ADDENDUM #2 - Issued June 21, 2019

This addendum is issued in accordance with the RFP Response Page in the Request for Proposal 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 Response Form.

Specifications 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.

1. The County received the following questions and is providing a response:

   1. I have been unable to find the F&A (indirect rate) on the RFP. Please direct me to the correct amount.

      Response: See the first paragraph in Attachment A, which states:
      “I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.”

      Information on indirect expenses can be found in the Boone County Children’s Services Board Funding Policy and can be located at https://www.showmeboone.com/community-services/children/.

   2. I had received an example called “Current Unit Rate Ranges” when we were working on the last RFP, and I was wondering if there was an updated version of this that was being shared with agencies?

      Response: For guidance in developing a unit rate when there is not a publicly available rate, organizations should refer to the document in the My Shared Files of Apricot entitled Developing a Unit of Service Rate.
OFFEROR has examined Addendum #2 to Request for Proposal# 34-18JUL19 – Purchase of Service Contracts receipt of which is hereby acknowledged:

Company Name: 
Address: 

Phone Number: Fax Number: 

E-mail: 

Authorized Representative Signature: Date: 

Authorized Representative Printed Name: 

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