

## PROCUREMENT NOTICE

### Money Follows the Person Program Home Accessibility Modification Project Request for Applications (MFP\_HAM\_RFA)

**SECOND RELEASE DUE NOVEMBER 15, 2014**

The Corporation for Independent Living (CIL), on behalf of the State of Connecticut, Department of Social Services (the Department)/Money Follows the Person (MFP) Program, is seeking applications from organizations and individuals to perform on-call home accessibility modification services. Such organizations and individuals shall complete work to improve housing access for elders and individuals with disabilities who are moving from institutional settings to private homes and apartments. Applicants selected through this RFA process will be placed in a pool of other selected applicants, from which the Allied Community Resources and Advanced Behavioral Health may select to enter into a contract for accessibility related home modifications.

Applicants must demonstrate the ability to understand and perform accessibility related modification services. Applicants must agree to provide home accessibility modification services at competitive prices. The Department anticipates offering multiple contracts within a three (3) year term. The Department does not guarantee a contract to all applicants selected for the on-call pool. Contract offers will be determined by the individual client's needs, the projected scope of work, his or her geographic location and the selected applicant's ability to complete work in a timely manner.

The RFA is available in electronic format on the State Contracting Portal at <http://das.ct.gov/cr1.aspx?page=12> or from the Official Contact:

Name: Fran Mazzearella  
Address: Corporation for Independent Living  
157 Charter Oak Avenue, 3<sup>rd</sup> Floor  
Hartford, CT 06106  
Phone: 860-509-6742  
Email: [fmazzearella@cil.org](mailto:fmazzearella@cil.org)

The RFA is also available on the Department of Social Services web site at [www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=](http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=).

A printed copy of the RFA can be obtained from the Official Contact upon request.

Applications will be received on a rolling schedule. The end date for current application submissions is **November 15, 2014, 2:00 p.m. Eastern Time.**

Questions or requests for information in alternative formats must be directed to the Official Contact at. Persons who are deaf or hearing-impaired may use a TDD by calling via CT Relay - 711.

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## I. GENERAL INFORMATION

### A. INTRODUCTION

1. **RFA Name.** Money Follows the Person Program – Home Accessibility Modification Project
2. **Summary.** The purpose of this RFA is to establish a statewide pool of qualified home improvement contractors who will be able, on an on-call basis, to complete home accessibility modifications in a timely and cost effective manner. Modifications will be completed on the homes or apartments of individuals who are returning to the community from institutional settings under the Money Follows the Person Program. Selected proposers will be required to enroll with Allied Community Resources and Advanced Behavioral Health, agencies contracted by the department to handle billing and payments under the Money Follows the Person demonstration. Materials required for submission in this RFA will facilitate this process.
3. **Synopsis.** Home modifications are frequently needed for someone moving home from an institutional setting such as a nursing home or rehab center. Examples of required work are the widening of doorways, enlarging bathrooms, installing ramps and walkways and installing platform lifts, grab bars, roll-in showers and stair glides. Such work must be completed in a timely manner in order for the person to move home as provided by the MFP Program. Contractors in the on-call pool are contacted by MFP transition coordinators or specialized care managers who provide direction and supervision in preparing a scope of work, overseeing the work and facilitating the person's move home.
4. **Competitive Pricing.** Contractors are expected to complete work at competitive pricing prices and in a cost effective manner. A contractor will be required to submit an application to the MFP transition coordinator or specialized care managers based on the direction and scope of work provided by them. Such proposal will be reviewed by the transition coordinator and/or other Department officials for reasonableness before issuing an authorization to proceed. Applications shall include breakdowns for labor and materials. Hourly rates for tradespersons shall not exceed 10% of the rates issued from time to time by the State Department of Labor. Current rates are:

- Carpenter - \$23.14
- Construction Laborers - \$21.70
- Electricians - \$27.03
- Plumbers - \$27.59

Rates are posted and updated at:

<http://www1.ctdol.state.ct.us/lmi/wages/statewide2013.asp#construction>

The review of applications shall include an assessment of the appropriateness of selected materials based on quality and durability. Contractors are expected to use

materials of average to above average quality and to provide supporting documentation for pricing.

