



Issue Date: February 19, 2026

ATTN: Vendors

**RE: Project Name:** Behavioral Health Services  
**Project Number:** 2027-2000-0004  
**Project Location:** Statewide  
**Proposal Deadline Date and Time:** March 2, 2026 @ 2:00 PM AST

**Addendum # Two (2)**

This addendum forms a part of the contract documents. All other items remain the same. In case of conflicts between this addendum and previously issued documents, this addendum shall take precedence.

The following is a change to the RFP:

1. The following section has been added to the RFP:

***SEC. 1.15 MENTAL HEALTH CLINICIAN REQUEST PROCESS***

*After contracts are awarded, the Chief Mental Health Officer or designee will issue staffing requests to all contracted vendors. The department will allow five (5) days for candidate referrals following a staffing request. Staffing assignments will be based on qualifications and experience.*

The following are questions from interested parties and the department's responses:

1. The RFP states that there are 21 positions available across 13 locations. Is there a breakdown of how many providers will be needed at each location?

**RESPONSE:** *The number of contracted Mental Health Clinicians (MHCs) required at each correctional center will be determined by facility needs and the number of State of Alaska (SOA) employees assigned to that location.*

2. It is mentioned that the contractor will be the sole provider of services at AMCC, KCC, YKCC, and SCCC. Is there a Chief Mental Health Officer (or designee) at those locations, or is it expected that the contractor will serve in that role?

**RESPONSE:** *The Chief Mental Health Officer or designee will have oversight from a distance at the facilities that do not have SOA MHCs. At the facilities with no SOA employee, the contractor will have to be able to work more autonomously than at other facilities.*

3. Regarding the traveling Mental Health Clinician (MHC): the frequency of travel is listed

as once per month. Does “once” constitute one day, or is there an expected or minimum amount of time the provider must be on-site?

**RESPONSE:** *When possible, the work at those facilities will be done in one day. However, due to the remoteness and traveling logistics, there will be times when the MHC must stay overnight and plan for two (2) days at the facility.*

4. For the traveling MHC’s telehealth duties, will telehealth be provided from the duty station in Anchorage, or is it expected that the contractor provides the telehealth setup?

**RESPONSE:** *Telehealth services will be provided from the designated duty station in Anchorage.*

5. **SEC. 3.08 TRAVEL** states that travel will be arranged by the department but does not specify whether travel and lodging costs will be covered. Will all travel-related expenses be paid by the department/state?

**RESPONSE:** *Yes, the department will pay for all department approved and arranged travel and lodging (when needed).*

6. An offeror’s organization utilizes master’s-level therapy providers as 1099 contractors to fulfill the scope of work. Are these providers considered “subcontractors” as referenced in **SEC. 3.09** of the RFP?

**RESPONSE:** *If an organization uses 1099 contractors to perform the services outlined in the scope of work, the department will classify them as subcontractors.*

7. What is the average daily patient census per on-site MHC at each facility?

**RESPONSE:** *It varies greatly depending on the level of care. For example, for the acute units, each MHC may only have 10 - 15 clients each. However, in open population/outpatient services each MHC may have 75 - 100 clients.*

8. How many new intakes or referrals does an MHC typically see per day or per week?

**RESPONSE:** *This largely depends on location and any factors that may drive an increase in referrals.*

9. Is there an expected caseload cap per clinician, or does volume fluctuate based on institutional need?

**RESPONSE:** *There is no caseload cap per MHC, caseload volume fluctuates based on need.*

10. What percentage of daily encounters are scheduled appointments versus same-day or crisis referrals?

**RESPONSE:** *The percentage of daily encounters varies day-to-day. The department does not have an estimated percentage currently.*

11. What are the expected appointment lengths for the following services?

- Intake screenings
- Mental health assessments
- Individual therapy sessions
- Group therapy sessions
- Suicide risk assessments

**RESPONSE:** *Intervention times vary. The department provides brief, solution-focused individual interventions rather than full-length therapy sessions. Individuals are seen at regular intervals based on acuity. Group sessions typically last 60 to 90 minutes, depending on group size and composition.*

12. What is the typical acuity level of patients seen by MHCs (e.g., percentage with serious mental illness, active suicidality, or co-occurring substance use disorders)?

**RESPONSE:** *It is estimated that about 65% of the incarcerated population on any given day has a mental health need. The department serves the full spectrum of acuity from outpatient to acute care. It varies by facility.*

13. Are MHCs expected to manage high-risk patients daily, or is there psychiatric or provider backup available for escalated cases?

