



Henry County Board of Commissioners  
Purchasing Department  
140 Henry Parkway, McDonough, GA 30253  
Phone: 770-288-6027 Fax: 770-288-6047  
Website: [www.co.henry.ga.us/Purchasing/Bids.shtml](http://www.co.henry.ga.us/Purchasing/Bids.shtml)

*Rod Gray* 

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Rod Gray, Director of Purchasing

**ADDENDUM #1**  
Issued October 20, 2016

**RFP # 17-18**  
**Senior Services In-Home Services Program**  
**OPENING: 3:00 PM, October 27, 2016**

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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Where any original item is amended, voided or superseded hereby, the provisions of such items not so specifically amended, voided or superseded will remain in effect.

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This Addendum #1 must be signed and attached to 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

**RFP #17-18**  
**Senior Services In-Home Services Program**  
**Questions and Answers**

1. **Question:** Who is/are the current contracted service provider(s)?  
**Answer:** **These services are provided by County employees.**
2. **Question:** What is the current price per unit?  
**Answer:** **Respite - \$25.00      Homemaker - \$24.87      Personal Care - 24.83**
3. **Question:** Regarding the Client reference; should we provide a reference letter or do we provide the client's contact information only?  
**Answer:** **Current contact information**
4. **Question:** Can you provide a sample contract? Or will that be part of contract negotiations once the contract is awarded?  
**Answer:** **There is a sample contract form on page 24. The contract will include this form along with the documents listed in #4 of this form.**
5. **Question:** For the Cost Proposal, do you also require 1 original, 6 copies and 1 CD?  
**Answer:** **Just one copy in a separate sealed envelope.**
6. **Question:** Name of the existing provider and reason for not renewing the contract, if applicable  
**Answer:** **See answer #1.**
7. **Question:** Existing hourly reimbursement rate for personal/respice care  
**Answer:** **See answer to #2.**
8. **Question:** Out of the projected 65 recipients, how many personal care and respice clients are receiving services at a rate of 4 hrs./week? General overview section states averages of 2 hrs./week and 4 hrs./week for personal and respice care respectively  
**Answer:** **Five (5) clients are currently receiving four (4) hours per week (Respice).**
9. **Question:** Is there any current waiting list and how many eligible clients are still pending to receive OAA funding?  
**Answer:** **Yes. We have 20 on Personal Care waiting list and 5 on Respice Care waiting list.**
10. **Question:** Feasibility of utilizing non C.N.A employees as a back-up plan to ensure care continuity when primary C.N.A is not available  
**Answer:** **Compliance with Georgia Department of Community Health regulations is the determining factor on minimum qualifications of personnel utilized.**
11. **Question:** Is there any applicable addendum for Bid # 17-18?  
**Answer:** **Yes.**