



**FULTON COUNTY PURCHASING DEPARTMENT**  
Winner 2000- 2005 Achievement of Excellence in Procurement Award  
National Purchasing Institute

**Jerome Noble, Director**



**February 28, 2007**

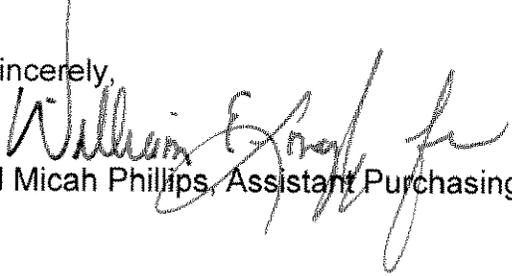
**Re: 07RFP54832C-AP, Aging Services**

Dear Prospective Bidder:

Attached is one (1) copy of Addendum 2, hereby made a part of the above referenced Request for Proposal #07RFP54832C-AP.

Except as provided herein, all terms and conditions in Request for Proposal #07RFP54832C-AP referenced above remain unchanged and in full force and effect.

Sincerely,

  
Al Micah Phillips, Assistant Purchasing Agent

**Request for Proposal #07RFP54832C-AP  
Addendum No. 2  
Page Two**

This Addendum forms a part of the contract documents and **modifies** the original RFP documents as noted below:

**ADDENDUM NO. 2, PROVIDES PRICING PAGES FOR THE FOLLOWING SERVICES:**

1. ADULT DAY CARE
2. CASE MANAGEMENT
3. HOMEMAKER SERVICES
4. HOME DELIVERED MEAL DELIVERY
5. PERSONAL CARE SERVICES
6. RESPITE SERVICES
7. SENIOR CENTER MANAGEMENT
8. VOLUNTEER SERVICES

**WHEN SUBMITTING YOUR PRICING PAGES, REMEMBER TO INCLUDE ALL THE PRICING PAGES IN A SEPARATELY, SEALED AND IDENTIFIABLE ENVELOPE. DO NOT INCLUDE THE PRICING PAGES IN THE TECHNICAL PROPOSAL ENVELOPE.**

**ACKNOWLEDGEMENT OF ADDENDUM NO. 2**

The undersigned proposer acknowledges receipt of this addendum by returning one (1) copy of this form with the proposal package to the Purchasing Department, Fulton County Public Safety Building, 130 Peachtree Street, Suite 1168, Atlanta, Georgia 30335 by the RFP due date and time **April 4, 2007 at 11:00 A.M.**

This is to acknowledge receipt of Addendum No. 1, \_\_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Legal Name of Bidder

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title





<b>Homemaker Services</b>
<b>Bidder:</b>
Agency Name:

Please enter expenses, project program income, and proposed number of units related to this service. Total and unit rate will automatically calculate

Type of Expense	Dollar Amount	Comment
Personnel		
(include salaries and all costs associated with employment)		
Training		
Mileage		
Supplies		
Insurance		
Rent		
Utilities		
Computer Purchase		
Computer Maintenance		
Office/Paper Supplies		
Copy/Printing		
Postage		
Program Supplies		
Service Contract* (Specify Service)		
Service Contract* (Specify Service)		
Telephone		
Other Please Specify		
* (For contracted services, e.g. In-home or Transportation Services)		
<b>Total</b>	\$ -	
Projected Program Income		
Proposed number on Units (1 unit = 1 senior attending one day)		
<b>Unit Rate</b>	<b>#DIV/0!</b>	

<b>Home Delivered Meal Delivery</b>
<b>Bidder:</b>
Agency Name:

Please enter expenses, project program income, and proposed number of units related to this service. Total and unit rate will automatically calculate

Type of Expense	Dollar Amount	Comment
Personnel		
(include salaries and all costs associated with employment)		
Training		
Mileage		
Supplies		
insurance		
Rent		
Utilities		
Computer Purchase		
Computer Maintenance		
Office/Paper Supplies		
Copy/Printing		
Postage		
Program Supplies		
Service Contract* (Specify Service)		
Service Contract* (Specify Service)		
Telephone		
Other Please Specify		
* (For contracted services, e.g. In-home or Transportation Services)		
<b>Total</b>	<b>\$ -</b>	
Projected Program Income		
Proposed number on Units (1 unit = 1 senior attending one day)		
<b>Unit Rate</b>	<b>#DIV/0!</b>	

<b>Personal Care Services</b>
<b>Bidder:</b>
Agency Name:

Please enter expenses, project program income, and proposed number of units related to this service. Total and unit rate will automatically calculate

Type of Expense	Dollar Amount	Comment
Personnel		
(include salaries and all costs associated with employment)		
Training		
Mileage		
Supplies		
Insurance		
Rent		
Utilities		
Computer Purchase		
Computer Maintenance		
Office/Paper Supplies		
Copy/Printing		
Postage		
Program Supplies		
Service Contract* (Specify Service)		
Service Contract* (Specify Service)		
Telephone		
Other Please Specify		
* (For contracted services, e.g. In-home or Transportation Services)		
Total	\$ -	
Projected Program Income		
Proposed number on Units (1 unit = 1 senior attending one day)		
Unit Rate	#DIV/0!	