**RESPONSE:** *MHCs are expected to manage high risk patients daily. There are also other people on the team, such as medical staff and a psychiatric provider. However, the MHCs need the experience and skill set to manage high risk patients on a regular basis.*

14. How often are MHCs expected to facilitate group therapy? What is the average group size? What is the frequency per week?

**RESPONSE:** *Group therapy, average group size, and frequency vary by facility and acuity level/which unit the MHC works within.*

15. Are group therapy topics standardized by the Department of Corrections, or may clinicians tailor content based on clinical need?

**RESPONSE:** *AK DOC has a core curriculum that is followed. MHCs may use supplemental material that is approved by the department.*

16. Approximately how much daily time should clinicians expect to spend on documentation or clinical notes? Is protected time allotted, or is documentation expected to be completed between appointments?

**RESPONSE:** *MHCs are expected to manage their own time and document daily. It will vary depending on what type of encounters are being completed.*

17. Is documentation required to be completed same-day, or is there an allowable completion window?

**RESPONSE:** *Same day documentation is the standard.*

18. What percentage of an MHC's time is typically devoted to suicide watch follow-ups or prevention activities?

**RESPONSE:** *This varies based on facility.*

19. Are clinicians expected to remain on-site beyond scheduled hours for crisis coverage, and if so, how frequently does this occur?

**RESPONSE:** *If there is an emergency in progress, the MHC will need to remain onsite past their regular hours. However, this does not happen regularly. The department does not want MHCs to work past their time. If this happens, a report on what the situation was, etc., is required because all additional time must be approved. Again, this rarely happens.*

20. Will the Department of Corrections supply equipment for the telehealth provider?

**RESPONSE:** *Yes, the equipment will be provided at the duty station in Anchorage.*

21. Do potential offerors need to provide resumes of the MHCs in their proposal, or is the expectation that the offeror locate and hire these individuals once a contract is awarded?

**RESPONSE:** *Offerors must provide resumes of all who will actually work on the contract in their proposal as outlined in **SEC. 4.03**.*

22. If the department needs candidates to be pre-recruited, what happens if they aren't available once the bid is awarded?

**RESPONSE:** *The department will need candidates as soon as the contract starts. An offeror's proposal should include candidates that will be available starting July 1, 2026.*

23. Do MHCs need to be licensed in the State of Alaska. If yes, do they need licensure when an offeror submits a proposal or can licensure be obtained for MHC's once a contract for these services is awarded?

**RESPONSE:** *MHCs must be licensed in the State of Alaska at the start date of the contract. Proof of licensure in the State of Alaska is not required at the time of proposal submission. Proof of State of Alaska license application will be required after the award of the contract.*

24. Is independent licensure (LCSW/LPC) the main requirement or would LMSW/Associate Counselor be acceptable?

**RESPONSE:** *Clinical licensure is preferred. Candidates must have clinical experience with diagnosis, assessment, treatment planning, etc.*

25. **SEC. 1.01** "Services at other department locations may be provided at the request of the Chief Mental Health Officer (or designee) on an as-needed basis."

**SEC. 3.01** "In addition to the above-described behavioral services, the traveling MHC will be required to provide additional in-person and telehealth SUD services at the request of the Chief Mental Health Officer (or designee) on an as-needed basis, including department locations other than AMCC, KCC, and YKCC."

Would this come out of the Total Number Hours 2,080 for this position or a different bank of hours?

**RESPONSE:** *There is no bank of hours. This position will be a 40 hour per week position. If there is not time to do additional clinics, they will not be assigned to this position.*

26. **SEC. 3.01** "When the traveling MHC is not in travel status, the MHC will be expected to report to the main duty station in Anchorage, Alaska."

**SEC. 3.02** "non-travel duty station located in Anchorage".

**SEC. 3.07** "When not in travel status, the assigned work location is in Anchorage, AK."

Where is the main duty station in Anchorage, Alaska?

**RESPONSE:** *The main duty station shall be located at either the Anchorage Correctional Complex or the Anchorage Central Office located in the Robert B. Atwood Building. The department will determine and confirm the final location of the main duty station at a later date.*

27. **SEC. 3.01** "Facilitation of up to 12 in-person suicide prevention training session per year, per assigned institution."

Does this mean the three remote facilities would require monthly suicide prevention trainings during the in-person visits?

**RESPONSE:** *Yes, all three remote facilities will require monthly suicide prevention trainings during the in-person visits.*

28. **SEC. 3.02** "The successful offeror shall provide the Chief Mental Health Officer (or designee) at least a two-week notification for known staff absences."

