_\_\_\_\_ ]

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

|                                         |                   |                                       |
|-----------------------------------------|-------------------|---------------------------------------|
| _____<br>Consultant's Name and Title    |                   | _____<br>Name of Firm (if applicable) |
| _____<br>Start Date                     | _____<br>End Date | _____<br>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.

|                                           |                                                           |                                |
|-------------------------------------------|-----------------------------------------------------------|--------------------------------|
| _____<br>Printed Name of Bidder or Vendor | _____<br><b>Signature of Chief Official or Individual</b> | _____<br><b>Date</b>           |
|                                           | _____<br>Printed Name (of above)                          | _____<br>Awarding State Agency |

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

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

**FORM #3**  
**Acknowledgement of Contract Compliance**  
**Notification to Bidders**

The contract to be awarded is subject to contract compliance requirements mandated by Section 4-114a of the Connecticut General Statutes: and when the guarding agency is the state, Section 46a-71(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 4-11a-1 et seq. of the regulations of Connecticut State Agencies which establish a procedure for the awarding of all contracts covered by Sections 4-114a and 46a-71(d) of the Connecticut General Statutes.

According to Section 4-114a-3(9) of the Contract Compliance regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as bidders, contractors, subcontractors and suppliers of materials.” “Minority business enterprise” is defined in Section 4-114a of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets, belong to a person or persons: “(1) Who are active in the daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprises; and (3) who are members of a minority, as such term is defined in sub-section (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “ (1) Black Americans...(2) Hispanic American...(3) Women...(4) Asian Pacific Americans and Pacific Islanders; or (5) American Indians...” The above definitions apply to the contract compliance requirement virtue of Section 4-114a-1 (10) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the Proposer’s qualifications under the contract compliance requirements:

- (a) the proposer’s success in implementing an affirmative action plan;
- (b) the proposer’s success in developing an apprenticeship program complying with Sections 46a-68-17 of the Connecticut General Statutes, inclusive;
- (c) the proposer’s promise to develop and implement a successful affirmative action plan;
- (d) the proposer’s submission of EEO-1 data indicating that the composition of its work force is at or near parity when compared to the racial and sexual composition of the work force in the relevant labor market area; and
- (e) the proposer’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 4-11a-3(10) 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

**BIDDER CONTRACT COMPLIANCE MONITORING REPORT - FORM #4****PART I - Bidder Information**

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

**PART II - Bidder Nondiscrimination Policies and Procedures**

|                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Does your company have a written Affirmative Action/Equal Employment Opportunity statement posted on company bulletin boards?<br>Yes ___ No ___                                                                                                                                                                                                                                          | 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.?<br>Yes ___ No ___                                                                                                |
| 2. Does your company have the state-mandated sexual harassment prevention in the workplace policy posted on company bulletin boards?<br>Yes ___ No ___                                                                                                                                                                                                                                      | 8. Do you, upon request, provide reasonable accommodation to employees, or applicants for employment, who have physical or mental disability?<br>Yes ___ No ___                                                                                                         |
| 3. Do you notify all recruitment sources in writing of your company's Affirmative Action/Equal Employment Opportunity employment policy?<br>Yes ___ No ___                                                                                                                                                                                                                                  | 9. Does your company have a mandatory retirement age for all employees?<br>Yes ___ No ___                                                                                                                                                                               |
| 4. Do your company advertisements contain a written statement that you are an Affirmative Action/Equal Opportunity Employer? Yes ___ No ___                                                                                                                                                                                                                                                 | 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?<br>Yes ___ No ___ NA ___                                                                                               |
| 5. Do you notify the Ct. State Employment Service of all employment openings with your company? Yes ___ No ___                                                                                                                                                                                                                                                                              | 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 ___ No ___ NA ___                                                         |
| 6. Does your company have a collective bargaining agreement with workers?<br>Yes ___ No ___<br>6a. If yes, do the collective bargaining agreements contain non-discrimination clauses covering all workers? Yes ___ No ___<br>6b. Have you notified each union in writing of your commitments under the nondiscrimination requirements of contracts with the state of Ct?<br>Yes ___ No ___ | 12. Does your company have a written affirmative action Plan? Yes ___ No ___<br>If no, please explain.<br><br>13. Is there a person in your company who is responsible for equal employment opportunity? Yes ___ No ___<br>If yes, give name and phone number.<br>_____ |

## Part III - Bidder Subcontracting Practices

(Page 4)

