



**DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES
64 NEW YORK AVE, N.E, 2ND FLOOR, WASHINGTON, DC 20002
PHONE: 202 671-3171 ♦ FAX: 202 671-3395**

AUGUST 22, 2014

REQUEST FOR PROPOSAL AMENDMENT NUMBER TWO (2) FOR:

RFP NUMBER RM-14-RFP-012-BY4-JCC
SUPPORTED RESIDENCE SERVICES (ICRF RESIDENCE SERVICES)

Amendment Two (2)

TO ALL PROSPECTIVE CONTRACTORS:

Question No.	RFP Section	Question
1	H.12	For vendors who are not CBE and shall have contract amount exceeding \$250,000, what is the procedure in getting a waiver?
DBH RESPONSE: The granting of a Subcontracting Waiver is initiated by the Prospective Provider submitting a Request for Waiver to the Director of Contracts and Procurement/Agency Chief Contracting Officer Samuel J. Feinberg. In turn, he shall make the request for a Waiver from the District's Small and Local Business Development's (DSLBD) mandatory requirement. It is imperative that within your submission that you not only state that you are requesting a Wavier, but you provide with your request for a Waiver evidence depicting the Due Diligence that you performed in making a Good Faith Effort to meet the Mandatory Subcontracting Requirements and the results of your Due Diligence, along with your Good Faith Effort. Please refer to Attachment A for the complete information of Section H.12 – Mandatory Subcontracting Requirements.		
2		Can you explain what a proposal is and what is supposed to be sent with this contract?
DBH RESPONSE: The Proposal is the response of an Offeror to this Request For Proposals (RFP) Solicitation; it is composed of the completed RFP Solicitation, documents identified in Sections J.7 through J.10, a Price Proposal which is the completed Price Schedule (see Amendment No. 1 for Revised Price Schedule) and a Technical Proposal including information or documents which shall demonstrate meeting the requirements listed in Section M.3 and signed and completed Section A (page 1 of the Solicitation).		
3		
DBH RESPONSE:		

4		
DBH RESPONSE:		
5		
DBH RESPONSE:		

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

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

This signed Amendment must be included with your submission in response to this RFP. Failure to acknowledge receipt of Amendment Two (2) for Solicitation Number **RM-15-RFP-012-BY4-JCC** may be cause for rejection of any proposal submitted in response to the subject RFP.

Signed:

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

Amendment Number Two (2) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-15-RFP-012-BY4-JCC**.

 Signature of Authorized Representative

 Date

 Title of Authorized Representative

 Print or Type Name of Contractor

Attachment A

**Mandatory Subcontracting
Requirements**

H.12 MANDATORY SUBCONTRACTING REQUIREMENTS

H.12.1 Mandatory Subcontracting Requirements

- H.12.1.1** For Contracts in excess of \$250,000, at least 35% of the dollar volume shall be subcontracted to certified small business enterprises; provided, however, that the costs of materials, goods and supplies shall not be counted towards the 35% subcontracting requirement unless such materials, goods and supplies are purchased from certified small business enterprises.
- H.12.1.2** If there are insufficient qualified small business enterprises to completely fulfill the requirement of paragraph H.12.1.1, then the subcontracting may be satisfied by subcontracting 35% of the dollar volume to any certified business enterprises; provided, however, that all reasonable efforts shall be made to ensure that qualified small business enterprises are significant participants in the overall subcontracting work.
- H.12.1.3** A prime Contractor which is certified as a small, local or disadvantaged business enterprise shall not be required to comply with the provisions of Sections H.12.1.1 and H.12.1.2.

H.12.2 Subcontracting Plan

If the prime Contractor is required by law to subcontract under this Contract, it must subcontract at least 35% of the dollar volume of this Contract in accordance with the provisions of Section H.12.1. The prime Contractor responding to this Solicitation which is required to subcontract shall be required to submit with its Bid, a notarized statement detailing its subcontracting plan. Bids responding to this solicitation shall be deemed nonresponsive and shall be rejected if the Bidder is required to subcontract, but fails to submit a subcontracting plan with its Bid. Once the plan is approved by the Director/ACCO, changes to the plan shall only occur with the prior written approval of the Director/ACCO and the Director of DSLBD. Each subcontracting plan shall include the following:

- H.12.2.1** A description of the goods and services to be provided by SBEs or, if insufficient qualified SBEs are available, by any certified business enterprises;
- H.12.2.2** A statement of the dollar value of the bid that pertains to the subcontracts to be performed by the SBEs or, if insufficient qualified SBEs are available, by any certified business enterprises;