5. **Commodity Codes.** The services that CIL wishes to procure through this RFA are as follows:

0074: Home Modifications  
2000: Community and Social Services

6. **Application Due Date and Time.** The Official Contact is the **only authorized recipient** of applications submitted in response to this RFA. Applications will be received on a rolling schedule. The end date for the current application submission is November 15, 2014 2:00 p.m. Eastern Time. Applications will be reviewed upon receipt.

Faxed applications will not be reviewed. Electronic applications, via e-mail with **MFP HAM RFA** in the subject line, mailed and hand-delivered applications are permitted. A postmark date shall not be accepted as the basis for meeting the application end date and time. Applicants should not interpret or otherwise construe receipt of an application after the end date and time as acceptance of the application, since the actual receipt of the application is a clerical function. CIL suggests that the applicant use certified or registered mail, or a delivery service such as United Parcel Service (UPS) to deliver the application. When hand-delivering applications, applicants should allow extra time to comply with building security and delivery procedures. Hand-deliveries shall be delivered to the CIL located at 157 Charter Oak Avenue, 3<sup>rd</sup> Floor, Hartford, CT 06106

Applications shall not be considered received until they are in the hands of the Official Contact or another representative of CIL designated by the Official Contact. At CIL's discretion, late applications may be destroyed or retained for pick-up by the submitters.

An acceptable submission must include one (1) original application with original signatures. Unsigned applications will not be reviewed.

7. **Eligibility.** Private provider organizations (defined as non-state entities that are corporations or partnerships) and individuals are eligible to submit applications in response to this RFA.
8. **Minimum Qualifications of Applicants.** To be eligible to submit a response to this Request for Applications, an applicant must:
- Be licensed with the State of Connecticut, Department of Consumer Protection to provide home improvements or renovations;
  - Provide evidence of current general liability insurance of at least \$2,000,000; and
  - A minimum of five (5) years' demonstrated experience in home improvements or renovations.

CIL will not review applications from applicants that do not meet these minimum qualifications.

## B. ABBREVIATIONS/ACRONYMS/DEFINITIONS

Allied Community Resources	The Department of Social Services contractor that provides fiscal intermediary services to support the Money Follows the Person Program participant's ability to arrange for and receive transition and demonstration services as authorized by the Department
Applicant	A private organization or individual that has submitted an application to the Corporation for Independent Living in response to this RFA
BFO	Best and Final Offer
Advanced Behavioral Health	The Department of Social Services contractor that provides fiscal intermediary services to support the Money Follows the Person Program participant's ability to arrange for and receive transition and demonstration services as authorized by the Department
C.G.S.	Connecticut General Statutes
CHRO	Commission on Human Rights and Opportunities (CT)
CIL	Corporation for Independent Living
Contractor	A private organization or individual that enters into a contract with Allied Community Resources as a result of this RFA
CT	Connecticut
DAS	Department of Administrative Services (CT)
DSS	Department of Social Services (CT)
FOIA	Freedom of Information Act (CT)
MFP	Money Follows the Person
OPM	Office of Policy and Management (CT)
RFA	Request for Applications
SEEC	State Elections Enforcement Commission (CT)

## II. PROGRAM INFORMATION

### A. DEPARTMENT OF SOCIAL SERVICES OVERVIEW

The Department of Social Services (DSS) administers and delivers a broad variety of services to children, families, adults, people with disabilities, and the elderly, including health care coverage, child care, child support, long-term care and supports, energy assistance, food and nutrition aid, and program grants. DSS administers myriad State and federal programs and one third of the State budget, currently serving more than 750,000 individuals in nearly 470,000 households (November 2013 data).

By statute, DSS is the State agency responsible for administering a number of programs under federal legislation, including the Food and Nutrition Act of 2008 and the Social Security Act.

The Department is headed by the Commissioner of Social Services, and there are deputy commissioners for programs and administration. The agency delivers most of its programs through 12 field offices (including three benefits centers available by telephone) located throughout the State, with central administrative offices located in Hartford. In addition, many services funded by the agency are available through community-based agencies and partner contractors. The agency has out-stationed employees at hospitals to expedite Medicaid/HUSKY applications, and also works with community service providers to facilitate program applications.

