



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES**

SEPTEMBER 5, 2012

REQUEST FOR PROPOSAL AMENDMENT NUMBER ONE (1) FOR:

SOLICITATION NUMBER RM-13-RFP-016-BY4-SDS
PSYCHIATRIC CONSULTING SERVICES

Amendment One (1)

TO ALL PROSPECTIVE OFFERORS:

Question No.	RFQ Section	Question
1	Section J	Attachments J.4, J.5 and J.6 do not allow the Contractor to write on them electronically; should we print them out to complete them and sign them?
DMH RESPONSE: The Contractor may print the forms and submit hand written copies with the proposal. However herewith please find URL to the location of the fillable Tax Certification Affidavit. Attachment J.6 – Tax Certification Affidavit http://ocp.dc.gov/DC/OCP/Vendor+Support+Center/Solicitation+Attachments/Tax+Certification+Affidavit		
2	Section J	With regard to Attachment J.5, page 1 of the First Source Employment Agreement. How are the lines "Project Contract Amount" and "Employer Contract Award" to be filled out or should they be left blank? Moving to page 7, Employment Plan, how should the lines that deal with contract amounts and start and end dates be completed?
DMH RESPONSE: <u>Attachment J.5</u> Project Contract Amount and Employer Contract Award should be filled out as follows: <ul style="list-style-type: none">• Project Contract Amount: <u>Total Contract Amount from Schedule B</u>• Employer Contract Award: <u>October 1, 2012</u> Page 7 – Employment Plan should be completed as follows: <ul style="list-style-type: none">• District Contracting Agency: <u>DMH</u>• Contracting Officer: <u>Samuel J. Feinberg, CPPO, CPPB, Director, Contracts and Procurement Agency Chief Contracting Officer</u> Telephone Number: <u>202-671-3188</u> <ul style="list-style-type: none">• Type of Project <u>Services</u> Contract Amount: <u>Total Contract Amount from Schedule B</u>• Employer contract Amount: <u>Total Contract Amount from Schedule B</u>• Project Start Date: <u>October 1, 2012</u> Project End Date: <u>September 30, 2013</u>		

- Employer Start Date: October 1, 2012 Employer End Date: September 30, 2013

Question No.	RFQ Section	Question
3	Section B	Concerning the Price Proposal, is it sufficient to complete B.3 of Section B titled "Schedule B-Pricing Schedule? Although it is indicated that the period of performance is from October 1, 2012 until September 30, 2013, should pricing for the option years be proposed as well?

DMH RESPONSE:

The Price Proposal should include Section B.3 (Including Option Years) with the "Total Contract Value" and all the attachments identified in Section J as part of the requirements.

Question No.	RFQ Section	Question
3	Section B	Are there other items to prepare?

DMH RESPONSE:


Please refer to Section L.4 for Proposal submission Date and time, and to Section M for specific requirements upon which evaluation of proposals will be based, along with a Budget Narrative that explains pricing.

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR QUOTE 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 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 RFP. In the event your quote has been previously deposited with the Department of Mental Health, Contracts and Procurement Services (DMH/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 RFP.

Failure to acknowledge receipt of Amendment One (1) for Solicitation Number **RM-13-RFP-016-BY4-SDS** may be cause for rejection of any quote submitted in response to the subject RFP.

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 **RM-13-RFP-016-BY4-SDS**.

 Signature of Authorized Representative

 Date

 Title of Authorized Representative

 Print or Type Name of Offeror