

#### **Board of Commissioners:**

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### **ADDENDUM #1**

February 11, 2016

RFP# SB01-15R – Transportation for Non- Emergency Medicaid, Pregnancy Related & Healthchek Services

To All Registered Providers:

## 1. Attachment E Registration Form currently reads:

Due date for Registration Form is January 20, 2016.

#### Correction:

Due date for Registration Form is February 19, 2016

A revised copy of the Registration Form is attached.

NOTE: Any Registration Form referencing the incorrect date that is used to register will be accepted, unless submitted after the February 19, 2016 deadline.

#### 2. Section 3.4 RFP Conference, C currently reads:

**No questions** will be accepted after **FRIDAY**, **MARCH 4**, **2016**. The final responses will be faxed or e-mailed no later than **WEDNESDAY**, **MARCH 30**, **2016** by the close of business.

## Change to read:

No questions will be accepted after FRIDAY, MARCH 4, 2016. The final responses will be faxed or e-mailed no later than WEDNESDAY, MARCH 9, 2016 by the close of business.

#### 3. Section 1.3.1 Vehicles and Equipment Requirements, top of page 19 currently reads:

For the purpose of responding quickly to emergency situations, Provider and each of agree to equip each ....

## Change to read:

For the purpose of responding quickly to emergency situations, Provider and each of its subcontractors agree to equip each ....



#### REGISTRATION FORM

# RFP:SB01-15R Medicaid Non-Emergency and Pregnancy Related and Healthchek Transportation

All inquiries regarding this RFP are to be in writing and are to be mailed, email or faxed to:

Sheila Bass
Hamilton County Job and Family Services
222 E. Central Parkway Contract Services, 3<sup>rd</sup> Floor
Cincinnati, OH 45202
Fax#: (513) 946-2384

Email: HCJFS\_RFP\_Communications@jfs.hamilton-co.org.

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, county official, employee, 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 rejecting 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 faxing this completed page to the HCJFS Contract Services Department, you will be registering your company's interest in this RFP, attendance at the Provider's 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 19, 2016.** 

DATE:	
COMPANY NAME:	
ADDRESS:	
REPRESENTATIVE'S NAME	
TELEPHONE NUMBER	
FACSIMILE NUMBER:	
EMAIL ADDRESS:	
SIGNATURE:	

Registration helps insure that providers will receive any addenda to or correspondence regarding this RFP in a timely manner. HCJFS will not be responsible for the timeliness of delivery via the U.S. Mail.

Please fax this completed page to HCJFS Contract Services at (513) 946-2384 or e-mail to HCJFS RFP Communications@jfs.hamilton-co.org.