DISTRICT OF COLUMBIA OFFICE OF CONTRACTS AND PROCUREMENT
DEPARTMENT OF BEHAVIORAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES
64 NEW YORK AVENUE, NE, 2ND FLOOR, WASHINGTON, DC 20002
PHONE: (202) 671-3171♦FAX: (202) 671-3395

July 20, 2016

INVITATION FOR BID (IFB) SOLICITATION
TEMPORARY STAFFING SERVICES
AMENDMENT NUMBER TWO (2)
RM-16-IFB-054-XXX-BY4-JM

TO ALL PROSPECTIVE BIDDERS:

PART I

1. **SECTION B.2.1 IS DELETED IN ITS ENTIRETY AND REPLACED WITH THE FOLLOWING:**

   This Invitation for Bid is designated for certified small business enterprise (SBE) Bidder's only under the provisions of the "The Small and Certified Business Enterprise Development and Assistance Amendment Act of 2014, L20-0108, D.C. Code 2-218.01 et seq ("New Act") effective October 1, 2014.

2. **DELETE B.2.2 IN ITS ENTIRETY AND SUBSTITUE THE FOLLOWING IN LIEU THEREOF:**

   INSERT: B.2.2 At the time of Bid Submittal the Prospective Bidder shall be a certified SBE.

3. **DELETE PAGES 5, 7, 9, 11 AND 13 IN THEIR ENTIRETY AND REPLACED WITH REVISED PAGES OF 5, 7, 9, 11 AND 13 - SEE ATTACHMENT "A"**

4. **DELETE SECTION C.5.5.1 IN ITS ENTIRETY AND SUBSITUTE THE FOLLOWING IN LIEU THEREOF:**

   INSERT: C5.5.1 The Contractor shall provide Temporary Administrative Assistant to support the Care Coordination Division located at 64 New York Ave., NE that shall perform the following duties, but not limited to:

5. **DELETE SECTION C.5.5.1.1 IN ITS ENTIRETY AND SUBSITUTE THE FOLLOWING IN LIEU OF:**

   INSERT: C.5.5.1.1 Minimum Qualifications for Administrative Assistant

6. **DELETE SECTION C.5.5.3 IN ITS ENTIRETY AND SUBSITUTE THE FOLLOWING IN LIEU THEREOF:**

   INSERT: C.5.5.3 **The Contractor shall provide Temporary Administrative Assistant to support the 12 cities SMAHSA Grant Program at 64 New York Ave., NE that shall perform the following duties, but not limited to:**

7. **DELETE SECTION C.5.5.5 IN ITS ENTIRETY AND SUBSITUTE THE FOLLOWING IN LIEU THEREOF:**

   INSERT: C.5.5.5 **The Contractor shall provide an Administrative Assistant to support the Office of Contracts and Procurement, Department of Behavioral Health, Procurement and Contracts Services located at 64 New York Ave., NE, 2nd Floor that shall perform the following duties, but not limited to:**

8. **DELETE SECTION C.5.5.1.1 IN ITS ENTIRETY AND SUBSITUTE THE FOLLOWING IN LIEU OF:**

   INSERT: C.5.5.5.1 **Minimum Qualifications for Administrative Assistant**

TEMPORARY STAFFING SERVICES
AMENDMENT NUMBER TWO (2)
RM-16-IFB-054-XXX-BY4-JM

PART II

QUESTIONS AND ANSWERS

Question No.	IFB Section	Question
1		**Will the Department of Behavioral Health be providing an Excel Spreadsheet for Price or would you like us to create one.**
DBH RESPONSE: The excel spreadsheet that you shall be providing shall be identical to Section B.5 – Pricing Schedule.		
Question No.	**IFB Section**	**Question**
2		**CLIN Numbers 0003A, 0003C, and 0003E all ask for Administrative Assistant III positions. There is only "Administrative Assistant" on the current Wage determination and no II or III. Is that that the category you want for those CLINS?**
DBH RESPONSE: CLIN Numbers 0003A, 0003C, and 0003E have all been revised to the Labor Category of "Administrative Assistant" for the Base Year and all Option Years. Please see attached Revised Pages under Attachment "A"		
Question No.	**IFB Section**	**Question**
3		**CLIN Number 0002B –Titled "Licensed Social Worker – I do not see a Wage Determination category for this position.**
DBH RESPONSE: The rates for Licensed Social Worker should be based upon marketplace and must be in compliance with Department of Labor's regulations.		
Question No.	**IFB Section**	**Question**
4		**CLIN Numbers 003D – Medical Claims Adjuster – I do not see a Wage Determination category for this position**
DBH RESPONSE: The rates for Medical Claims Adjuster should be based upon marketplace and must be in compliance with Department of Labor's regulations.		