Attached to the Department for administrative purposes only are: the Department of Rehabilitation Services, encompassing vocational rehabilitation services, services for the blind and visually-impaired, services for the deaf and hearing-impaired, and disability determination services; and the Child Day Care Council.

#### **Department Mission**

Guided by shared belief in human potential, we aim to increase the security and well-being of Connecticut individuals, families, and communities.

#### **Department Vision**

To become a world-class service organization.

### B. MONEY FOLLOWS THE PERSON OVERVIEW

The Money Follows the Person (MFP) Rebalancing Demonstration, authorized by section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171), was designed to assist States to balance their long-term care systems and help Medicaid enrollees transition from institutions to the community.

The MFP Demonstration supports State efforts to rebalance their long-term support system so that individuals have a choice of where they live and receive services.

The MFP Rebalancing Demonstration was awarded to the State of Connecticut, Department of Social Services (DSS). DSS is the Medicaid single State agency and the largest Department in the State of Connecticut. Within DSS, the MFP Rebalancing Demonstration is part of the Division of Health Services. The Commissioner of DSS directly oversees the Division of Health Services, as well as the Bureau of Aging, Community and Social Work Services, the Bureau of Rehabilitation, the Division of Family Assistance and the State Housing Authority. The Director of Division of Health Services reports directly to the Commissioner and directly supervises the Project Director of the demonstration.

Under MFP, DSS contracts with Area Agencies on Aging, Centers for Independent Living and Access Agencies to provide transition services, to individuals applying to and accepted by MFP, to transition from institutional care settings to community residences, including the individuals own home, an apartment or small group setting of four or fewer unrelated individuals. Transition Coordinators coordinate all facets of the transition, including securing housing, rental assistance and coordination of home modifications when needed.

### **C. HOME MODIFICATIONS PROJECT OVERVIEW**

Home modifications are frequently needed for someone moving home from an institutional setting such as a nursing facility or rehabilitation center. Examples of required work include but are not limited to: widening doorways; enlarging bathrooms and installing ramps, walkways, platform lifts, grab bars, roll-in showers and stair glides. Such work must be completed in a timely manner in order for the person to move home as provided by the MFP Program. Selected applicants in the on-call pool will be contacted by Advanced Behavioral Health and Allied Community Health transition coordinators who provide direction and supervision in preparing a scope of work, oversee the work, and facilitate the person's move home.

### III. GENERAL INSTRUCTIONS

#### ■ A. APPLICATION INSTRUCTIONS

1. **Official Contact.** CIL has designated the individual below as the Official Contact for purposes of this RFA. The Official Contact is the **only authorized contact** for this procurement and, as such, handles all related communications on behalf of CIL and the Department. Applicants, prospective applicants, and other interested parties are advised that any communication with any other employee(s) (including appointed officials) of CIL or the Department, or personnel under contract to CIL or the Department, about this RFA is strictly prohibited. Applicants or prospective applicants who violate this instruction may risk disqualification from further consideration.

Name: Fran Mazzarella  
Address: Corporation for Independent Living  
157 Charter Oak Avenue, 3<sup>rd</sup> Floor, Hartford, CT 06106  
Phone: 860-509-6742  
E-Mail: fmazzarella@cil.org

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

2. **RFA Information.** The RFA, addenda to the RFA, and other information associated with this procurement are available in electronic format from the Official Contact or from the Internet at the following locations:

- Department's RFP Web Page  
[www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=](http://www.ct.gov/dss/cwp/view.asp?a=2345&q=304920&dssNav=)
- State Contracting Portal  
<http://das.ct.gov/cr1.aspx?page=12>

It is strongly recommended that any applicant or prospective applicant 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 addenda that are posted on the portal. This service is provided as a courtesy to assist in monitoring activities associated with State procurements, including this RFA.

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

3. **Procurement Schedule.** See below. CIL may amend the schedule, as needed. Any change will be made by means of an addendum to this RFA and will be posted on the State Contracting Portal and the Department's RFP Web Page.

