

DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH CONTRACTS AND PROCUREMENT SERVICES

JANUARY 10, 2014

REQUEST FOR QUOTATIONS AMENDMENT NUMBER ONE (1) FOR:

RFQ NUMBER RM-14-RFQ-155-BY0-MTD - GENERAL FACILITIES SERVICES

TO ALL PROSPECTIVE CONTRACTORS:

Question No.	RFQ Section	Question			
1	Schedule A	Closing Date			
DBH R	ESPONSE:				
The Clo	0	licitation is hereby extended from 11:00 AM, Monday, January 13, 2014 to			
The Clo	sing Date for this So M, Wednesday, Janua				
The Clo	M, Wednesday, Janua				
The Clo	M, Wednesday, Janua	ary 15, 2014.			

The Contractor shall be required to provide all signs and materials necessary to perform the installation,

(Price to include all direct/indirect Material/Supply cost utilized in signage fabrication, delivery, mounting and refinishing work for wall surfaces).

Wall surfaces for signage mounting are comprised of masonry, plaster and dry wall. Mounting hardware shall be Commercial Grade, Tamper Proof and installed in a manner to prevent Consumer tampering and at the heights determined by SEH.

SEH shall approve final design approval prior to Contractor purchase and within the Material Ceiling Amount.

3	C.3.11	Contractor shall provide Assembly and Installation services for workstation configuration; Office equipment and décor wall mounting at the Department
		of Behavioral Health (DBH) sites.

DBH RESPONSE:

Each Area (i.e. Behavioral Health Authority (BHA), Saint Elizabeths Hospital (SEH), Comprehensive Psychiatric Emergency Program (CPEP)) shall request Cost Estimates at the time the Services are needed based on plans, specifications (if any) and Scope of Work to be provided by DBH.

4	C.3.12	Contractor shall provide Carpet removal/installation; floor tile removal/installation in an office space and clinical interview booth areas DBH CPEP site.
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DBH RESPONSE:

Each Area (i.e. Behavioral Health Authority (BHA), Saint Elizabeths Hospital (SEH), Comprehensive Psychiatric Emergency Program (CPEP)) shall request Cost Estimates at the time the Services are needed based on plans, specifications (if any) and Scope of Work to be provided by DBH.

5	Schedule B, Pricing	What is the Not to Exceed (NTE) Amount?
	CLIN 003	
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DBH RESPONSE:

Section B.4, Schedule B Pricing is hereby replaced in its entirety by new Section B.4, Attachment A to this Amendment No. 1.

In addition to Pricing Schedule B, the Contractor Shall provide supplemental information associated with CLIN #003 that includes Pricing for the cost of the sign and all materials needed for the installation of each of the 64 signs as itemized in Section C.3.10.2.

6	Schedule B, Pricing	What is the Not to Exceed (NTE) Amount?
	CLIN 005	

DBH RESPONSE:

A Not to Exceed Allowance of \$7,500.00 has been identified for Materials and Supplies to be used as needed by BHA and CPEP. The allowance shall be used based on Cost Estimates provided by the Contractor at the time the Services are needed based on plans, specifications (if any) and Scope of Work to be provided by DBH. In all cases

The Contractor shall be responsible for determining existing conditions on Project site by examination, whether shown on drawings or not. The Contractor shall check all measurements and visible features which would in any manner affect the work to be performed. and verify conditions at the site.

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR QUOTE REMAIN UNCHANGED.

Only one copy of this amendment is being sent to prospective Contractors. Contractors shall sign below and attach a signed copy of this amendment to each quote to be submitted to the place specified for receipt of Proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFQ. In the event your quote has been previously deposited with the Department of Behavioral Health, Contracts and Procurement Services (DBH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFP number and submission date. This signed Amendment must be included with your submission in response to this RFQ.

Failure to acknowledge receipt of Amendment One (1) for Solicitation Number <u>**RM-14-RFQ-155-BY0-MTD**</u> may be cause for rejection of any quote submitted in response to the subject RFQ.

Signed:

Samuel J. Feinberg, CPPO, CPPB Director, Contracts and Procurement Agency Chief Contracting Officer

Amendment Number One (1) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **<u>RM-14-RFQ-155-BY0-MTD</u>**.

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Contractor

B.4 SCHEDULE B PRICING: SUPPLIES, SERVICES AND PRICE/COSTS

4.1 The Period of Performance (POP) under this Contract shall be One Year (365 Days) from Date of Award

	from Date of Award				
CLIN	ITEM DESCRIPTION	QTY	UNIT	UNIT PRICE	EXTENDED PRICE
	The Contractor shall provide all resources to pe the Period of Performance.	erform th	e services in accord	ance to the S	cope of Work for
001	SIGNAGE REMOVAL/INSTALLATION FACILITY SERVICES - PROJECT: Saint Elizabeths Hospital Supervisory Technician On Site – Scheduled/On: Call Service: MONDAY - FRIDAY 8:00 AM to 4:00 PM	40	HOURS	\$	\$
002	SIGNAGE REMOVAL/INSTALLATION FACILITY SERVICES - PROJECT: Saint Elizabeths Hospital Technician On Site – Scheduled/On: Call Service: MONDAY - FRIDAY 8:00 AM to 4:00 PM	120	HOURS	\$	\$
003	SIGNAGE REMOVAL/INSTALLATION FACILITY SERVICES – Site: Saint Elizabeths Hospital The Contract Price shall include but, not be limited to, all labor, materials, equipment and supervision required for the installation of the signage as described in the Statement of Work (NTE Amount)	64	SIGNS	\$	\$
004	GENERAL FACILITY SERVICES - Sites: Behavioral Health Authority / Comprehensive Psychiatric Emergency Program Technician On Site. Scheduled/On: Call Service: MONDAY - FRIDAY 8:00 AM to 4:00 PM	40	HOURS	\$	\$
005	GENERAL FACILITY SERVICES – Sites: Behavioral Health Authority (BHA) / Comprehensive Psychiatric Emergency Program (CPEP) Materials/Supplies: Materials/Supplies Not To Exceed (NTE) Ceiling Amount		ALLOWANCE NTE	\$ <u>7,500.00</u>	\$ <u>7,500.00</u>
	TOTAL VALUE OF THE ONE (1)YEAR CONTRACT:				\$
Print Na	me of Contractor	F	Print Name of Author	ized Person	
Signatur	e of Authorized Person Date		Title		