

UConn HEALTH

REQUEST FOR PROPOSAL
ADDENDUM
UCHC RFP-11 Form
Rev. 2/15

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UNIVERSITY OF CONNECTICUT HEALTH CENTER
Procurement Operations & Contracts
263 Farmington Avenue, MC4036
Farmington, CT 06032-4036

RFP NUMBER:	PROPOSAL DUE DATE:	PROPOSAL DUE TIME:	RFP SURETY:
1-71457347	April 4, 2016	2:00 PM EST	NA
RFP TITLE: Adoption Assistance Program			

ADDENDUM NUMBER: 1

DATE ADDENDUM ISSUED: April 22, 2016

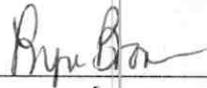
FOR: The University of Connecticut Health Center

NOTE: Questions and Answers

This Addendum must be *Signed & Returned* with your proposal.

Authorized Signature of Proposer

Company Name

Approved By: 

[Lynn Brown]
Buyer

(Original Signature on Document in Procurement Files)

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QUESTION #1:	How is funding provided? Grant vs per diem?
UCONN HEALTH RESPONSE:	Grant
QUESTION #2:	We are licensed by the State of CT? Can anyone at DCF be asked to provide a reference?
UCONN HEALTH RESPONSE:	Sure
QUESTION #3:	3 client references ? Is it specific to post adopt work or just the types of tasks related to the new service?
UCONN HEALTH RESPONSE:	Post Adoption
QUESTION #4:	What is the Caseload size?
UCONN HEALTH RESPONSE:	10 to 15
QUESTION #5:	Does a separate application need to be made if wanting more than one?
UCONN HEALTH RESPONSE:	No
QUESTION #6:	How do we indicate which are you would want to serve?
UCONN HEALTH RESPONSE:	By geographic region
QUESTION #7:	# 1: Provide one (1) half-time Regional Case Manager for a total of 20 hours per week (0.5 FTE), to serve the specific region (greater Bridgeport, greater Waterbury, greater New Haven) and other areas of Connecticut as may occasionally be required, on behalf of UCHC's AAP. (The Regional Case Manager's responsibilities are set forth more specifically in Section III.B. of this RFP.) Will one contract be awarded to an agency to supervise all three regions?
UCONN HEALTH RESPONSE:	No
QUESTION #8:	#12. Submit invoices to the AAP no later than 15 days of the conclusion of each month of service. What is the purpose of invoicing – for payment or used for

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	monitoring program activities and data collection?	
<i>UCONN HEALTH RESPONSE:</i>	Monitoring program activities and data collection	
QUESTION #9:	(10). A copy of Proposer's organizational chart showing the hierarchical structure of functions and positions is included with Proposer's response. Should the org chart be through a hyperlink or separate attachment?	
<i>UCONN HEALTH RESPONSE:</i>	Separate attachment	
QUESTION #10:	<p>Each Proposer must provide the information requested below regarding the Proposer's current and previous clients. If the Proposer was awarded a State of Connecticut contract within the last three (3) years, the Proposer must include a State of Connecticut reference.</p> <p>References must be able to comment on the Proposer's capability to meet UConn Health's needs as described in this RFP; specifically, the quality of the Proposer's goods/services, the level of customer service, and the ability to handle the type and volume of business described in this RFP. The contact person for each reference must be an individual familiar with the Proposer and its day-to-day performance. Proposers are strongly encouraged to call or write their references to ensure the accuracy of their contact information and their willingness and capability to be references.</p> <p>CCPC provides services in the three regions covered by this RFP; can we submit references from more than one DCF region or just one reference from DCF?</p>	
<i>UCONN HEALTH RESPONSE:</i>	More than one	
QUESTION #11:	Proposer's Price for Goods/Services, Page	
	Is this a fee for service or reimbursement contract?	
<i>UCONN HEALTH RESPONSE:</i>	Reimbursement contract. You will bill us quarterly	
QUESTION #12:	I review the recent RFP for the AAP. Can you verify For-Profit Businesses may apply for the RFP? I am currently an LLC in CT. I could not find a Non-Profit as a requirement	
<i>UCONN HEALTH RESPONSE:</i>	Yes	
QUESTION #13:	For further clarification, the information in row 5 states that "It is the intent of the AAP to have this work performed by three half-time positions." In row 14, it states that the	

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	bidder shall provide "one half-time case manager for a total of 20 hours per week". Will you confirm that this solicitation is seeking only 0.5 FTE?
<i>UCONN HEALTH RESPONSE:</i>	Solicitation is seeking (three) 3 .5 positions
QUESTION #14:	After reviewing this RFP, I noticed this is quite different than some of the other RFPs I have worked on in the past. As with other RFPs in the past, there is usually a dollar amount of be allocated to the program, I don't see this with the RFP. Would this service be structured like a Fee for Services contract based on work done? How would this be structured?
<i>UCONN HEALTH RESPONSE:</i>	You provide what it would cost to have a .5 person to perform these tasks.
QUESTION #15:	How much funding is available per grant/area for the Adoption Assistance Program?
<i>UCONN HEALTH RESPONSE:</i>	NA
QUESTION #16:	What are the eligibility criteria for organizations that want to apply?
<i>UCONN HEALTH RESPONSE:</i>	Please see the RFP
QUESTION #17:	Is it necessary to have a child-placing license to qualify?
<i>UCONN HEALTH RESPONSE:</i>	No
QUESTION #18:	Can UCONN Health provide guidelines regarding the estimated cost of the Adoption Assistance Program per region?
<i>UCONN HEALTH RESPONSE:</i>	You determine the cost to have a .5 staff person to perform these duties
QUESTION #19:	Does the UCONN Health Procurement Office require a separate application for each region an organization is applying for (greater Bridgeport, Waterbury and/or New Haven)?
<i>UCONN</i>	No. Specify the regions you are able to provide coverage for these program services

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<i>HEALTH RESPONSE:</i>	
QUESTION #20:	Does the UCONN Health Procurement Office allow an organization to submit a proposal/proposals to provide the Adoption Assistance Program in multiple regions?
<i>UCONN HEALTH RESPONSE:</i>	Yes
QUESTION #21:	In section "4. Proposer References" of the proposal, respondents are asked to provide three (3) current references and one (1) previous reference. Can the UCONN Health Procurement Office clarify if these references should be clients who currently receive/have received services from the Agency's Adoption Assistance Program or should these references be from other organizations we refer to/partner with closely in the delivery of the Agency's Adoption Assistance Program?
<i>UCONN HEALTH RESPONSE:</i>	References can be from past or current sources who have received/ are receiving services.