



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES
64 NEW YORK AVENUE, NE – 4TH FLOOR
WASHINGTON, DC 20002
Telephone: 202-671-3171 ♦ FAX: 202-671-3395**

March 26, 2013

**REQUEST FOR QUOTATION (RFQ) RM-13-RFQ-079-BY0-TLW for
CHILD AND ADOLESCENT PSYCHIATRIC TREATMENT, REHABILITATIVE
SERVICES AND MEDICATION MAINTENANCE SERVICES**

AMENDMENT TWO (2)

Part I – Answers questions submitted by Prospective Offerors

QUESTION 1: It is not clear if the contract is for direct service hours, or covers a set number of clinic hours, even if a patient is not seen (i.e. not a full schedule or no shows).

DMH RESPONSE: The Contract covers a set number of clinic hours.

QUESTION 2: There is no hourly rate on the Contract. What is the hourly rate

DMH RESPONSE: The Hourly Rate is a personal business decision that must be made by each Bidder/Offeror who submits a Bid in response to this solicitation.

QUESTION 3: There is an end date on the contract of Sept 30, 2013, with no renewal option, is there hope to get another provider, or a permanent provider

DMH RESPONSE: DMH is exploring all available options.

QUESTION 4: Is there really a finite limit to the Contract in just a few months?

DMH RESPONSE: The Contract to be awarded in response to this solicitation shall end on September 30, 2013.

QUESTION 5 I also am unclear about the attachments, specifically about the contractor agreement specifics about licensure, etc - is that covering medical licensure, or a business license

DMH RESPONSE: The Licensure addressed on page 2 of the Bidders/Offeror Certification Form is referring to business licenses.

Question 6: I am also unclear how to complete the first source attachment. - I have no knowledge as to how to fill out the entire first section, with the contract/project specifics.

DMH Response: The top portion of page 1 of the First Source Agreement must be completed as follows:

The Contract Number is: RM-13-RFQ-079-BY0-TLW

The Project Contract Amount and the Employer Contract Amount are : whatever Total Extended Cost that you entered on the Schedule B Pricing Sheet

Project Name: Child and Adolescent Treatment, Rehabilitative and Medication Management Services;

Project Address is: 821 Howard Rd., SE Washington, DC 20020 Ward: 8

Enter your name on the long empty line. _____

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR QUOTATION (RFQ) REMAIN UNCHANGED.

Only one copy of this Amendment is being sent to prospective Offerors. Offerors shall sign below and attach a signed copy of this Amendment to each response to the Request for Quotation (RFQ) to be submitted to the place specified for receipt of Bids. All Bids shall be mailed or delivered in accordance with the instructions provided in the original RFQ. In the event your Bid has been previously deposited with the Department of Mental Health, Contracts and Procurement Services (DMH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFQ Number and submission date. **This signed Amendment must be received by the DMH/CPS on or before Wednesday, March 27, 2013 at 2:00 PM EST, the date and time for the closing of this solicitation. Failure to acknowledge receipt of Amendment Two (2) for Solicitation Number RM-13-RFQ-079-BY0-TLW may be cause for rejection of any Bid submitted in response to the subject RFQ.**

Signed:



Samuel J. Feinberg, CPPO, CPPB
Director, Contracts and Procurement Services
Agency Chief Contracting Officer

Amendment Number Two (2) is hereby acknowledged and is considered a part of the Bid for Solicitation Number RM-13-RFQ-079-BY4-TLW.

Signature of Authorized Representative

Date

Print or Type Name of Firm

Title of Authorized Representative