What is considered a staff absence for the traveling MHC?

**RESPONSE:** *Any absence should be communicated with at least 2 weeks' notice. However, if there is an emergency, notification as soon as possible is the expectation.*

29. **SEC. 3.03** "Conduct therapeutic groups."

Is this expected for the traveling MHC at all 3 remote facilities?

**RESPONSE:** *This is only one position. So, this is the expectation for the one travelling MHC position. The position will cover all 3 remote facilities and notification is required for staff absence.*

30. **Attachment 2 Cost Proposal Form** "Travel costs associated with the performance of this contract include but may not be limited to transportation, lodging, rental car, taxi, mileage, etc."

How is travel arranged and paid for? Is this the travel MHC'S responsibility or does the state book and pay for it?

If it is the MHC's responsibility, is there reimbursement for all travel costs?

**RESPONSE:** *All travel will be arranged and paid for by the State.*

31. Can the department confirm if the shift durations will be 8s, 10s, 11s, or 12s? Can an offeror bill the State for overtime on shifts for over 8 hours/day?

**RESPONSE:** *MHC shift durations are 8-hour shifts, 40 hours per week. Shifts can take place any day of the week excluding State holidays. These positions are ineligible for overtime.*

32. Will the State reimburse travel associated with the candidate who is required to float to different locations?

**RESPONSE:** *The department will be responsible for arranging and paying for travel. The State will reimburse based on the travel policy and Alaska statutes – link in RFP.*

33. Must an offeror provide resumes of MHC candidates with their proposal?

**RESPONSE:** *Offerors must provide resumes of all who will actually work on the contract in their proposal as outlined in **SEC. 4.03**.*

34. Is there flexibility for vendors to focus on certain facilities or roles within the overall scope?

**RESPONSE:** *The department will request which facilities need candidates based on need.*

35. May responsibilities such as traveling MHC coverage and on-site placements be divided among different vendors?

**RESPONSE:** *Yes, this is a multi-award solicitation. It is possible for the traveling MHC position and the non-traveling positions to be awarded to different vendors.*

36. Must all proposed clinicians be available for on-site service, or could there be a hybrid approach where 3-5 providers are designated to travel onsite will the others supplement with telehealth?

**RESPONSE:** *All MHCs must be available for on-site services. Even the traveling MHC*

*will have a designated on-site workspace at the main duty station in Anchorage, AK where they will perform telehealth services when they are not traveling to the remote sites.*

37. Could the department provide the estimated total budget allocated for this solicitation?

**RESPONSE:** *The department is not disclosing the allocated budget for this project. The department has a limited budget for this project, and negotiations may be necessary.*

38. What is the anticipated average duration of clinician assignments under this contract?

**RESPONSE:** *The department asks for at least 6 months at a time per MHC, with the possibility of extension.*

39. Are offerors required to submit the Alaska Business License and Certificate of Insurance with the proposal, or may these documents be provided upon award?

**RESPONSE:** *Offerors are not required to have an Alaska Business License at the time they submit a proposal, but if awarded a contract, the offeror must provide proof of filing for an Alaska Business License. The offeror must have an active Alaska Business License at the time the contract begins. An offeror's Certificate of Insurance is required with the submission of their proposal.*

40. Kindly provide a comprehensive list of all mandatory forms, certifications, and attachments required for submission to ensure proposal compliance.

**RESPONSE:** *A detailed list of all mandatory forms, certifications, and attachments can be found under **SEC. 1.04, SECTION 4., and Attachment 1.***

41. Please confirm the required proposal format and identify which documents must be submitted separately (e.g., Technical Proposal, Cost Proposal, attachments).

**RESPONSE:** *Please refer to **SECTION 4. and Attachment 1.***

42. Kindly confirm the complete scope of services required under this contract to ensure all mandatory components are addressed.

**RESPONSE:** *Please refer to **SECTION 3.***

43. Please confirm the primary job classifications covered under this solicitation.

**RESPONSE:** *The primary job classifications are Mental Health Clinicians.*

44. Please confirm whether offerors are required to submit live resumes of proposed personnel or if sample resumes are acceptable. Additionally, kindly clarify which job titles require resume submission and whether resumes will be included in the proposal page limit calculation.

**RESPONSE:** *Offerors must provide resumes of all who will actually work on the contract in their proposal as outlined in **SEC. 4.03.** There is no proposal page limit for this RFP.*

45. Is the use of subcontractor's mandatory? If permitted, please clarify any subcontracting limitations and required documentation.