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<br>CATEGORY *                                                                     | OVERALL<br>TOTALS | WHITE<br>(not of Hispanic<br>origin) |        | BLACK<br>(not of Hispanic<br>origin) |        | HISPANIC |        | ASIAN or PACIFIC<br>ISLANDER |        | AMERICAN INDIAN or<br>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                                                                |                   |                                      |        |                                      |        |          |        |                              |        |                                      |        |
| Bldg/ Grounds<br>Cleaning/Maintenance                                                 |                   |                                      |        |                                      |        |          |        |                              |        |                                      |        |
| Construction & Extraction                                                             |                   |                                      |        |                                      |        |          |        |                              |        |                                      |        |
| Installation, Maintenance<br>& 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?<br>(Check yes or no, and report percent used) |     |    |                                    | 2. Check (X) any of the below listed requirements that you use as a hiring qualification<br><br>(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                                                                                     |     |    |                                    |                                                                                                     | Work Experience                   |                                                                                                                                              |
| Private Employment Agencies                                                                                  |     |    |                                    |                                                                                                     | Ability to Speak or Write English |                                                                                                                                              |
| Schools and Colleges                                                                                         |     |    |                                    |                                                                                                     | Written Tests                     |                                                                                                                                              |
| Newspaper Advertisement                                                                                      |     |    |                                    |                                                                                                     | High School Diploma               |                                                                                                                                              |
| Walk Ins                                                                                                     |     |    |                                    |                                                                                                     | College Degree                    |                                                                                                                                              |
| Present Employees                                                                                            |     |    |                                    |                                                                                                     | Union Membership                  |                                                                                                                                              |
| Labor Organizations                                                                                          |     |    |                                    |                                                                                                     | Personal Recommendation           |                                                                                                                                              |
| Minority/Community Organizations                                                                             |     |    |                                    |                                                                                                     | Height or Weight                  |                                                                                                                                              |
| Others (please identify)                                                                                     |     |    |                                    |                                                                                                     | Car Ownership                     |                                                                                                                                              |
|                                                                                                              |     |    |                                    |                                                                                                     | Arrest Record                     |                                                                                                                                              |
|                                                                                                              |     |    |                                    |                                                                                                     | 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) ☐ Single-establishment Employer Report

Multi-establishment Employer:

- (2) ☐ Consolidated Report (Required)  
 (3) ☐ Headquarters Unit Report (Required)  
 (4) ☐ Individual Establishment Report (submit one for each establishment with 50 or more employees)  
 (5) ☐ 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<br>USE<br>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)                                                |              |          |       |          | d.                    |
| a. Name of establishment                                                                                                |              |          |       |          | e.                    |
| Address (Number and street)                                                                                             | City or Town | County   | State | ZIP code | f.                    |
| 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                                                                                                                                                                                                                                                                                                                                                                            | 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 type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input 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<br>(Report employees in only one category) |   |   |                        |                           |                                           |       |                                  |                   |       |                           |                                           |        |                                  |                   | Total<br>Col<br>A + N |  |
|-----------------------------------------------|----------------------------------------------------------------|---|---|------------------------|---------------------------|-------------------------------------------|-------|----------------------------------|-------------------|-------|---------------------------|-------------------------------------------|--------|----------------------------------|-------------------|-----------------------|--|
|                                               | Race/Ethnicity                                                 |   |   |                        |                           |                                           |       |                                  |                   |       |                           |                                           |        |                                  |                   |                       |  |
|                                               | Hispanic or Latino                                             |   |   | Not-Hispanic or Latino |                           |                                           |       |                                  |                   |       |                           |                                           |        |                                  |                   |                       |  |
|                                               | Male                                                           |   |   | Female                 |                           |                                           | Male  |                                  |                   |       |                           |                                           | Female |                                  |                   |                       |  |
|                                               | A                                                              | B | C | White                  | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or more races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian  | American Indian or Alaska Native | Two or more races |                       |  |
| Executive/Senior Level Officials and Managers | 11                                                             |   |   |                        |                           |                                           |       |                                  |                   |       |                           |                                           |        |                                  |                   |                       |  |
| First/Mid-Level Officials and Managers        | 12                                                             |   |   |                        |                           |                                           |       |                                  |                   |       |                           |                                           |        |                                  |                   |                       |  |
| 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, title 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.)  
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 # DOC-BBII-10-JH**  
**Department of Correction**  
**February 2010**

**FORM #6: Proposal Cover Sheet**

Applicant Agency \_\_\_\_\_

FEIN \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Agency Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Total Annual Program Cost  
*(not including startup)*