- RFA Released: September 15, 2014
- Deadline for Questions: Due on a rolling schedule
- Answers Released (tentative): Answers will be released as an Addendum to the RFA weekly, every Tuesday.
- Applications Due: Due on a rolling schedule.



- The last date and time for submission will be November 15, 2014, 2:00 PM. Eastern Time
4. **Inquiry Procedures.** All questions regarding this RFA or the procurement process must be submitted 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, questions will not be answered when the source is unknown (i.e., nuisance or anonymous questions). Questions deemed unrelated to the RFA or the procurement process will not be answered. At its discretion, CIL may or may not respond to questions received after the deadline. CIL may combine similar questions and give only one answer. All questions and answers will be compiled into a written addendum to this RFA. If any answer to any question constitutes a material change to the RFA, the question and answer will be placed at the beginning of the addendum and duly noted as such. The answers to questions will be released on the dates established in the Procurement Schedule. Any and all amendments or addenda to this RFA will be published on the State Contracting Portal and on the Department’s RFP Web Page. At its discretion, CIL may distribute any amendments and addenda to this RFA to prospective applicants who attended the RFA conferences. **Applications must include a signed Addendum Acknowledgement, which will be placed at the end of any and all addenda to this RFA.**
  5. **Multiple Applications.** The submission of multiple applications is not an option with this procurement.
  6. **Declaration of Confidential Information.** Applicants 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 an applicant deems that certain information required by this RFA is confidential, the applicant must label such information as CONFIDENTIAL. For each subsection so referenced, the applicant 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 applicant 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).
  7. **Conflict of Interest - Disclosure Statement.** Applicants must include a disclosure statement concerning any current business relationships (within the past 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 applicant 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 an applicant tries to influence, or succeeds in influencing, the outcome of an official decision for its personal or corporate benefit. The Department will determine whether any disclosed conflict of interest poses a substantial advantage to the applicant over the competition, decreases the overall competitiveness of this procurement, or is not in the best interests of the State.

## ■ B. APPLICATION FORMAT

1. **Required Outline.** All applications must follow the required outline presented in Section V. Application Outline. Applications that fail to follow the required outline will be deemed, at the discretion of CIL, non-responsive and not evaluated.
2. **Attachments.** Attachments other than the required Appendices and Forms identified in Appendix A are not permitted and will not be evaluated. Further, the required Appendices and Forms must not be altered or used to extend, enhance or replace any requirement of this RFA. Failure to abide by these instructions will result in disqualification.
3. **Style Requirements.** The application must conform to the following specifications:

Binding Type:	Do not place applications in notebooks or binders. Metal clips may be used to bind pages together.
Paper Size:	8½" x 11", portrait orientation
Print Style:	1-sided
Font Size:	Minimum of 11-point
Font Type:	Arial or Tahoma
Margins:	All margins shall be one inch (1")
Line Spacing:	Single-spaced

4. **Pagination.** The Legal Name of the applicant must be displayed in the header of each page. All pages, from the Cover Sheet through the required Appendices and Forms, must be numbered consecutively in the footer.
5. **Packaging and Labeling Requirements.** All applications must be submitted in sealed envelopes or packages and be addressed to the Official Contact. The Legal Name and Address of the applicant must appear in the upper left corner of the envelope or package. The RFA Name must be clearly displayed on the envelope or package: **MFP HAM RFA.**

Any received application that does not conform to these packaging or labeling instructions will be opened as general mail. Such an application may be accepted as a clerical function, but it will not be evaluated. At CIL's discretion, such an application may be destroyed or retained for pick-up by the submitters.

## ■ C. REVIEW OF APPLICATIONS

1. **Debriefing.** After receiving notification from the Department, any applicant may contact the Official Contact and request a Debriefing of the procurement process and its application. If applicants still have questions after receiving this information, they may contact the Official Contact and request a meeting with the Department to discuss the procurement process. The Department shall schedule and conduct Debriefing meetings that have been properly requested, within fifteen (15) days of the Department's receipt of a request. The Debriefing meeting must not include or allow any information concerning other applications, nor should the identity of the evaluators be released. The Debriefing process shall not be used to change, alter, or modify the outcome of a competitive procurement. More detailed information about requesting a Debriefing may be obtained from the Official Contact.