TEMPORARY STAFFING SERVICES
AMENDMENT NUMBER TWO (2)
RM-16-IFB-054-XXX-BY4-JM

Question No.	IFB Section	Question
5		**Should the Prospective Bidder provide a copy of their CBE Certification?**
DBH RESPONSE: The Prospective Bidder must include in their Bid Submittal a copy of their CBE Certification.		
Question No.	**IFB Section**	**Question**
6		**Section L, Instructions,** or **Section B, Ordering Procedures,** mentions providing resumes with the Bid. However, **Section C, Descriptions/Specifications/Statement of Work**, on page 27, Section C.6.4 states "The Contractor shall submit with their bid Resumes of all proposed candidates that shall fill the required Temporary Staffing positions." Are resumes to be included with the bid?
DBH RESPONSE: As stated in Section C.6.4 "The Contractor shall submit with their bid Resumes of all proposed candidates that shall fill the required Temporary Staffing positions"		
Question No.	**IFB Section**	**Question**
7		**Section C, Descriptions/Specifications/Statement of Work**, on page 28, Section C.10, Standards of Responsibility provides a list of documents to be included with the bid. However in Section L, Instructions, Conditions, and Notices to Bidder, page 71, **Section L.15.1, General Standards of Responsibility**, requires that "the prospective Contractor must submit relevant documentation within five (5) days of the request by the District." Should these documents be included with the bid?
DBH RESPONSE: Section C.10 and L.15.1 both refer to the Prospective Bidder showing that they can demonstrate to the satisfaction of the District that they are responsive. The information requested in these sections can be included in the bid submission.		
Question No.	**IFB Section**	**Question**
8		Regarding Amendment 1, Answer 2: The response to Question 2 states that "The prospective Bidder shall provide the firm's loaded hourly rate for each category and a detailed price breakdown on how you arrived at the loaded hourly rate." However, the original solicitation, page 3, **Section B.5, Pricing Schedule** requests only the Hourly Rate and the Estimated Totals – it also states "There shall be no alterations to the Price Schedule." Should the prospective bidders follow the requirements as stated in the original solicitation?
DBH RESPONSE: The Prospective Bidder shall provide Firms Loaded Hourly rate for each category in Section B.5. Pricing Schedule. As an additional document to be submitted with Bid response, please provide a detailed price breakdown on how you arrived at the loaded hourly rate.		

TEMPORARY STAFFING SERVICES
AMENDMENT NUMBER TWO (2)
RM-16-IFB-054-XXX-BY4-JM

Question No.	IFB Section	Question
8		Regarding Amendment 1, Answer 2: The response to Question 2 states that "The prospective Bidder shall provide the firm's loaded hourly rate for each category and a detailed price breakdown on how you arrived at the loaded hourly rate." However, the original solicitation, page 3, **Section B.5, Pricing Schedule** requests only the Hourly Rate and the Estimated Totals – it also states "There shall be no alterations to the Price Schedule." Should the prospective bidders follow the requirements as stated in the original solicitation?
DBH RESPONSE: The Prospective Bidder shall provide Firms Loaded Hourly rate for each category in Section B.5. Pricing Schedule. As an additional document to be submitted with Bid response, please provide a detailed price breakdown on how you arrived at the loaded hourly rate.		

ALL OTHER TERMS AND CONDITIONS OF THE INVITATION FOR BID REMAIN UNCHANGED.

