

STATE OF ALASKA

Department of Corrections

Division of Administrative Svcs



Sex Offender Management Program

Kenai, Alaska

RFP 2024-2000-0011

Amendment # 2

May 8, 2023

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 Manager

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Email: gary.bailey@alaska.gov

COMPANY SUBMITTING PROPOSAL

AUTHORIZED SIGNATURE

DATE

Questions submitted by potential offerors and answers from the state:

Question 1: I plan to incorporate it in the scope of the work when discussing group and individual services. Will that be problematic for the RFP? or should I just report facilitating two groups instead of one for the cognitively impaired guys and one for the regular/typical group?

Answer: This should not be problematic; however, I would suggest that it be addressed as other services offered with in your proposal as it was not spelled out in the RFP as a requirement.

Changes to the RFP:

Change 1: The cost proposal form in your attachments had an error in the Hours/Year on the SOMP Approved Provider Clinician line which states 1,00 this is not correct and should read 1,000 hours per year. Please use this revised cost proposal form to submit your cost proposal. *(Attached)*

Attachment 2

COST PROPOSAL FORM

RFP #2024-2000-0011

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

The rate per hour proposed shall include all direct and indirect costs associated with performance of the services required herein. (Direct cost of the individual's time providing the direct service that includes, but is not limited to, personnel costs and fringe benefits. Indirect costs associated with the performance of this contract include but may not be limited to insurance, supplies, overhead, local travel, etc.)

Table A. WCC Institutional Services Breakdown					
Direct & Indirect Costs	Hours/Year	X	Hourly Cost	=	Cost
SOMP Approved Provider Clinician	1,000	X	\$	=	\$
A. Annual Hourly Costs					\$

Table B. Additional Hours Breakdown					
Direct & Indirect Costs	Hours/Year	X	Hourly Cost	=	Cost
SOMP Approved Provider Clinician	1,001-2,200	X	\$	=	\$
B. Annual Hourly Costs					\$

D. Total Proposed Cost (Table A + Table B + Table C = D)	=	\$
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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: _____