- H.12.2.3** The names and addresses of all proposed subcontractors who are SBEs or, if insufficient SBEs are available, who are certified business enterprises;
- H.12.2.4** The name of the individual employed by the prime Contractor who shall administer the subcontracting plan and a description of the duties of the individual;
- H.12.2.5** A description of the efforts the prime Contractor shall make to ensure that SBEs, or, if insufficient SBEs are available, that certified business enterprises shall have an equitable opportunity to compete for subcontracts;
- H.12.2.6** In all subcontracts that offer further subcontracting opportunities, assurances that the prime Contractor shall include a statement, approved by the Contracting Officer, that the subcontractor shall adopt a subcontracting plan similar to the subcontracting plan required by the Contract;
- H.12.2.7** Assurances that the prime Contractor shall cooperate in any studies or surveys that may be required by the Director/ACCO and submit periodic reports, as requested by the Director/ACCO, to allow the District to determine the extent of compliance by the prime Contractor with the subcontracting plan;
- H.12.2.8** A list of the type of records the prime Contractor shall maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan and assurances that the prime Contractor shall make such records available for review upon the District's request; and
- H.10.2.9** A description of the prime Contractor's recent effort to locate SBEs or, if insufficient SBEs are available, certified business enterprises and to award subcontracts to them.

H.12.3 Subcontracting Plan Compliance Reporting

If the Contractor has an approved subcontracting plan required by law under this Contract, the Contractor shall submit to the Director/ACCO and the Director of DSLBD, no later than the 21st of each month following execution of the Contract, a Subcontracting Plan Compliance Report to verify its compliance with the subcontracting requirements for the preceding month. The monthly Subcontracting Plan Compliance Report shall include the following information:

- H.12.3.1** The dollar amount of the Contract or procurement;

- H.12.3.2** A brief description of the goods procured or the services contracted for;
- H.12.3.3** The name of the business enterprise from which the goods were procured or services contracted;
- H.12.3.4** Whether the subcontractors to the Contract are currently certified business enterprises;
- H.12.3.5** The dollar percentage of the Contract awarded to SBEs, or if insufficient SBEs, to other certified business enterprises;
- H.12.3.6** A description of the activities the Contractor engaged in, in order to achieve the subcontracting requirements set forth in its plan; and
- H.12.3.7** A description of any changes to the activities the Contractor intends to make by the next month to achieve the requirements set forth in its plan.

H.12.4 Subcontractor Standards

A prime Contractor shall ensure that subcontractors meet the criteria for responsibility described in D.C. Official Code § 2-353.01.

H.12.5 Enforcement and Penalties for Breach of Subcontracting Plan

- H.12.5.1** If during the performance of this Contract, the Contractor fails to comply with its approved subcontracting plan and the Director/ACCO determines the Contractor's failure to be a material breach of the Contract, the Director/ACCO shall have cause to terminate the Contract under the default clause of the Standard Contract Provisions.
- H.12.5.2** There shall be a rebuttable presumption that a Contractor willfully breached its approved subcontracting plan if the Contractor (i) fails to submit any required monitoring or compliance report; or (ii) submits a monitoring or compliance report with the intent to defraud.
- H.12.5.3** A Contractor that is found to have willfully breached its approved subcontracting plan for utilization of certified business enterprises in the performance of a Contract shall be subject to the imposition of penalties, including monetary fines of \$15,000 or 5% of the total amount of the work that the Contractor was to subcontract to certified business enterprises, whichever is greater, for each such breach.

SUBCONTRACTING PLAN

Page 1 of 2

PRIME CONTRACTOR INFORMATION:	
Company: _____	Solicitation Number: _____
Street Address: _____	Contractor's Tax ID Number: _____
City & Zip Code: _____	Caption of Plan: _____
Phone Number: _____ Fax: _____	_____
Email Address: _____	_____
Project Name: _____	Duration of the Plan: From _____ to _____
Address: _____	Total Prime Contract Value: \$ _____
_____	Amount of Contract (excluding the cost of materials, goods, supplies and equipment) \$ _____
Project Descriptions: _____	Amount of all Subcontracts: \$ _____
_____	LSDBE Total: \$ _____ equals _____ %
_____	LSDBE Subcontract Value Percentage Set Aside

(List each subcontractor at any tier that will be awarded a subcontract to meet your total set aside goal.)