- 2. Appeal Process. Not later than thirty (30) days** after the Department notifies applicants about the outcome of the competitive procurement, applicants may submit an Appeal. The e-mail sent date or the postmark date on the notification envelope will be considered “day one” of the thirty (30) days. Applicants may appeal any aspect of the competitive procurement; however, such Appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the Department to determine whether during any aspect of the competitive procurement there was a failure to comply with the State’s statutes, regulations or standards concerning competitive procurement or the provisions of the RFA. Any such Appeal must be submitted to the Agency Head with a copy to the Official Contact. The applicant must include the basis for the Appeal and the remedy requested. The filing of an Appeal shall not be deemed sufficient reason 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.
- 3. Contest of Solicitation or Award.** Pursuant to Section 4e-36 of the Connecticut General Statutes, “Any bidder or proposer on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board...” More detailed information is available on the State Contracting Standards Board web site at <http://www.ct.gov/scsb/site/default.asp>.

## IV. MANDATORY PROVISIONS

### ■ A. ASSURANCES

*By submitting an application in response to this RFA, an applicant implicitly gives the following assurances:*

- 1. Collusion.** The applicant represents and warrants that it did not participate in any part of the RFA development process and had no knowledge of the specific contents of the RFA prior to its issuance. The applicant further represents and warrants that no agent, representative, or employee of the State participated directly in the preparation of the applicant's application. The applicant also represents and warrants that the submitted application is in all respects fair and is made without collusion or fraud.
- 2. State Officials and Employees.** The applicant 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 RFA. The State 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 applicant, contractor, or its agents or employees.
- 3. Competitors.** The applicant assures that the submitted application is not made in connection with any competing organization or competitor submitting a separate application in response to this RFA. No attempt has been made, or will be made, by the applicant to induce any other organization or competitor to submit, or not submit, an application for the purpose of restricting competition. The applicant 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 applicant knowingly disclosed the proposed costs on a prior basis, either directly or indirectly, to any other organization or competitor.
- 4. Validity of Application.** The applicant certifies that the application represents a valid and binding offer to provide services in accordance with the terms and provisions described in this RFA and any amendments or addenda hereto. The submission shall remain valid for a period of 180 days after the submission date and may be extended beyond that time by mutual agreement. At its sole discretion, the Department may include the application, by reference or otherwise, into any contract with the successful applicant.
- 5. Press Releases.** The applicant agrees to obtain prior written consent and approval of the Department for press releases that relate in any manner to this RFA or any resulting contract.

## ■ C. TERMS AND CONDITIONS

*By submitting an application in response to this RFA, an applicant 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.** The State shall not assume any liability for expenses incurred by an applicant in preparing, submitting or clarifying any application submitted in response to this RFA.
3. **Exclusion of Taxes.** The State is exempt from the payment of excise and sales taxes imposed by the federal government and the State. Applicants 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 Application.** No additions or changes to the original application will be allowed after submission. While changes are not permitted, the Department may request and authorize applicants to submit written clarification of their applications, in a manner or format prescribed by the Department, and at the applicant's expense.
6. **Supplemental Information.** Supplemental information will not be considered after the deadline for submission of applications, unless specifically requested. An applicant may be asked to give demonstrations, interviews, oral presentations or further explanations to clarify information contained in an application. Any such demonstration, interview or oral presentation will be at a time selected and in a place provided by CIL. At its sole discretion, CIL may limit the number of applicants invited to make such a demonstration, interview or oral presentation and may limit the number of attendees per applicant.
7. **Presentation of Supporting Evidence.** If requested, an applicant 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 RFA. At its sole discretion, CIL may also check or contact any reference provided by the applicant.
8. **RFA Is Not An Offer.** Neither this RFA nor any subsequent discussions shall give rise to any commitment on the part of the State or confer any rights on any applicant unless and until a contract is fully executed by the necessary parties. The contract document will represent the entire agreement between the applicant and the State 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 applicant or for payment of services under the terms of the contract until the successful applicant 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 an application in response to this RFA, an applicant implicitly accepts that the following rights are reserved to the State:*

