



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

**64 NEW YORK AVEUNE, NE 2ND FLOOR, WASHINGTON, DC 20002
TELEPHONE NUMBER: (202) 671-3171; FAX NUMBER: (202) 671-3395**

July 16, 2014

REQUEST FOR PROPOSAL (RFP)

**TRAINING INITIATIVE SUPPORT FOR INDIVIDUALS WITH BOTH INTELLECTUAL/DEVELOPMENT
DISABILITIES AND MENTAL ILLNESS
RM-14-RFP-236-BY4-TYM**

AMENDMENT NUMBER.: 003

TO ALL PROSPECTIVE OFFERORS:

THE ABOVE REFERENCED SOLICIATION HAS BEEN AMENDED TO REFLECT THE FOLLOWING:

- 1. SCHEDULE B – PRICING SCHEDULE – BASE YEAR ONE, OPTION YEAR ONE (1), OPTION YEAR TWO (2), OPTION YEAR THREE (3) AND OPTION YEAR FOUR (4) ARE MODIFIED TO INCLUDE UNIT HOURS PER CONTRACT LINE ITEM NUMBER (CLIN). (ATTACHMENT A)**

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 mailed or delivered in accordance with the instructions provided in the original RFP. This signed Amendment must be included with your submission in response to this RFP.

Failure to acknowledge receipt of Amendment No.: 003 for Solicitation Number **RM-14-RFP-236-BY4-TYM** may be cause for rejection of any quote submitted in response to the subject RFP.

Signed:

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

Amendment No.: 003 is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-14-RFP-236-BY4-TYM**.

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Offeror

ATTACHMENT A

**REVISED SCHEDULE B – PRICING SCHEDULE
FOR
BASE YEAR
OPTION YEAR ONE (1)
OPTION YEAR TWO (2)
OPTION YEAR THREE (3)
OPTION YEAR FOUR (4)**

B.5 SCHEDULE B – PRICING SCHEDULE – BASE YEAR

(A)	(B)	(C)	(D)	(E)
Contract Line Item Number	Description of Supplies/Services Dual Diagnosis Training in accordance with the Statement of Work herein.	Unit (Hours)	Unit Price (Per Month)	Extended Price
CURRICULUM DEVELOPMENT/SUPPORT				
0001	Project Plan Preparation	___ 40 ___	\$ _____	\$ _____
0002	Development of Instructional Plans and Curricula	___ 230 ___	\$ _____	\$ _____
0003	Develop, Conduct and Report Training Evaluation	___ 75 ___	\$ _____	\$ _____
0004	Quarterly On-Site Meetings	___ 15 ___	\$ _____	\$ _____
0005	Quarterly QI Reporting	___ 20 ___	\$ _____	\$ _____
0006	Technical Support and Coaching	___ 250 ___	\$ _____	\$ _____
0007	Supplies	___ 1 ___	\$ _____	\$ _____
TRAINING DELIVERY				
008	Training Facilitation	___ 85 ___	\$ _____	\$ _____
BASE YEAR CONTRACT TOTAL AMOUNT			\$ _____	\$ _____

Print Name of Offeror

Print Name and Title of Person Authorized to Sign for Offeror

Signature

Date

B.6 SCHEDULE B – PRICING SCHEDULE – OPTION YEAR ONE (1)

(A)	(B)	(C)	(D)	(E)
Contract Line Item Number	Description of Supplies/Services Dual Diagnosis Training in accordance with the Statement of Work herein.	Unit (Hours)	Unit Price (Per Month)	Extended Price
CURRICULUM DEVELOPMENT/SUPPORT				
0001	Project Plan Preparation	___ 10 ___	\$ _____	\$ _____
0002	Development of Instructional Plans and Curricula	___ 0 ___	\$ _____	\$ _____
0003	Develop, Conduct and Report Training Evaluation	___ 20 ___	\$ _____	\$ _____
0004	Quarterly On-Site Meetings	___ 15 ___	\$ _____	\$ _____
0005	Quarterly QI Reporting	___ 20 ___	\$ _____	\$ _____
0006	Technical Support and Coaching	___ 125 ___	\$ _____	\$ _____
0007	Supplies	___ 1 ___	\$ _____	\$ _____
TRAINING DELIVERY				
008	Training Facilitation	___ 85 ___	\$ _____	\$ _____
OPTION YEAR ONE (1) CONTRACT TOTAL AMOUNT			\$ _____	\$ _____