**RESPONSE:** *The use of subcontractors is not mandatory. Please refer to SEC. 3.09.*

46. Please confirm the Electronic Health Record (EHR) system currently utilized by the Department.

**RESPONSE:** *The department currently uses Techcare by Naphcare as its EHR system.*

47. Can the Department provide the current Average Daily Population (ADP) for each of the thirteen (13) facilities?

**RESPONSE:** *The ADP for each correctional center is listed below:*

- *ACC: 840*
- *AMCC: 130*
- *FCC: 240*
- *GCCC: 1,230*
- *HMCC: 320*
- *KCC: 60*
- *LCCC: 150*
- *MSPT: 80*
- *PCC: 670*
- *PMCF: 80*
- *SCCC: 300*
- *WCC: 440*
- *YKCC: 170*

48. What percentage of the incarcerated population is currently receiving behavioral health services?

**RESPONSE:** *About 45% of the incarcerated population receives behavioral health services on any given day.*

49. Kindly confirm the total number of locations where services are required under this contract. Additionally, please specify the number of Full-Time Equivalents (FTEs) required at each location.

**RESPONSE:** *Services will be required at all 13 correctional centers. The number of contracted MHCs required at each correctional center will be determined by facility needs and the number of SOA employees assigned to that location.*

50. Please confirm the number of references required and whether references must be from correctional behavioral health contracts specifically.

**RESPONSE:** *The department prefers offerors to provide 1 – 3 letters of references with their proposal. References do not need to be specifically from correctional behavioral health contracts.*

51. Please confirm whether offerors are required to submit formal letters of reference, or if providing reference details (organization name, address, point of contact, phone number, and email) is sufficient. Additionally, kindly specify the number of references required for this solicitation.

**RESPONSE:** *The department prefers offerors to provide letters of reference.*

52. With reference to **SECTION 5.**, please confirm whether offerors are required to provide separate responses to the items listed under this section, or if the information should be addressed within the designated proposal sections/attachments. Additionally, kindly clarify whether this section is provided solely for evaluation criteria reference.

**RESPONSE:** *SECTION 5. is provided solely for evaluation criteria. However, offerors should address the items within their proposals.*

53. Please confirm the facility assignment distribution for the twenty (20) non-traveling MHC positions and the expected service model for the Traveling MHC.

**RESPONSE:** *The number of contracted MHCs required at each correctional center will be determined by facility needs and the number of SOA employees assigned to that location. The service model for the Traveling MHC is outlined in SECTION 3.*

54. Will each awarded contractor be required to provide services statewide, or may awards be made by facility grouping or service category?

**RESPONSE:** *Contractors shall provide services based on the position they submit a proposal for (traveling and/or non-traveling). Awards will not be made by facility grouping or services category.*

55. Please confirm which equipment, workspace, clinical supplies, and telehealth infrastructure will be provided by the Department, and what must be furnished by the contractor.

**RESPONSE:** *The department will provide the necessary workspace and supplies.*

56. Please clarify whether travel expenses for the Traveling MHC should be included in the proposed rates or will be reimbursed separately.

**RESPONSE:** *The department will pay for all department approved and arranged travel and lodging (when needed).*

57. Are resumes, licensure verification, and credentialing documentation required at the time of proposal submission or upon award?

**RESPONSE:** *Offerors must provide resumes, licensure, and credentials of all who will actually work on the contract in their proposal.*

58. For multiple awards, is there a minimum number of MHC positions each awarded contractor must support?

**RESPONSE:** *If submitting a proposal for the Non-Traveling MHC, the contractor must*

*provide 20 MHCs. If submitting a proposal for the Traveling MHC, the contractor must provide 1 MHC. If submitting a proposal for both MHC positions, the contractor must provide all 21 MHCs.*

59. Kindly clarify the qualification criteria and required documentation to claim the Alaska Bidder Preference.

**RESPONSE:** *Please refer to **SEC. 6.12**.*

60. Please clarify how the Alaska Bidder Preference is applied within the evaluation process, particularly regarding scoring and cost adjustments.

**RESPONSE:** *Please refer to **SEC. 5.09** and **SEC. 6.12**.*

61. Please confirm whether clinical supervision is provided by the Department or remains the responsibility of the contractor.

**RESPONSE:** *Clinical supervision will be provided by the department at all locations.*

62. Please confirm whether contractors are responsible for providing any medication or pharmacy-related services under this contract.