1. **Timing Sequence.** The timing and sequence of events associated with this RFA shall ultimately be determined by the State.
2. **Amending or Canceling RFA.** The State reserves the right to amend or cancel this RFA on any date and at any time, if the State deems it to be necessary, appropriate, or otherwise in its best interests.
3. **No Acceptable Applications.** In the event that no acceptable applications are submitted in response to this RFA, the Department may reopen the procurement process, if it is determined to be in the best interests of the State.
4. **Offer and Rejection of Applications.** CIL and the Department reserve the right to offer in part, and/or to reject any and all applications in whole or in part, for misrepresentation or if the application limits or modifies any of the terms, conditions or specifications of this RFA. CIL may waive minor technical defects, irregularities or omissions, if in its judgment the best interests of the State will be served. CIL reserves the right to reject the application of any applicant who submits an application after the submission end date and time.
5. **Sole Property of the State.** All applications submitted in response to this RFA are to be the sole property of the State. Any product, whether acceptable or unacceptable, developed under a contract offered as a result of this RFA shall be the sole property of the State, unless stated otherwise in this RFA or subsequent contract. The right to publish, distribute or disseminate any and all information or reports, or part thereof, shall accrue to the State without recourse.
6. **Contract Negotiation.** The Department reserves the right to negotiate or contract for all or any portion of the services contained in this RFA. The Department further reserves the right to contract with one or more applicant(s) for such services. After reviewing the scored criteria, the Department may seek Best and Final Offers (BFOs) on cost from applicants. The Department may set parameters on any BFOs received.
7. **Clerical Errors in Offer.** The State reserves the right to correct inaccurate offers resulting from its clerical errors. This may include, in extreme circumstances, revoking the offering of the right to negotiate a contract already made to an applicant and subsequently offering the right to negotiate a contract to another applicant. 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 applicant is deemed to be void *ab initio* and of no effect as if no contract ever existed between the State and the applicant.
8. **Key Personnel.** When the State is the sole funder of a purchased service, the State reserves the right to approve any additions, deletions or changes in key personnel, with the exception of key personnel who have terminated employment. The State also reserves the right to approve replacements for key personnel who have terminated employment. The State further reserves the right to require the removal and replacement of any of the applicant's key personnel who do not perform adequately, regardless of whether they were previously approved by the State.

## ■ E. STATUTORY AND REGULATORY COMPLIANCE

*By submitting an application in response to this RFA, the applicant implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:*

- 1. Freedom of Information, C.G.S. § 1-210(b).** The Freedom of Information Act (FOIA) generally requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-210(b). Applicants are generally advised not to include in their applications any confidential information. If an applicant indicates that certain documentation as required by this RFA in III General Information A. Application Instructions 7. Declaration of Confidential Information, 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 applicant has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. While an applicant 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.

## V. APPLICATION OUTLINE

*This section presents the required outline that must be followed when submitting an application in response to this RFA. Applications must include all the sections listed below, in the order specified. Incomplete applications will not be reviewed.*

- A. Application Form – [Appendix A](#) embedded as a hyperlink, and also attached to this document.
- B. Required documents as listed in Appendix A
- C. Addendum Acknowledgement (signed)

### Appendix A -- Application Form

**Legal Name/Doing Business As (DBA):** \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_

CT Secretary of the State Business ID: \_\_\_\_\_

CT Department of Consumer Protection License Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City/State/ZIP: \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

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

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

**Authorized Official:** \_\_\_\_\_

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



Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_

**Please indicate N/A if non – applicable**

**President/Owner:** \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Vice President/Co-owner:** \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Secretary:** \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Treasurer:** \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

**Business Status:**

\_\_\_\_\_ Sole Proprietor

\_\_\_\_\_ Corporation

\_\_\_\_\_ Limited Liability Corporation (LLC)  
\_\_\_\_\_ Doing Business As (DBA)

Please list number of persons employed by your company. \_\_\_\_\_

Do you carry workers' compensation insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Check specific services that the applicant is qualified to perform (check all that apply):

- General Contracting \_\_\_\_\_
- Electrical \_\_\_\_\_
- Plumbing \_\_\_\_\_
- Rough Carpentry \_\_\_\_\_
- Finish Carpentry \_\_\_\_\_
- Stair Glides \_\_\_\_\_
- Porch Lifts \_\_\_\_\_
- Durable Medical Equipment \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Use the [Town Check-Off Form](#), embedded as a hyperlink, to identify the towns within CT where you are able to provide services. The Town Check-Off form is also attached to this document.