Total Annual Cost to CTDOC  
*(not including startup)*

Requested Startup Costs \_\_\_\_\_

Proposed Program Address:

Applicant 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 \_\_\_\_\_



**REQUEST FOR PROPOSAL  
RFP # DOC-BBII-10-JH  
Department of Correction  
February 2010**

**FORM #7. Expansion to Existing Program Cover Sheet**

\_\_\_\_\_  
Applicant Agency

\_\_\_\_\_  
FEIN

\_\_\_\_\_  
Agency Contact

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
E-Mail Address

**CURRENT PROGRAM INFORMATION:**

\_\_\_\_\_  
Program Name

\_\_\_\_\_  
Program Type

\_\_\_\_\_  
Gender

\_\_\_\_\_  
Total Current Beds in Program

\_\_\_\_\_  
Total Current CTDOC Beds

\_\_\_\_\_  
Program Address

**PROPOSED EXPANSION INFORMATION:**

\_\_\_\_\_  
# Beds Proposed for Expansion

\_\_\_\_\_  
Date of Availability to CTDOC

\_\_\_\_\_  
Requested Startup Costs

\_\_\_\_\_  
Location of Proposed Beds

\_\_\_\_\_  
Annual CTDOC Cost of Expansion

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

**FORM #8 RFP # DOC-BBII-10-JH PROPOSED BUDGET**

PROVIDER NAME

-

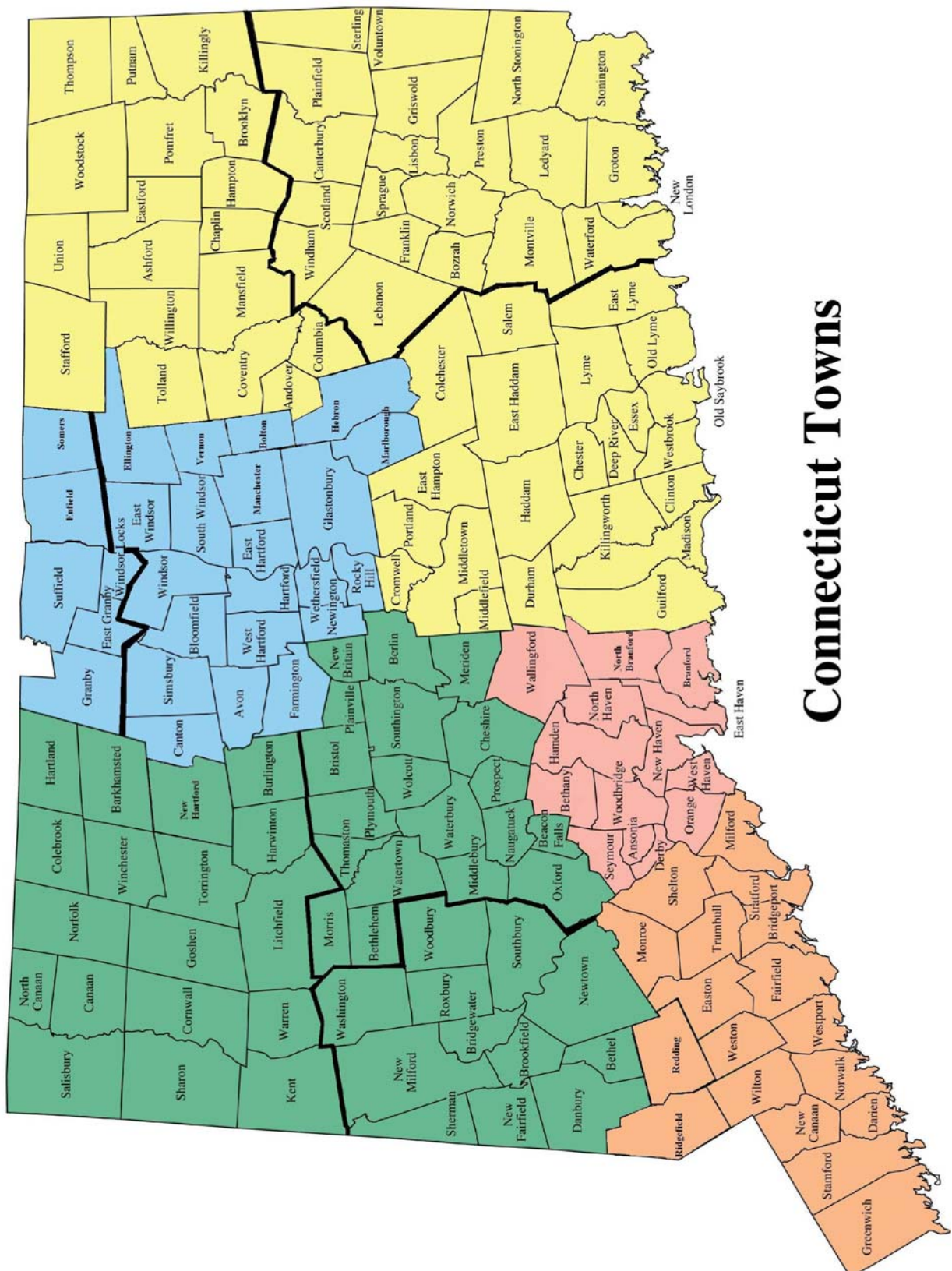
PROPOSED PROGRAM

| <b>I. SALARIES &amp; WAGES</b>                  |                                     |                         |                                  |                          |                              |
|-------------------------------------------------|-------------------------------------|-------------------------|----------------------------------|--------------------------|------------------------------|
| <b>Direct Client Service Staff</b>              |                                     | <b>Number<br/>FTE's</b> | <b>Average<br/>Annual Salary</b> | <b>FY 2010<br/>Total</b> | <b>Annual<br/>Line Total</b> |
| A.                                              | Program Director                    |                         |                                  |                          |                              |
| B.                                              | Counselors                          |                         |                                  |                          |                              |
| C.                                              | Staff Supervisor                    |                         |                                  |                          |                              |
| D.                                              | Client Supervisor/Monitor           |                         |                                  |                          |                              |
| E.                                              | House Manager                       |                         |                                  |                          |                              |
| F.                                              | Substance Abuse Counselor           |                         |                                  |                          |                              |
| G.                                              | Other:                              |                         |                                  |                          |                              |
| H.                                              | Other:                              |                         |                                  |                          |                              |
| I.                                              | Other :                             |                         |                                  |                          |                              |
| <b>Subtotal Direct Service Support Salaries</b> |                                     |                         |                                  |                          |                              |
| <b>Direct Service Support Staff</b>             |                                     |                         |                                  |                          |                              |