**RESPONSE:** *The MHCs will be responsible for coordinating medication clinics but will not be dispensing medications.*

63. Please clarify the required pricing structure to be submitted with the proposal response, including the preferred format, cost components, and any specific pricing templates or schedules that Offerors must follow

**RESPONSE:** *Please refer to **Attachment 2**.*

64. Kindly confirm the complete list of services required under this contract, including all mandatory clinical, telehealth, substance use disorder (SUD), training, documentation, and reporting responsibilities expected from the contractor.

**RESPONSE:** *Please refer to **SECTION 3**.*

65. Do offerors need to respond directly within the text boxes provided in **Attachments 5** through **8**, or may responses be submitted within the main proposal document while remaining within the prescribed page limits?

**RESPONSE:** *Offerors may use the text boxes provided in **Attachments 5 – 8** or may use their own templates, just as long as the sections are clearly labeled and legible.*

66. If an offeror does not claim Alaska Bidder Preference, please confirm that no cost adjustment or deduction will be applied.

**RESPONSE:** *No cost adjustment or deduction will be applied to offerors who do not claim the Alaska Bidder Preference.*

67. Kindly provide a complete list of all job titles and positions included in this solicitation.

**RESPONSE:** *Please refer to **SECTION 3**.*

68. Please clarify the purpose and scope of any site inspection provisions referenced in the RFP.

**RESPONSE:** *Please refer to SEC. 3.10.*

69. Kindly confirm whether the State would consider waving or modifying the Alaska Bidder Preference requirement for this solicitation, as it may limit competition. Offerors outside Alaska remain fully capable of delivering qualified staffing and services in accordance with the RFP requirements.

**RESPONSE:** *The State will not wave or modify the Alaska Bidder Preference for this solicitation.*

70. Please confirm the total page limit.

**RESPONSE:** *There is no proposal total page limit for this solicitation.*

71. Kindly provide the current staffing matrix, including positions, FTE allocations, and vacancy status.

**RESPONSE:** *The department's staffing matrix is for internal use only and cannot be shared publicly.*

72. The special requirements included at the beginning of attachments 5 through 8 indicate that the form "must not exceed five pages." Does this page limit apply to these attachments as group, or does each attachment have a limit of five pages?

**RESPONSE:** *The special requirements can be disregarded. There is no proposal total page limit for this solicitation.*

73. Do the narrative responses need to be typed in the forms provided? If so, and an offeror's proposal exceeds the first page, would any additional pages need to be provided on a blank page or a copy of the form?

**RESPONSE:** *Offerors may use the text boxes provided in **Attachments 5 – 8** or may use their own templates, just as long at the sections are clearly labeled.*

74. Are there any formatting requirements or limitations (e.g., font, text size, spacing, etc.) for the narrative pieces of the proposal (**Attachments 5 – 8**)?

**RESPONSE:** *There are no formatting requirements or limitations for the narrative pieces, just as long at the sections are clearly labeled and legible.*

75. For rural or remote duty locations, does the Alaska Department of Corrections provide any assistance with securing housing for contracted staff?

**RESPONSE:** *The department will not arrange housing or assist with this process.*

76. Are offerors permitted to incorporate attachment titles (e.g., Prior Experience, Management Plan, Methodology Used, etc.) directly into the body of the proposal narrative, or must these be submitted as separate attachments?

**RESPONSE:** *Those may be incorporated directly into the body of the proposal. The only form that must be submitted as a separate attachment is the Cost Proposal.*

77. Is this a new requirement, or a follow-on contract for current services?

**RESPONSE:** *The department maintains separate contracts for behavioral health services in rural and non-rural areas but lacks a unified agreement covering all services and locations.*

78. Will the state consider a phase in plan for locations that need recruitment of Mental Health Clinicians beyond the proposal due date?

**RESPONSE:** *The department's preference is that the contractor can provide all services listed in the contract by the contract start date without a phase in plan.*

79. Why is the state issuing this bid at this time?

**RESPONSE:** *The department's current contracts for behavioral health services expire on June 30, 2026. The department will continue to need these services.*

80. What is the estimated budget for this RFP?

**RESPONSE:** *The department is not disclosing the estimated budget for this project. The department has a limited budget for this project, and negotiations may be necessary.*

81. Please clarify how staffing needs or assignment requests will be distributed to awarded vendors after contract award.