Does the applicant and/or its employees have knowledge of federal, State, and local building codes related to handicapped accessibility? Yes \_\_\_\_\_ No \_\_\_\_\_

Describe three projects that the applicant has completed in the past five years, including home accessibility modifications.

1. Street/Town: \_\_\_\_\_

Type (check one): Residential \_\_\_ Commercial \_\_\_ other (specify) \_\_\_\_\_

Amount of Contract: \$ \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Street/Town: \_\_\_\_\_

Type (check one): Residential \_\_\_ Commercial \_\_\_ Other (specify) \_\_\_\_\_

Amount of Contract: \$ \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. Street/Town: \_\_\_\_\_

Type (check one): Residential \_\_\_ Commercial \_\_\_ Other (specify) \_\_\_\_\_

Amount of Contract: \$ \_\_\_\_\_

Description of Work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Provide exactly three references from customers for whom the applicant has done home accessibility modifications. References must include a name, telephone number, and e-mail address of a specific contact person. References cannot be the applicant's current employees, volunteers or family members. **Applicants are strongly encouraged to contact their references to ensure the accuracy of their contact information, and their willingness and**

**ability to provide references.** CIL expects to contact these references as part of the review process.

1. Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

2. Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

3. Name: \_\_\_\_\_

Organization: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

If the applicant sells durable medical equipment, does it have the capacity to obtain Medicaid payment authorization? Yes \_\_\_ No \_\_\_ Non - Applicable \_\_\_

If yes, does the applicant have the capacity for electronic billing? Yes \_\_\_ No \_\_\_

Is the applicant certified by the State of Connecticut, Department of Administrative Services for any of the following? (Check all that apply)

\_\_\_ Small Business Enterprise

\_\_\_ Minority Business Enterprise

\_\_\_ Women-Owned Business Enterprise

\_\_\_ Business Enterprise Owned by a Person with a Disability

Has the applicant or any of its officers ever been named on the State debarment list?

Yes \_\_\_ No \_\_\_

How many years' experience does the applicant have completing home accessibility modifications? \_\_\_\_\_

Is any information in this application labeled CONFIDENTIAL? Yes \_\_\_\_ No \_\_\_\_\_

If yes, provide a convincing explanation and rationale sufficient to justify an exemption of the information from release under the Freedom of Information Act (FOIA). The explanation and rationale must be stated in terms of (a) the prospective harm to the competitive position of the applicant 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).

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Does the applicant have any current business relationship (within the past three (3) years) that poses a conflict of interest, as defined by C.G.S. § 1-85? Yes \_\_\_\_ No \_\_\_\_\_

**Please attach the following documents to Appendix A:**

1. Request for Taxpayer Identification Number and Certification (W-9).
2. Copy of your insurance General Liability coverage up to \$2,000,000, including workman's compensation, if applicable.
3. Assurance that the subcontractors that you use meet the same standards, if applicable.
4. Copy of your current license from the State of Connecticut (HIC, MCO, etc.).
5. Copy of State of Connecticut, Department of Consumer Protection license (for example, home improvement contractor, electrical, mechanical contractor, plumbing and piping)
6. Copy of Acord Form documenting general liability and workers' compensation insurance limits
7. Town Check-Off Form

