



Fulton County, GA

# Department of Purchasing & Contract Compliance

March 25, 2014

Re: 14RFP91625A-CJC, Comprehensive HIV Prevention Program for Fulton and Dekalb Counties

Dear Proposers:

Attached is one (1) copy of Addendum 1, hereby made a part of the above referenced proposal.

Except as provided herein, all terms and conditions in the Bid referenced above remain unchanged and in full force and effect.

Sincerely,

*Cheryl Cochran/for Charlie Crockett/CPFB*  
Chief Assistant Purchasing Agent

Winner 2000 - 2009 Achievement of Excellence in Procurement Award • National Purchasing Institute



The due date and time for the receipt of proposals remains Thursday, April 17, 2014 at 11:00 A.M., legal prevailing time.

The following changes are hereby made:

1. Pages 3 and 4, **Table of Contents**, Sections 3.0 and 9.0 are changed as follows:

Section 3.0 is deleted in its entirety and replaced by the following:

<b>3.0 PROPOSAL REQUIREMENTS</b> .....	3-1
3.1 Submission Requirements .....	3-1
3.1.1 Proposal Submission Date and Submittal Format .....	3-1
3.1.2 Number of Copies .....	3-1
3.2 Overview of Proposal Requirements .....	3-2
3.3 Scope of Work .....	3-3
3.4 Project Deliverables .....	3-4
3.5 Project Schedule.....	3-5
3.6 Technical Proposal Format and Content .....	3-6
3.7 Cost Proposal Format and Content .....	3-7

**Section 9.0, Exhibit 2 Cost Proposal Summary**, is deleted in its entirety.

2. Page14, Clause **2.5 TERM OF CONTRACT**, is changed to read, **2.5 MULTI-YEAR CONTRACT** and, the first paragraph that reads, "The initial term of the contract shall be for a one (1) year term, with two (2), one (1) year renewal options, is deleted in its entirety.
3. Pages 33 and 34, Section 3.6.7 – Cost (Weight 10%), paragraphs 1 – 3 ending with the formula, are deleted in their entirety and replaced by the following:

### **3.6.7 – Cost (10%) Weight**

The respondent with the lowest overall total cost will receive the full 10 points. For respondents with the second, third, fourth, etc., their total costs will be divided into the lowest cost and multiplied by 10, the total points allowed for cost.

The County has established the following formula to evaluate cost proposals for Request for Proposals (RFP):

#### **Lowest cost submitted**

**Each successive cost  $\times$  Points allocated for cost in RFP = Cost proposal score**

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2014

Addendum No. 1

Page 2

4. Pages 34 and 35, paragraphs **7A. Comprehensive HIV Prevention Programs in Healthcare Settings** through **7A.3 Personnel**, are deleted in their entirety and replaced by **Attachment 1- Cost Proposal Summary**.
5. Page 37, **Section 4, Evaluation Criteria** is deleted in its entirety and replaced by the revised **Attachment 2- Evaluation Criteria**.
6. **Attachment 3, Exhibit 1 - Request for Proposal Submittal Checklist** is hereby added.

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ACKNOWLEDGEMENT OF ADDENDUM NO. 1

The undersigned Proposer acknowledges receipt of this addendum by returning one (1) copy of this form with the proposal package by the due date and time of Thursday, April 17, 2014 11:00 AM legal prevailing time.

This is to acknowledge receipt of Addendum No. 1, \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Legal Name of Proposer

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

\_\_\_\_\_  
Title

**ATTACHMENT 1**

**COST PROPOSAL SUMMARY**

The overall total cost shall include the items listed below under personnel.

<b>Proposed Number of Unduplicated Individuals to be served</b>	<b>Per Client Cost of Services</b>	<b>Overall Total Cost</b>
<b>1,000</b>	<b>\$</b>	<b>\$</b>

Personnel: Please complete the following table indicating proposed costs for personnel costs requested under this funding opportunity: (Insert additional lines as needed).