SUBCONTRACTOR INFORMATION (use continuation sheet for additional subcontracts)										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount: _____ % Tier: _____ LSDBE Certification Number: _____ Certification Status: (check all that apply) <table border="1"> <tr> <td>SBE:</td> <td>LBE:</td> <td>DBE:</td> <td>DZE:</td> <td>ROB:</td> <td>LRB:</td> </tr> </table>			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact: _____ Name (Print) Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					

CERTIFICATIONS

The prime contractor shall attach a notarized statement including the following:

- A description of the efforts the prime contractor will make to ensure that LBEs, DBEs, ROB, SBEs, LRBs, or DZEs will have an equitable opportunity to compete for subcontracts;
- In all subcontracts that offer further subcontracting opportunities, assurances that the prime contractor will include a statement, approved by the contracting officer, that the subcontractor will adopt a subcontracting plan similar to the subcontracting plan required by the contract;
- Assurances that the prime contractor will cooperate in any studies or surveys that may be required by the contracting officer, and submit periodic reports, as requested by the contracting officer, to allow the District to determine the extent of compliance by the prime contractor with the subcontracting plan;
- Listing of the type of records the prime contractor will maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan, and include assurances that the prime contractor will make such records available for review upon the District's request; and
- A description of the prime contractor's recent efforts to locate LBEs, DBEs, SBEs, DZEs, LRBs, and ROB, and to award subcontracts to them.

PERSON PREPARING THE SUBCONTRACTING PLAN:	
Name: _____ (Print)	Signature: _____
Telephone Number: () _____ - _____	Title: _____
Fax Number: () _____ - _____	Date: _____
Email Address: _____	

FOR CONTRACTING OFFICER USE ONLY

Date Plan Received by Contracting Officer: _____	Contract Number: _____
Report: <input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable	
Name & Title of Contracting Officer: _____	Signature _____ Date _____

(SUBCONTRACTORS LIST CONTINUED)

Page 2 of 2

(List each subcontractor that will be awarded a subcontract to meet your total set aside goal.)

SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)							
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work			
<p>Total Amount Set Aside: \$ _____</p> <p>Percentage of Total Set Aside Amount : _____ % Tier: : _____ 1st, 2nd, 3rd</p> <p>LSDBE Certification Number: _____</p> <p>Certification Status: (check all that apply) <input type="checkbox"/> SBE: <input type="checkbox"/> LBE: <input type="checkbox"/> DBE: <input type="checkbox"/> DZE: <input type="checkbox"/> ROB: <input type="checkbox"/> LRB:</p>						<p>Point of Contact: _____ Name (Print)</p> <p>Contact Telephone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>	
SUBCONTRACTOR INFORMATION:							
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work			
<p>Total Amount Set Aside: \$ _____</p> <p>Percentage of Total Set Aside Amount : _____ % Tier: : _____ 1st, 2nd, 3rd</p> <p>LSDBE Certification Number: _____</p> <p>Certification Status: (check all that apply) <input type="checkbox"/> SBE: <input type="checkbox"/> LBE: <input type="checkbox"/> DBE: <input type="checkbox"/> DZE: <input type="checkbox"/> ROB: <input type="checkbox"/> LRB:</p>						<p>Point of Contact: _____ Name (Print)</p> <p>Contact Telephone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>	
SUBCONTRACTOR INFORMATION:							
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work			
<p>Total Amount Set Aside: \$ _____</p> <p>Percentage of Total Set Aside Amount : _____ % Tier: : _____ 1st, 2nd, 3rd</p> <p>LSDBE Certification Number: _____</p> <p>Certification Status: (check all that apply) <input type="checkbox"/> SBE: <input type="checkbox"/> LBE: <input type="checkbox"/> DBE: <input type="checkbox"/> DZE: <input type="checkbox"/> ROB: <input type="checkbox"/> LRB:</p>						<p>Point of Contact: _____ Name (Print)</p> <p>Contact Telephone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>	
SUBCONTRACTOR INFORMATION:							
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work			
<p>Total Amount Set Aside: \$ _____</p> <p>Percentage of Total Set Aside Amount : _____ % Tier: : _____ 1st, 2nd, 3rd</p> <p>LSDBE Certification Number: _____</p> <p>Certification Status: (check all that apply) <input type="checkbox"/> SBE: <input type="checkbox"/> LBE: <input type="checkbox"/> DBE: <input type="checkbox"/> DZE: <input type="checkbox"/> ROB: <input type="checkbox"/> LRB:</p>						<p>Point of Contact: _____ Name (Print)</p> <p>Contact Telephone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>	
SUBCONTRACTOR INFORMATION:							
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work			
<p>Total Amount Set Aside: \$ _____</p> <p>Percentage of Total Set Aside Amount : _____ % Tier: : _____ 1st, 2nd, 3rd</p> <p>LSDBE Certification Number: _____</p> <p>Certification Status: (check all that apply) <input type="checkbox"/> SBE: <input type="checkbox"/> LBE: <input type="checkbox"/> DBE: <input type="checkbox"/> DZE: <input type="checkbox"/> ROB: <input type="checkbox"/> LRB:</p>						<p>Point of Contact: _____ Name (Print)</p> <p>Contact Telephone Number: _____</p> <p>Fax Number: _____</p> <p>Email Address: _____</p>	