## Town Check-Off Form

<u>Eastern</u>		<u>North Central</u>				<u>Northwest</u>					
<i>Town</i>	√	<i>Town</i>	√	<i>Town</i>	√	<i>Town</i>	√	<i>Town</i>	√		
Abington		North Stonington		Amston		North Canton		Bantam		Newtown	
Ashford		North Windham		Andover		North Granby		Barkhamsted		Norfolk	
Ballouville		Norwich		Avon		Pine Meadow		Beacon Falls		North Canaan	
Baltic		Oakdale		Berlin		Plainville		Bethel		Oxford	
Botsford		Old Mystic		Bloomfield		Plymouth		Bethlehem		Pequabuck	
Bozrah		Oneco		Bolton		Poquonock		Bridgewater		Plymouth	
Brooklyn		Plainfield		Bristol		Rocky Hill		Brookfield		Prospect	
Canterbury		Pomfret		Broadbrook		Simsbury		Canaan		Redding	
Chaplin		Pomfret Center		Broad Brook		Somers		Cheshire		Ridgefield	
Colchester		Preston		Canton		Somersville		Colebrook		Roxbury	
Columbia		Putnam		Collinsville		South Glastonbury		Cornwall		Salisbury	
Coventry		Quaker Hill		East Berlin		South Windsor		Danbury		Sharon	
Danielson		Quinebaug		East Glastonbury		Southington		East Canaan		Sherman	
Dayville		Rogers		East Granby		Stafford		East Hartland		South Kent	
East Lyme		Salem		East Hartford		Stafford Springs		Falls Village		Southbury	
East Woodstock		Scotland		East Windsor		Stores Mansfield		Gaylordsville		Terryville	
Eastford		South Lyme		East Windsor Hill		Staffordville		Goshen		Thomaston	
Fabyan		South Willington		Ellington		Suffield		Harwinton		Torrington	
Franklin		South Windham		Enfield		Tariffville		Kent		Warren	
Gales Ferry		South Woodstock		Farmington		Terryville		Lakeville		Washington	
Griswold		Staffordville		Glastonbury		Tolland		Litchfield		Washington Depot	
Grosvenor Dale		Sterling		Granby		Unionville		Middlebury		Watertown	
Groton		Stonington		Hartford		Weatogue		Morris		West Cornwall	
Hampton		Storrs Mansfield		Hebron		West Granby		Naugatuck		Winchester	
Hanover		Taftville		Manchester		West Hartland		New Fairfield		Winsted	
Jewett City		Thompson		Mansfield Depot		West Hartford		New Hartford		Wolcott	
Killingly		Uncasville		Marion		West Simsbury		New Milford		Woodbury	
Lebanon		Versailles		Marlborough		West Suffield		<b>South Central</b>			
Ledyard		Voluntown		Middle Haddam		Wethersfield		<b>Town</b>	√	<b>Town</b>	√
Lisbon		Waterford		New Britain		Windsor		Ansonia		Mansfield Depot	

Mansfield Center		Wauregan		Newington		Windsor Locks		Bethany		Meriden	
Montville		West Mystic						Centerbrook		Middlefield	
Moosup		Willimantic						Chester		Middletown	
Mystic		Willington						Clinton		Milford	
New London		Windham		<b>Southwest</b>				Cobalt		Moodus	
Niantic		Woodstock		<b>Town</b>	√	<b>Town</b>	√	Cromwell		New Haven	
North Franklin		Woodstock Valley		Bridgeport		Old Greenwich		Deep River		North Branford	
North Grosvenordale		Yantic		Cos Cob		Paugatuck		Derby		North Haven	
				Darien		Redding		Durham		Northford	
				Fairfield		Redding Ridge		East Haddam		Old Lyme	
<b>Western</b>				Georgetown		Riverside		East Hampton		Old Saybrook	
<b>Town</b>	√	<b>Town</b>	√	Greenwich		Sandy Hooke		East Haven		Orange	
Waterbury				Hadlyme		Southport		Essex		Plantsville	
				Hawleyville		Stamford		Guilford		Portland	
				Lakeside		Stratford		Haddam		Rockfall	
				Monroe		Trumbull		Hamden		Seymour	
				New Canaan		Westport		Higganum		Shelton	
				Norwalk		Wilton		Ivoryton		South Britian	
								Killingworth		Wallingford	
								Lyme		West Haven	
								Madison		Westbrook	
										Woodbridge	
Provider Agency Name:											
_____											