| J.                                              | Cook                                |                         |                                  |                          |                              |
| K.                                              | Driver                              |                         |                                  |                          |                              |
| L.                                              | Security                            |                         |                                  |                          |                              |
| M.                                              | Maintenance/Custodian               |                         |                                  |                          |                              |
| N.                                              | Laundry                             |                         |                                  |                          |                              |
| O.                                              | Other:                              |                         |                                  |                          |                              |
| <b>Subtotal Direct Service Support Salaries</b> |                                     |                         |                                  |                          |                              |
| <b>TOTAL DIRECT SERVICE SALARIES</b>            |                                     |                         |                                  |                          |                              |
| <b>II. NONSALARY DIRECT SERVICE COSTS</b>       |                                     |                         |                                  | <b>FY 2010</b>           | <b>Annual Line</b>           |
|                                                 |                                     |                         |                                  | <b>Total</b>             | <b>Total</b>                 |
| A.                                              | Temporary Help ( not employees )    |                         |                                  |                          |                              |
| B.                                              | Contract Services                   |                         |                                  |                          |                              |
| C.                                              | Telephone                           |                         |                                  |                          |                              |
| D.                                              | Office Supplies & Postage           |                         |                                  |                          |                              |
| E.                                              | Staff Training & Inservice          |                         |                                  |                          |                              |
| F.                                              | Advertising:                        |                         |                                  |                          |                              |
|                                                 | 1. Recruitment - Staff              |                         |                                  |                          |                              |
|                                                 | 2. Program Advertising              |                         |                                  |                          |                              |
| G.                                              | Vehicle Expense (gas, oil, repairs) |                         |                                  |                          |                              |
| H.                                              | Mileage Reimbursement               |                         |                                  |                          |                              |

