ADDENDUM #1
Issued March 19, 2019

BID # 19-29
Senior Services’ Case Management Services Program
OPENING: 3:00 PM, March 26, 2019

The following items take precedence over referenced portions of the documents for the above-named project and in executing a contract, will become a part thereof. Where any item in the documents is supplemented hereby, the original requirements will remain in effect. All supplemental conditions will be considered as added thereto. Where any original item is amended, voided or superseded hereby, the provisions of such items not so specifically amended, voided or superseded will remain in effect.

This addendum must be signed and attached to bid proposal to acknowledge receipt of addendum. 
Failure to acknowledge any addenda will result in a non-responsive bid.

_____________________________  _______________________
Company’s Name                  Date

_____________________________  _______________________
Authorized Representative’s Name Authorized Representative’s Signature
1. **Question:** Pg. 6, # 6 - Can application be submitted under a non-profit?
   **Answer:** Yes, as long as all requirements listed in the RFP are met.

2. **Question:** Pg. 6, #11 - Does company have to have an OSHA Certificate for the state of GA?
   **Answer:** Per the State of Georgia OSHA office, there is no “Georgia” certificate. As stated in the RFP: All vendors and subcontractors performing services are required and shall comply with all Occupational Safety and Health Administration (OSHA), State and County Safety and Occupational Health Standards and any other applicable rules and regulations. Also, all contractors and subcontractors shall be held responsible for the safety of their employees and any unsafe acts or conditions that may cause injury or damage to any persons or property within and around the work site area under this Contract.

3. **Question:** Pg. 16, letter G - Does company need a worker’s compensation certificate?
   **Answer:** The insurance requirement will remain as listed in the RFP.

4. **Question:** Pg. 16, letter G - Do sub-contractors hired through company have to have worker’s compensation?
   **Answer:** The insurance requirement will remain as listed in the RFP.

5. **Question:** Pg. 19, letter E - Does company have to use Harmony for EMR? Or can another system be used? Is there a resource to obtain Harmony? If so, may you provide this information.
   **Answer:** Yes and yes. We would facilitate a user account.

6. **Question:** Pg. 19, Section B- COST PROPOSAL - Is there a min or max number of clients that can be proposed to serve?
   **Answer:** No, number of clients and units provided is dependent upon funding. Projections for # clients and units of service are based on current funding.

7. **Question:** Pg. 19, Section B- COST PROPOSAL – Are the projected unit hours to include the total amount of hours for the entire project or for the hours per person, or both?
   **Answer:** Both. Our current budget determined the projected unit hours. We also estimated an average number of unit hours to be provided annually per client. Unit cost will impact # clients/# hours actually served.

8. **Question:** Pg. 19, Section B- COST PROPOSAL - Is the total listed in the Cost Proposal the total for the entire project, including the number of clients requested to be serviced?
   **Answer:** This is a unit/price annual contract. (The initial contract term shall be one (1) year from the date of execution. The contract may be renewed for two (2) additional one (1) year periods.) The price per hour will be the fee the vendor agrees to charge for the entire contract period. The 1,080 is the projected (estimated) hours for each year and the estimated total annual price will be used to determine the point allocation for cost. Please note that the hours listed is solely based upon projected numbers. Henry County is under no obligation to purchase services for any number of clients or units listed and all contracts resulting from this RFP are contingent upon the actual availability of funds from the Georgia Department of Human Services (DHS), Division of Aging Services (DAS), the Atlanta Regional Commission (ARC) and the Henry County Board of Commissioners (HCBOC).
9. **Question:** Under the Insurance section, the 2 requirements that I want to know about are the Auto Liability and the Umbrella. Why do we need the Auto coverage when our staff are not transporting clients at all? Could a higher Liability Coverage like 3 million under our GL policy be acceptable instead of a separate Umbrella Policy?
   **Answer:** The insurance requirement will remain as listed in the RFP.

10. **Question:** My question is regarding the sealed bid delivery. Since we have to make 6 copies of the original. Do we need to submit everything in a box?
    **Answer:** The original and copies are to be submitted in a package that can be sealed (i.e. box, large envelope).

11. **Question:** For the Cost Proposal, is a budget narrative required? Or is simply the unit cost needed? There is no mention in the RFP of requiring a budget narrative to accompany in the Cost Proposal.
    **Answer:** The price per hour (vendor’s set fee) x 1,080 (projected units) = Total Estimated Annual Cost. The price per hour is the only cost involved in this contract so a budget narrative is not needed.

12. **Question:** On page 28 in the RFP (COST PROPOSAL) shows “RFP #19-27”. Are we authorized to correct this page to read “RFP #19-29”?
    **Answer:** A revised cost proposal is included with this addendum and will replace the original page.
RFP #19-29
Senior Services’ Case Management Services
COST PROPOSAL (REVISED)

(Note: Proposer must sign and submit their cost proposal in a separate sealed enveloped marked as “Cost Proposal.”)

Complete the following based on the projected number of clients and units.

<table>
<thead>
<tr>
<th>Projected Units (Hours)</th>
<th>Price per Hour (Proposer’s Set Fee)</th>
<th>Total Price (Approximate Annual Cost)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1,080</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

_________________________  _______________________
Company’s Name            Date

_________________________  _______________________
Authorized Representative’s Name (Print or Type)  Authorized Representative’s Signature