<b>Position Title</b>	<b>Number of Positions for this title</b>	<b>Salary</b>	<b>Fringe Rate</b>	<b>Salary plus Fringe Amount</b>
<b>SUBTOTAL</b>				

## ATTACHMENT 2

### SECTION 4 EVALUATION CRITERIA

#### 4.1 PROPOSAL EVALUATION – SELECTION CRITERIA

The following criteria will be used to evaluate the proposals submitted in response to this RFP:

<b>Evaluation Criteria</b>	<b>Weight</b>
Project Plan/Approach to Work	40%
Project Team Qualifications	10%
Qualifications of Key Personnel	10%
Past Performance	20%
Availability of Key Personnel	10%
Cost Proposal	10%
<b>TOTAL POINTS</b>	<b>100%</b>

## ATTACHMENT 3

Exhibit 1

### Request for Proposal Submittal Checklist

***The following submittals shall be completed and submitted with each proposal (see table below "Required Proposal Submittal Check List."). Please check to make sure that the required submittals are in the envelope before it is sealed. Failure to submit all required submittals may deem your proposal non-responsive.***

*Submit one (1) Original proposal and five (5) CD's as required in Section 3.1.2 of the RFP.*

Item #	Required Proposal Submittal Check List	Check (✓)
1	One (1) Proposal marked " <b>Original</b> ", five (5) CD's	
2	*Form E: Georgia Security and Immigration Contractor Affidavit(s) and Agreements <i>Note: If prime contractor is a joint venture, partnership, LLC, each member of the entity must submit an affidavit</i>	
3	*Form F: Georgia Security and Immigration Subcontractor Affidavit (s)	
4	Technical Proposal	
5	Cost Proposal (submitted in a separate sealed envelope)	
6	Financial Information (submitted in a separate sealed envelope)	
7	Acknowledgement of each Addendum	
8	<b><i>PURCHASING Items below should match information requested in the Technical Proposal Format and Content of Section 3 of the RFP</i></b> Executive Summary Technical Approach/Detailed Work Plan Project Team Qualifications/Qualifications of Key Personnel Relevant Project Experience Proposer Financial Information Availability of Key Personnel Local Preference Disclosure Form and Questionnaire	
9	Purchasing Forms Form A: Certificate Regarding Debarment Form B: Non-Collusion Affidavit of Bidder/Offer or Form C: Certificate of Acceptance of Request Proposal requirements Form D: Disclosure Form & Questionnaire Form G: Professional License (If applicable) Form H: Local Preference Affidavit of Bidder/Offeror	
10	Office of Contract Compliance Requirements (separate envelope) Exhibit A: Promise of Non-Discrimination Exhibit B: Employment Record	

	<p>Exhibit C: Schedule of Intended Subcontractor Utilization</p> <p>Exhibit D: Letter of Intent to Perform as Subcontractor</p> <p>Exhibit E: Declaration Regarding Subcontractor Practices</p> <p>Exhibit F: Joint Venture Disclosure Affidavit</p> <p>Exhibit G: Prime Contractor/Subcontractor Utilization Report</p> <p>Equal Business Opportunity Plan (EBO Plan)</p> <p>Exhibit H – First Source Jobs Program Information Form 1</p> <p>Exhibit H – First Source Jobs Program Agreement Form 2</p>	
	<p>Evidence of Insurability, proposer must submit one (1) of the following:</p> <p>Letter from insurance carrier</p> <p>Certificate of Insurance</p> <p>An umbrella policy in excess of required limits for this project</p>	
	<p>Verify that Bidder/Proposer is registered w/Georgia Secretary of State and attach a copy of print out for each</p>	
	<p>Verify Georgia Utility License Number and attach a copy of print out for each Bidder/Proposer (If applicable)</p>	
	<p>Verify Professional License and attach a copy of the print out for each Bidder/Proposer (If applicable)</p>	

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Program for Futon and Dekalb Counties - 2014 14RFP91625A-CJC  
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