**RESPONSE:** Please refer to the added ***SEC. 1.15 MENTAL HEALTH CLINICIAN REQUEST PROCESS.***

82. How does the State intend for the contractor to bill for travel performed by the Mental Health Associate (MHA)? Will travel be handled directly between the MHA and the State, or should all travel costs be billed through the contractor's invoice along with the MHA's hours? If travel must be invoiced by the contractor, can the State clarify what receipts or supporting documentation will be required to validate travel expenses?

**RESPONSE:** *The department will pay for all department approved and arranged travel and lodging (when needed). No travel costs should be included on the contractor's invoice.*

83. To better understand anticipated demand, can the State provide the following information:

- Historical usage by labor category.

**RESPONSE:** *Both the traveling and non-traveling MHC are full-time positions.*

- Contracted staff hours per year.

**RESPONSE:** *Contracted staff will be scheduled for between 1,950 and 2,080 hours per year.*

- Total spending by year.

**RESPONSE:** *Spending by year will be determined by scheduling and the contractor's hourly rate.*

- Current budget for this program.

**RESPONSE:** *The department is not disclosing the estimated budget for this project. The department has a limited budget for this project, and negotiations may be necessary.*

- Typical workday hours for each labor category.

**RESPONSE:** *Both MHC positions are considered full-time positions and will be scheduled to work between 7.5 and 8 hours daily.*

- Average length of assignment.

**RESPONSE:** *The department asks for at least 6 months at a time per MHC, with the possibility of extension.*

84. Must bidders submit **Attachment 4** with their response if they do not qualify for a preference?

**RESPONSE:** *If an offeror does not qualify for the Alaska Bidder Preference, they do not need to submit it with their proposal.*

85. Can bidders submit **Attachments 5 – 8** as one combined document?

**RESPONSE:** *Yes, just as long as the sections are clearly labeled and legible.*

86. **Attachment 5**, experience and qualifications, states "This Submittal Form must not identify the offeror's proposed costs and must not exceed five pages." Are resumes of key personnel and letters of reference included in the page limit for this section?

**RESPONSE:** *The page limit can be disregarded.*

87. What types of revision requests will be deemed to have impacted how a proposal would have been ranked?

**RESPONSE:** *The department will rank proposals based on evaluation and scoring criteria methods under **SECTION 5**.*

88. Is the state receptive to the prospect of mutual termination rights?

**RESPONSE:** *The department will remain firm on the language provided in **SEC. 3.21**.*

89. Is the state receptive to rate/pricing adjustments where unexpected market forces make this a necessary consideration?

**RESPONSE:** *The department is open rate/pricing adjustment talks before issuing renewal amendments*

90. What are the state's expectations regarding BHC involvement with training functions?

**RESPONSE:** *Please refer to **SEC. 3.01** and **SEC. 3.03**.*

91. What security measures, and level of security, does the State have in place at the facilities where contractors would assign staff?

**RESPONSE:** *Security measures vary by facility. Contracted staff are required to take an initial security training class if providing services within correctional centers.*

92. Is the state receptive to Net 30 payment terms for contracts that exceed \$500K?

**RESPONSE:** *The department will remain firm on the language provided in **SEC. 3.06**.*

93. Can you outline what information is required for the letters of reference?

**RESPONSE:** *Letters of reference should include information about the offeror's ability to successfully staff a DOC with MHCs. This will include many components.*

94. Are attachments directly pertaining to experience and qualifications included in the final page count for **Attachments 5 – 8**?

**RESPONSE:** *The page limit can be disregarded.*

95. Can an offeror use The State of Alaska as a letter of reference?

**RESPONSE:** *Yes, but offerors may not use letters of reference from current Department of Corrections employees.*

96. How many letters of reference are required?

**RESPONSE:** *The department prefers offerors to provide 1 – 3 letters of references with their proposal.*

97. Can an offeror speak to our experience working with The State of Alaska in our response?

**RESPONSE:** *Yes.*

98. Can bidders add additional pages to **Attachments 2** and **3** to clarify information as needed?

**RESPONSE:** *Yes.*

99. Are bidders allowed to use their own formatting when submitting **Attachment 5 – 8** (for example, creating a response in Microsoft word).

**RESPONSE:** *Yes, just as long as the sections are clearly labeled and legible.*

This addendum is considered part of the Request for Proposal (RFP) and is to be acknowledged in the offeror's proposals.

Please contact Benjamin Baker, 907-269-5909 or [benjamin.baker@alaska.gov](mailto:benjamin.baker@alaska.gov) if you have any questions.

Sincerely,

*Benjamin Baker*

Benjamin Baker  
Procurement Officer

**End of Addendum #2**