Print Name of Offeror

Print Name and Title of Person Authorized to Sign for Offeror

Signature

Date

B.7 SCHEDULE B – PRICING SCHEDULE – OPTION YEAR TWO (2)

(A)	(B)	(C)	(D)	(E)
Contract Line Item Number	Description of Supplies/Services Dual Diagnosis Training in accordance with the Statement of Work herein.	Unit (Hours)	Unit Price (Per Month)	Extended Price
CURRICULUM DEVELOPMENT/SUPPORT				
0001	Project Plan Preparation	___ 10 ___	\$ _____	\$ _____
0002	Development of Instructional Plans and Curricula	___ 0 ___	\$ _____	\$ _____
0003	Develop, Conduct and Report Training Evaluation	___ 20 ___	\$ _____	\$ _____
0004	Quarterly On-Site Meetings	___ 15 ___	\$ _____	\$ _____
0005	Quarterly QI Reporting	___ 20 ___	\$ _____	\$ _____
0006	Technical Support and Coaching	___ 125 ___	\$ _____	\$ _____
0007	Supplies	___ 1 ___	\$ _____	\$ _____
TRAINING DELIVERY				
008	Training Facilitation	___ 85 ___	\$ _____	\$ _____
OPTION YEAR TWO (2) CONTRACT TOTAL AMOUNT			\$ _____	\$ _____

Print Name of Offeror

Print Name and Title of Person Authorized to Sign for Offeror

Signature

Date

B.8 SCHEDULE B – PRICING SCHEDULE – OPTION YEAR THREE (3)

(A)	(B)	(C)	(D)	(E)
Contract Line Item Number	Description of Supplies/Services	Unit (Hours)	Unit Price (Per Month)	Extended Price
CURRICULUM DEVELOPMENT/SUPPORT				
0001	Project Plan Preparation	___ 10 ___	\$ _____	\$ _____
0002	Development of Instructional Plans and Curricula	___ 0 ___	\$ _____	\$ _____
0003	Develop, Conduct and Report Training Evaluation	___ 20 ___	\$ _____	\$ _____
0004	Quarterly On-Site Meetings	___ 15 ___	\$ _____	\$ _____
0005	Quarterly QI Reporting	___ 20 ___	\$ _____	\$ _____
0006	Technical Support and Coaching	___ 125 ___	\$ _____	\$ _____
0007	Supplies	___ 1 ___	\$ _____	\$ _____
TRAINING DELIVERY				
008	Training Facilitation	___ 85 ___	\$ _____	\$ _____
OPTION YEAR THREE (3) CONTRACT TOTAL AMOUNT			\$ _____	\$ _____

Print Name of Offeror

Print Name and Title of Person Authorized to Sign for Offeror

Signature

Date

B.9 SCHEDULE B – PRICING SCHEDULE – OPTION YEAR FOUR (4)

(A)	(B)	(C)	(D)	(E)
Contract Line Item Number	Description of Supplies/Services Dual Diagnosis Training in accordance with the Statement of Work herein.	Unit (Hours)	Unit Price (Per Month)	Extended Price
CURRICULUM DEVELOPMENT/SUPPORT				
0001	Project Plan Preparation	___10___	\$ _____	\$ _____
0002	Development of Instructional Plans and Curricula	___ 0 ___	\$ _____	\$ _____
0003	Develop, Conduct and Report Training Evaluation	___ 20 ___	\$ _____	\$ _____
0004	Quarterly On-Site Meetings	___ 15 ___	\$ _____	\$ _____
0005	Quarterly QI Reporting	___ 20 ___	\$ _____	\$ _____
0006	Technical Support and Coaching	___ 125 ___	\$ _____	\$ _____
0007	Supplies	___ 1 ___	\$ _____	\$ _____
TRAINING DELIVERY				
008	Training Facilitation	___ 85 ___	\$ _____	\$ _____
OPTION YEAR FOUR (4) CONTRACT TOTAL AMOUNT			\$ _____	\$ _____

Print Name of Offeror

Print Name and Title of Person Authorized to Sign for Offeror

Signature

Date