

STATE OF ALASKA

Department of Corrections

Division of Admin Services



BEHAVIORAL HEALTH AND SUBSTANCE USE DISORDER TREATMENT SERVICES

RFP 2024-2000-0148

Amendment #1

November 14, 2023

This amendment is being issued to address a change resulted from a Q&A as shown on Page 2.

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.

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Procurement Officer

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COMPANY SUBMITTING PROPOSAL

AUTHORIZED SIGNATURE

DATE

Questions submitted by potential offerors and answers from the State:

Question: Does DOC expect that the facility will be able to accommodate the full 15 hours per week (720 hours per year)? A contract to provide 15 hours per week equals about 10 hours of video-conferencing time per week.

Answer: *No more than 15 hours of service per week will be required by the provider, however, most weeks will be less, depending on the needs of the facility.*

Change to the RFP:

Change: Changed the following information under **Attachment 2, COST PROPOSAL FORM:**

The Total Number of Hours as currently listed has changed from 720 to 500. Please use the updated Cost Proposal Form on Page 3 of this Amendment.

Attachment 2

COST PROPOSAL FORM

RFP #2024-2000-0148

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.)

Behavioral Health and Substance Use Disorder Treatment Services AMCC			
Description	Hourly Rate	Total Number Hours	Total Cost
Direct and Indirect Costs	\$	500	\$
Travel Costs	Per Year	12 Times	\$
Total Proposed Cost (for evaluation purposes)			\$

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: _____