**Addendum 1**

**RFP KB02-24R**

***NOTICE:***

***The incorrect coversheet and registration forms were posted to the HCJFS website. The correct cover sheet, cost sheet and registration form are now posted and attached to this addendum*.**

**ATTACHMENT A**

**Cover Sheet**

**Substance Abuse Testing**

**RFP KB02-24R**

**Name of Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***(Please Print or type)***

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_(ext)\_\_\_\_\_E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Names**: Provider must include the names of individuals authorized to negotiate with HCJFS.

**Person(s) authorized to negotiate with HCJFS:**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Title:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(*Please Print)***

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax  Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     Title:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please Complete Rate Grids on next page.**

**Certification:** I hereby certify the information and data contained in this proposal are true and correct.  The Provider’s governing body has authorized this application and document, and the Provider will comply with the attached representation if the contract is awarded.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature - Authorized Representative** **Title** **Date**

**By signing and submitting this proposal Cover Sheet, Provider certifies the proposal and pricing will remain in effect for 180 days after the proposal submission date.**

***Please complete the next page of this form containing a checklist to verify that everything required to be submitted as part of your proposal is included.***

**SUBSTANCE ABUSE SCREENING SERVICES**

**COST SHEET (Year One – Initial Term)**

|  |  |  |
| --- | --- | --- |
| **Descriptions**  | **Testing Methods Available**  |  **Unit Rate (s)**   |
|  **Twelve (12) Panel Testing** At a minimum, this screening should include testing for the following substances: **6 Acetylmorphine, Alcohol, Amphetamine, Barbiturates, Benzodiazepines,Buprenorphine, Cocaine, Ecstasy, Marijuana, Methadone, Opiates, Tricyclic Antidepressants.**   |   |   |
|  **Toxicology Confirmations**    |   |   |

**OTHER SUBSTANCES TESTING FOR AND/OR RECOMMEND IF NEEDED OUTSIDE OF THE PANEL LISTED ABOVE**

|  |  |  |
| --- | --- | --- |
| **Descriptions**  | **Testing Methods Available**  |  **Unit Rate (s)**   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |

**SUBSTANCE ABUSE SCREENING SERVICES**

**COST SHEET (Year 2)**

|  |  |  |
| --- | --- | --- |
| **Descriptions**  | **Testing Methods Available**  |  **Unit Rate (s)**   |
|  **Twelve (12) Panel Testing** At a minimum, this screening should include testing for the following substances: **6 Acetylmorphine, Alcohol, Amphetamine, Barbiturates, Benzodiazepines,Buprenorphine, Cocaine, Ecstasy, Marijuana, Methadone, Opiates, Tricyclic Antidepressants.**   |   |   |
|  **Toxicology Confirmations**    |   |   |

**OTHER SUBSTANCES TESTING FOR AND/OR RECOMMEND IF NEEDED OUTSIDE OF THE PANEL LISTED ABOVE**

|  |  |  |
| --- | --- | --- |
| **Descriptions**  | **Testing Methods Available**  |  **Unit Rate (s)**   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |

**SUBSTANCE ABUSE SCREENING SERVICES**

**COST SHEET (Year 3)**

|  |  |  |
| --- | --- | --- |
| **Descriptions**  | **Testing Methods Available**  |  **Unit Rate (s)**   |
|  **Twelve (12) Panel Testing** At a minimum, this screening should include testing for the following substances: **6 Acetylmorphine, Alcohol, Amphetamine, Barbiturates, Benzodiazepines,Buprenorphine, Cocaine, Ecstasy, Marijuana, Methadone, Opiates, Tricyclic Antidepressants.**   |   |   |
|  **Toxicology Confirmations**    |   |   |

**OTHER SUBSTANCES TESTING FOR AND/OR RECOMMEND IF NEEDED OUTSIDE OF THE PANEL LISTED ABOVE**

|  |  |  |
| --- | --- | --- |
| **Descriptions**  | **Testing Methods Available**  |  **Unit Rate (s)**   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |
|    |   |   |

**RFP Submission Checklist**

Pursuant to Section 4.6 of the RFP, the following items are to be included in your proposal in order for it

to be deemed qualified.  Please indicate that the items are included by checking the corresponding column.

|  |  |  |
| --- | --- | --- |
|  **Action Required**  | **RFP** **Section**  |  **Included**  |
|  Did you register for the RFP process by September 25, 2020?   |  3.3  |   |
|  Will your Proposal be submitted by 11:00 a.m. on or before October 9, 2020?   |  4.4  |   |
|  Did you include all the Contact Information on the Cover Sheet?   |  2.1  |   |
|  Did you include the Unit Rate for the Initial Term on the Cover Sheet?   |  2.1  |   |
|  Did you include the Unit Rate for the First and Second Renewal Terms on the Cover Sheet?   |  2.1  |   |
|  Did you sign the Cover Sheet?   |  2.1  |   |
|  Is a response to each Program Component included?   |  2.2.1  |   |
|  Is a response to each System and Fiscal Administration Component included?   |  2.8  |   |

**REGISTRATION FORM**

**RFP: KB02-24R,** **SUBSTANCE ABUSE TESTING**

**January 2024**

**All inquiries regarding this RFP are to be in writing and are to be e-mailed to:**

**Kris Bullock**

**Email:** **Hamil\_ContractServicesProcurementBullock@jfs.ohio.gov**

The Hamilton County Job and Family Services (HCJFS) will not entertain any oral questions regarding this RFP. *Other than to the above specified person, no bidder may contact any HCJFS employee, county official, project team member or evaluation team member.* Providers are not to schedule appointments or have contact with any of the individuals connected to or having decision-making authority regarding the award of this RFP. **Inappropriate contact may result in rejection of the Providers Proposal, including attempts to influence the RFP process, evaluation process or the award process by Providers who have submitted bids or by others on their behalf.**

By e-mailing this completed page to the HCJFS Contract Services Department, you will be registering your company’s interest in this RFP, attendance at the RFP Conference and all ensuing addenda. Your signature is an acknowledgement that you have read and understand the information contained on this page. Due date for Registration Form is **February 14, 2024 1:00 p.m.** **EST**

|  |  |
| --- | --- |
| **DATE:** |  |
| **COMPANY NAME:** |  |
| **ADDRESS (including city, state, zip code):** |  |
| **REPRESENTATIVE’S NAME** |  |
| **TELEPHONE NUMBER** |  |
| **FACSIMILE NUMBER:** |  |
| **EMAIL ADDRESS:** |  |
| **NUMBER OF PEOPLE ATTENDING RFP CONFERENCE:** |  |
| **SIGNATURE:** |  |

Registration helps insure that Providers will receive any addenda to or correspondence regarding this RFP in a timely manner.

**Please e-mail this completed page to RFP Contact Person at**

**Hamil\_ContractServicesProcurementBullock@jfs.ohio.gov**