|              |                                     |  |  |  |  |
|--------------|-------------------------------------|--|--|--|--|
| I.           | Dues, Fees, Licenses, Subscriptions |  |  |  |  |
| J.           | Offender Medical Cabinet Supplies   |  |  |  |  |
| K.           | Offender Lab Fees:                  |  |  |  |  |
|              | 1. Urines                           |  |  |  |  |
|              | 2. Blood                            |  |  |  |  |
| L.           | Offender Pharmaceuticals            |  |  |  |  |
| M.           | Offender Training & Supplies        |  |  |  |  |
| N.           | Offender Recreational Supplies      |  |  |  |  |
| O.           | Rental/Lease Payments               |  |  |  |  |
| P.           | Property and Real Estate Taxes      |  |  |  |  |
| Q.           | Insurance                           |  |  |  |  |
|              | 1. Umbrella                         |  |  |  |  |
|              | 2. Malpractice/ Prof. Liability     |  |  |  |  |
|              | 3. Liability                        |  |  |  |  |
|              | 4. Property (including liability)   |  |  |  |  |
|              | 5. Vehicles                         |  |  |  |  |
|              | 6. Other:                           |  |  |  |  |
| R.           | Dietary                             |  |  |  |  |
|              | 1. Food                             |  |  |  |  |
|              | 2. Non Food                         |  |  |  |  |
| S.           | Housekeeping and Laundry            |  |  |  |  |
| T.           | Maintenance Supplies/Expenses       |  |  |  |  |
| U.           | Utilities (heat, water, light)      |  |  |  |  |
| V.           | Depreciation                        |  |  |  |  |
| W.           | Minor Equipment (\$250 - \$600)     |  |  |  |  |
|              | <b>Subtotal Non-Salary Costs</b>    |  |  |  |  |
| <b>III.</b>  | <b>TOTAL DIRECT SERVICE COSTS</b>   |  |  |  |  |
| <b>IV.</b>   | <b>ALLOCATED EMPLOYEE BENEFITS</b>  |  |  |  |  |
| <b>V.</b>    | <b>ALLOCATED ADMIN. EXPENSE</b>     |  |  |  |  |
| <b>VI.</b>   | <b>STARTUP COSTS (FY 2010 ONLY)</b> |  |  |  |  |
| <b>VII.</b>  | <b>MAJOR EQUIPMENT</b>              |  |  |  |  |
| <b>VIII.</b> | <b>TOTAL EXPENSES</b>               |  |  |  |  |
| <b>IX.</b>   | <b>REVENUE</b>                      |  |  |  |  |
| <b>A.</b>    | <b>Operating Revenue</b>            |  |  |  |  |
| 1.           | Room & Board from Offenders         |  |  |  |  |
| 2.           | Food Stamps (DIM) from Offenders    |  |  |  |  |
| 3.           | Counseling Fees from Offenders      |  |  |  |  |
| 4.           | DMHAS                               |  |  |  |  |
| 5.           | Office of Adult Probation           |  |  |  |  |

|           |                                      |  |  |  |  |
|-----------|--------------------------------------|--|--|--|--|
| 6.        | Judicial                             |  |  |  |  |
| 7.        | General Public Assistance from Towns |  |  |  |  |
| 8.        | DCF                                  |  |  |  |  |
| 9.        | Title 19 (Medicaid fee-for-service)  |  |  |  |  |
| 10.       | Other:                               |  |  |  |  |
|           | <b>Subtotal Operating Revenues</b>   |  |  |  |  |
| <b>B.</b> | <b>Grant Revenue</b>                 |  |  |  |  |
| 1.        | United Way                           |  |  |  |  |
| 2.        | Town                                 |  |  |  |  |
| 3.        | Other:                               |  |  |  |  |
| 4.        | Other:                               |  |  |  |  |
|           | <b>Subtotal Grant Revenues</b>       |  |  |  |  |
| <b>C.</b> | <b>Other Revenue</b>                 |  |  |  |  |
| 1.        | Fund Raising                         |  |  |  |  |
| 2.        | Contributions                        |  |  |  |  |
|           | a. Restricted                        |  |  |  |  |
|           | b. Unrestricted                      |  |  |  |  |
| 3.        | Investment Income                    |  |  |  |  |
| 4.        | Interest Income                      |  |  |  |  |
| 5.        | Gain on Sale of Assets               |  |  |  |  |
| 6.        | Other:                               |  |  |  |  |
|           | <b>Subtotal Other Revenues</b>       |  |  |  |  |
| <b>D.</b> | <b>TOTAL ALL NON-DOC REVENUES</b>    |  |  |  |  |
| <b>E.</b> | <b>TOTAL REQUESTED DOC FUNDING</b>   |  |  |  |  |
| <b>F.</b> | <b>TOTAL ALL REVENUES</b>            |  |  |  |  |

V. ATTACHMENT A: CTDOC Parole District Map



Connecticut Towns