



BOONE COUNTY, MISSOURI

**Request for Proposal #
43-19NOV13 – Mental Healthcare Services for Inmates of the Boone County Jail**

ADDENDUM #2 - Issued **October 25, 2013**

This addendum is issued in accordance with Request for Proposal number **43-19NOV13** requirements and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s proposal response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:


- I. Replace the Response Page of the RFP with the attached Revised Response Page.**
- II. Revise paragraph 3.3.3.2**

FROM:

The annual contract price shall be a single total cost for each year of the Contract term for an estimated 33-39% of the average daily population. They have approximately 150 sessions per month and see between 44 and 85 inmates per month. (The estimated average daily population for fiscal year 2009 is 234 inmates. The average daily population for fiscal year 2008 was 204 inmates).

TO:

The annual contract price shall be a single total cost for each year of the Contract term for an estimated 33-39% of the average daily population. They have approximately 160 sessions per month and see between 54 and 75 inmates per month. (The estimated average daily population for fiscal year 2009 is 234 inmates. The average daily population for fiscal year 2008 was 204 inmates).

By: 
**Melinda Bobbitt, CPPO, CPPB
Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal # **43-19NOV13 – Mental Healthcare Services for Inmates of the Boone County Jail** receipt of which is hereby acknowledged:

Company Name: _____
Address: _____

Phone Number: _____ Fax Number: _____

E-mail address: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____



5. Revised Response/Pricing Page

In compliance with this Request for Proposal and subject to all the conditions thereof, the Offeror agrees to furnish the services/equipment/supplies requested and proposed and certifies he/she has read, understands, and agrees to all terms, conditions, and requirements of this proposal and is authorized to contract on behalf of the firm named below. (Note: This form must be signed. All signatures must be original and not photocopies).

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Federal Tax ID (or Social Security #): _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

E-Mail Address: _____

5.1. Pricing for Mental Healthcare Services for Inmates of the Boone County Jail

The Offeror shall provide a firm, shall not exceed price contract for the Original Contract Period. All costs associated with the performance of the services shall be included in the firm, shall not exceed price.

The hours of service for the different categories below may be amended during the contract term as needs dictate. The "hours of service" shown below shall not be construed as a maximum for contract audit purposes; rather, the fixed pricing items, the rate per hour of service and the total contract not to exceed dollar amount shall be considered firm for billing audit purposes.

Lump Sum Payment – These lump sum costs plus the 7% overhead will be paid upon completion of the contract documents and receipt of all required insurance certifications and the receipt of an invoice reflecting these costs.

Description of Services Provided	Lump Sum	Overhead	Total Due	Annual Total
Additional Insurance Costs	\$	\$	\$	\$
Training Materials for Officers	\$	\$	\$	\$

Annualized Lump Sum Payments – This service will be paid on a monthly basis at 1/12th of the lump sum rate identified and the 7% overhead, upon receipt of a correct invoice following the month for which services were provided. This fee is paid to cover on-call services twenty-four hours per day seven days per week. Expected telephone response time shall be within 30 minutes from the time a page is placed. The County will strive to utilize this service in crises situations or when a service issue arises during a period of time when a service provider will not be on site for an extended period of time. Every effort will be made by the County to address standard issues/questions when professional service providers will be on site.

<i>Description of Services Provided</i>	<i>Lump Sum</i>	<i>Overhead</i>	<i>Monthly Payment Amount</i>	<i>Annual Total</i>
On-Call	\$	\$	\$	\$

Hourly Professional Payments – Firm fixed hourly rates plus 7% overhead will be paid on a monthly basis following the receipt of a correct invoice for actual hours of service performed by each profession. These rates are to be paid for any hours for which identified staff are on site with the exception of the successful contract administrator’s position. The Contractor’s Administrator shall document the work performed for the hours billed.

<i>Description of Services Provided</i>	<i>Hourly Rate</i>	<i>Overhead</i>	<i>Cost Per Hour of Service(s)</i>	<i>Maximum Annual Hours of Service</i>	<i>Annual Total</i>
Psychiatrist Supervision Services – on call for Psychiatric Nurse reference and protocol for 12 months	\$	\$	\$	flat fee included in contractor’s overhead	\$0.00
Psychiatric Nurse Practitioner – 20 Hours Per Week	\$	\$	\$	1040	\$
Psychiatric Primary Care Services – 0 Hours Per Week for 12 months	\$	\$	\$	0	\$
Counselor – 32 Hours Per Week	\$	\$	\$	1695	\$
Program Administrator – 2 Hours Per Week	\$	\$	\$	104	\$
Officer Training – 30 Hours Total	\$	\$	\$	30	\$
Annual “Not to Exceed” Grand Total					\$

* Note: Either provide a bid price for the 1040 hours in Psychiatric Nurse Practitioner **or** propose hours and charge for Psychiatric Primary Care Services, however you plan to administer the program.