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

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MAY 29, 2014

**REQUEST FOR PROPOSALS AMENDMENT NUMBER ONE (1) FOR:**

**SOLICITATION NUMBER RM-14-RFP-094-BY4-SDS - TOBACCO CESSATION SERVICES**

**TO ALL PROSPECTIVE OFFERORS:**

**This Solicitation is hereby Amended as follows:**

**1. Section B.5 Schedule B, Pricing Schedule**

Section B.5 is hereby replaced in its entirety with **REVISED** Section B.5, attached herewith, which includes Pricing of Option Years, Offerors shall sign and date each section and provide Total amounts for the Base Year and four Option Years at each chart and a Combined Total of the Base Year plus the Four Option Years as the "Grand Total"

**2. Section L.2, Proposal Organization and Content; The first sentence in Section L.2.1 is hereby amended to read:**

**L.2.1** One original and Five (5) copies of the written Proposals shall be submitted in two (2) separate sealed envelopes, with one titled "Technical Proposal" and the other titled "Price Proposal", which are then placed together into one large envelope.

**All Other Terms And Conditions Of This Request For Proposals 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 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, 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-14-RFP-094-BY4-SDS** may be cause for rejection of any quote submitted in response to the subject RFP.

Signed:

Samuel J. Feinberg, CPFO, 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-14-RFP-094-BY4-SDS**.

\_\_\_\_\_  
Signature of Authorized Representative      Date

\_\_\_\_\_  
Print or Type Name of Offeror

\_\_\_\_\_  
Title of Authorized Representative

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ATTACHMENT A – AMENDMENT No. 1

RM-14-RFP-094-BY4-SDS

**B.5 SCHEDULE B - PRICING SCHEDULE**

**B.5.1 BASE YEAR**

CLIN	ITEM DESCRIPTION	ESTIMATED QUANTITY	UNIT	UNIT PRICE	EXTENDED PRICE
0001	Registration	3,000	Each		
0002	Multi-Call Program	500	Each		
0003	One-Call Program	1500	Each		
0004	Pregnancy Program	10	Each		
0005	Unsuccessful Fax Referrals	10	Each		
0006	Language Line	1			
0007	Custom Reports	4			
0008	Evaluation	1	Each		
0009	Patch - 4 week Shipment	1500	Each		
0010	Lozenge - 2mg per box	100	Each		
0011	Lozenge - 4mg per box	400	Each		
<b>TOTAL BASE YEAR</b>					\$

\_\_\_\_\_  
Print Name of Business/Organization

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Personnel

\_\_\_\_\_  
Title

**B.5.2 OPTION YEAR ONE**

CLIN	ITEM DESCRIPTION	ESTIMATED QUANTITY	UNIT	UNIT PRICE	EXTENDED PRICE
0001	Registration	3,000	Each		
0002	Multi-Call Program	500	Each		
0003	One-Call Program	1500	Each		
0004	Pregnancy Program	10	Each		
0005	Unsuccessful Fax Referrals	10	Each		
0006	Language Line	1			
0007	Custom Reports	4			
0008	Evaluation	1	Each		
0009	Patch - 4 week Shipment	1500	Each		
0010	Lozenge - 2mg per box	100	Each		
0011	Lozenge - 4mg per box	400	Each		
<b>TOTAL OPTION YEAR ONE</b>					\$

\_\_\_\_\_  
Print Name of Business/Organization

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Personnel

\_\_\_\_\_  
Title

**B.5.3 OPTION YEAR TWO**

CLIN	ITEM DESCRIPTION	ESTIMATE QUANTITY	UNIT	UNIT PRICE	EXTENDED PRICE
0001	Registration	3,000	Each		
0002	Multi-Call Program	500	Each		
0003	One-Call Program	1500	Each		
0004	Pregnancy Program	10	Each		
0005	Unsuccessful Fax Referrals	10	Each		
0006	Language Line	1			
0007	Custom Reports	4			
0008	Evaluation	1	Each		
0009	Patch - 4 week Shipment	1500	Each		
0010	Lozenge - 2mg per box	100	Each		
0011	Lozenge - 4mg per box	400	Each		
<b>TOTAL OPTION YEAR TWO</b>					\$

\_\_\_\_\_  
Print Name of Business/Organization

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Personnel

\_\_\_\_\_  
Title

**B.5.4 OPTION YEAR THREE**

CLIN	ITEM DESCRIPTION	ESTIMATED QUANTITY	UNIT	UNIT PRICE	EXTENDED PRICE
0001	Registration	3,000	Each		
0002	Multi-Call Program	500	Each		
0003	One-Call Program	1500	Each		
0004	Pregnancy Program	10	Each		
0005	Unsuccessful Fax Referrals	10	Each		
0006	Language Line	1			
0007	Custom Reports	4			
0008	Evaluation	1	Each		
0009	Patch - 4 week Shipment	1500	Each		
0010	Lozenge - 2mg per box	100	Each		
0011	Lozenge - 4mg per box	400	Each		
<b>TOTAL OPTION YEAR THREE</b>					\$

\_\_\_\_\_  
Print Name of Business/Organization

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Personnel

\_\_\_\_\_  
Title

**B.5.5 OPTION YEAR FOUR**

CLIN	ITEM DESCRIPTION	ESTIMATE QUANTIT Y	UNIT	UNIT PRICE	EXTENDED PRICE
0001	Registration	3,000	Each		
0002	Multi-Call Program	500	Each		
0003	One-Call Program	1500	Each		
0004	Pregnancy Program	10	Each		
0005	Unsuccessful Fax Referrals	10	Each		
0006	Language Line	1			
0007	Custom Reports	4			
0008	Evaluation	1	Each		
0009	Patch - 4 week Shipment	1500	Each		
0010	Lozenge - 2mg per box	100	Each		
0011	Lozenge - 4mg per box	400	Each		
<b>TOTAL OPTION YEAR FOUR</b>					\$
<b>GRAND TOTAL: BASE YEAR + FOUR OPTION YEARS</b>					\$

\_\_\_\_\_  
Print Name of Business/Organization

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Personnel

\_\_\_\_\_  
Title