

STATE OF ALASKA

Department of Corrections

Division of Administrative Svcs



Substance Abuse Treatment Svcs

HMCC/GCCC

RFP# 2024-2000-0015

Amendment # 1

ISSUED: May 5, 2023

This amendment is being issued to *(insert description here)*

Important Note to Offerors: You must sign and return this page of the amendment document with your proposal. Failure to do so may result in the rejection of your proposal. Only the RFP terms and conditions referenced in this amendment are being changed. All other terms and conditions of the RFP remain the same.

Procurement Officer: Gary Bailey

Title: Procurement Officer

Phone: (907) 269-7344

Email: gary.bailey@alaska.gov

COMPANY SUBMITTING PROPOSAL

AUTHORIZED SIGNATURE

DATE

Changes to the RFP are as follows:

Change 1: SEC 3.03 – On the Goose Creek Chart shown on Page 13, Change the IOPSAT, #FTE to 4 not 3 and the Program Capacity to 48 not 36.

Change 2: SEC 3.05 – PROGRAM #4 – Deliverable #1 chart change #FTE to 4 not 3 and the # of Program Care Offenders to 48 not 36.

Change 3: Attachment #2, Cost Proposal Form, Under Program #4 – Male IOPSAT adds one (1) more Counselor see revised cost proposal attached.

END OF CHANGES FOR AMENDMENT #1

Attachment 2

COST PROPOSAL FORM

RFP #2024-2000-0015

Offerors **must** use this form to enter data that will be utilized for evaluation purposes and to convert the cost to points.

Offerors must use this form to enter data that will be utilized to determine the proposed cost for provision of services. Do not modify the quantities listed as they are used for evaluation purposes to convert the cost to points. Hourly rates shall not exceed the tenth decimal place.

Location: HMCC							
Program # 1 – Female Institutional RSAT Program							
Program Position	Hourly Rate		Annual Hours		FTE #		Annual Cost
Coordinator	\$	X	1,992	X	1	=	\$
Counselor	\$	X	1,992	X	1	=	\$
Counselor	\$	X	1,992	X	1	=	\$
Program # 1 – Annual Cost							\$
Program # 2 – MATR Program & Program # 3 PsychEd Program							
Program Position	Hourly Rate		Annual Hours		FTE #		Annual Cost
Counselor	\$	X	1,992	X	1	=	\$
Program # 2 & 3 – Annual Cost							\$
Program # 5 – Female IOPSAT Program							
Program Position	Hourly Rate	X	Annual Hours	X	FTE #	=	Annual Cost
Counselor	\$	X	1,992	X	2	=	\$
Program # 5 – Annual Cost							\$
Program # 6 – IOPSAT Co-Occurring Program							
Program Position	Hourly Rate	X	Annual Hours	X	FTE #	=	Annual Cost
Co-Occurring Counselor	\$	X	1,992	X	1	=	\$
Program # 6 – Annual Cost							\$
Total HMCC Program Cost							\$

Location: GCCC							
Program # 2 – MATR Program & Program # 3 PsychEd Program							
Program Position	Hourly Rate		Annual Hours		FTE #		Annual Cost
Counselor	\$	X	1,992	X	1	=	\$
Program # 2 & 3 – Annual Cost							\$
Program # 4 – Male IOPSAT Program							
Program Position	Hourly Rate	X	Annual Hours	X	FTE #	=	Annual Cost
Coordinator	\$	X	1,992	X	1	=	\$
Counselor	\$	X	1,992	X	1	=	\$
Counselor	\$	X	1,992	X	1	=	\$
Counselor	\$	X	1,992	X	1	=	\$
Counselor	\$	X	1,992	X	1	=	\$
Program # 4 – Annual Cost							\$

Program # 6 – IOPSAT Co-Occurring Program							
Program Position	Hourly Rate	X	Annual Hours	X	FTE #	=	Annual Cost
Co-Occurring Counselor	\$	X	1,992	X	1	=	\$
Program # 6 – Annual Cost							\$
Total GCCC Program Cost							\$

Total Annual Cost for HMCC - GCCC Programs	\$
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Proposals must be submitted under the name as it appears on the person's current Alaska business license in order to be considered responsive. Do not enter additional information on this form. If necessary, use separate page and attach to cost proposal.

Print Name: _____

Signature: _____

Date: _____

Organization: _____