Prospective offerors are hereby notified of the following revisions to Request for Proposal 06-26JUL19:

1. Paragraph 3.9.4 is REVISED as follows:

3.9.4 Nursing Staff Requirements: The contractor shall provide on-site licensed nursing coverage. The contractor shall provide 24X7 nursing coverage weekly i.e., one hundred sixty-eight (168) total hours each week. Of this total 168-hours per week, a minimum thirty-six (36) hours must be provided by a Registered Nurse (RN). The balance of time, i.e., 132 hours, shall be performed by at minimum an LPN. This shall be considered as basic service.

2. Paragraph 3.9.4(a) is REVISED as follows:

3.9.4(a) Option One Nursing: A total of 208 hours of licensed nursing shall be provided weekly. Of the total 208 hours per week on-site licensed nursing services provided, forty (40) hours, i.e., five (5)- eight (8)- hour days weekly shall be provided by a Registered Nurse (RN) performing primarily administrative duties, and an additional thirty-six (36) hours shall be provided by a Registered Nurse (RN) performing medical/nursing tasks. The balance of time, i.e., 132 hours, shall be performed by at minimum an LPN.

NOTE: All revisions are noted in bolded and italicized font.

3. The County received the following question and is providing the following response:

a. How often does the Jail expect CPR training for officers to be held?

Response: Paragraph 3.5.1 of RFP 06-26JUL19 requires AFD/CPR training annually.
This addendum is issued in accordance with the RFP paragraph 1.8 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 including the Vendor Response and Pricing Pages.

By: Liz Palazzolo, Senior Buyer
Boone County Purchasing

The OFFEROR has examined Addendum #1 to Request for Proposal #06-26JUL19 Medical Services - Term and Supply receipt of which is hereby acknowledged:

Company Name: ______________________________
Address: ______________________________________
City & State: ___________________________________
Phone Number: __________ Fax Number: ___________
E-mail: ________________________________
Authorized Representative Signature: ____________ Date: ___________
Authorized Representative Printed Name: ________________