Only one copy of this Amendment is being sent to Prospective Bidders. Bidder shall sign below and attach a signed copy of this Amendment to each Bid to be submitted to the place specified for receipt of Bids. Bids shall be mailed or delivered in accordance with the instructions provided in the original IFB Solicitation. In the event your bid has been previously deposited with the Office of Contracts and Procurement, Department of Behavioral Health, Contracts and Procurement Services (OCP/DBH/ CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the IFB Solicitation Number and Submission Date. This signed Amendment must be received by the OCP/DBH/ CPS no later than the date and time for closing. Failure to acknowledge receipt of Amendment Two (2) for Solicitation Number **RM-16-IFB-054-XXX-BY4-JM** may be cause for rejection of any Bid submitted in response to the subject IFB Solicitation.

Signed:

George G. Lewis, CPPO
Contracting Officer

Amendment Number Two (2) is hereby acknowledged and is considered a part of the Bid for Solicitation Number **RM-16-IFB-054-XXX-BY4-JM**.

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Offeror

Aggregate Group 3 - Temporary Staffing For Care Coordination Division; Mental Health Services Division (MHSD); 12 Cities (SMAHSA); Saint Elizabeths Hospital; and Office of Contracts & Procurements(OCP)/ Department of Behavioral Health(DBH)/Contracts And Procurement Services (CPS)						
Contract Line Item Numbers (CLIN)	Description	Estimated Number of Employees	Estimated Number of Hours per Employee	Estimated Number of Employees X Estimated Number of Hours per Employee	Hourly rate	Estimated Total
0003A	Administrative Assistant (Care Coordination Division	2	2000	4000		
0003B	Word Processor II – MHSD	2	2000	4000		
0003C	Administrative Assistant (12 Cities SMAHSA Grant)	2	2000	2000		
0003D	Medical Claims Adjuster (Saint Elizabeths Hospital)	1	2000	2000		
0003E	Administrative Assistant (DBH/OCP/CPS)	1	2000	2000		
	Aggregate Group 3 – Grand Total					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title of Authorized Personnel

Aggregate Group 3 - Temporary Staffing For Care Coordination Division; Mental Health Services Division (MHSD); 12 Cities (SMAHSA); Saint Elizabeths Hospital; and Office of Contracts & Procurements(OCP)/ Department of Behavioral Health(DBH)/Contracts And Procurement Services (CPS)						
Contract Line Item Numbers (CLIN)	Description	Estimated Number of Employees	Estimated Number of Hours per Employee	Estimated Number of Employees X Estimated Number of Hours per Employee	Hourly rate	Estimated Total
1003A	Administrative Assistant (Care Coordination Division	2	2000	4000		
1003B	Word Processor II – MHSD' Clinic	2	2000	4000		
1003C	Administrative Assistant (12 Cities SMAHSA Grant)	2	2000	2000		
1003D	Medical Claims Adjuster (Saint Elizabeths Hospital)	1	2000	2000		
1003E	Administrative Assistant (DBH/OCP/CPS)	1	2000	2000		
	Aggregate Group 3 – Grand Total					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title of Authorized Personnel

Aggregate Group 3 - Temporary Staffing For Care Coordination Division; Mental Health Services Division (MHSD); 12 Cities (SMAHSA); Saint Elizabeths Hospital; and Office of Contracts & Procurements(OCP)/ Department of Behavioral Health(DBH)/Contracts And Procurement Services (CPS)						
Contract Line Item Numbers (CLIN)	Description	Estimated Number of Employees	Estimated Number of Hours per Employee	Estimated Number of Employees X Estimated Number of Hours per Employee	Hourly rate	Estimated Total
2003A	Administrative Assistant (Care Coordination Division	2	2000	4000		
2003B	Word Processor II – MHSD' Clinic	2	2000	4000		
2003C	Administrative Assistant (12 Cities SMAHSA Grant)	2	2000	2000		
2003D	Medical Claims Adjuster (Saint Elizabeths Hospital)	1	2000	2000		
2003E	Administrative Assistant DBH/OCP/CPS	1	2000	2000		
	Aggregate Group 3 – Grand Total					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title of Authorized Personnel

Aggregate Group 3 - Temporary Staffing For Care Coordination Division; Mental Health Services Division (MHSD); 12 Cities (SMAHSA); Saint Elizabeths Hospital; and Office of Contracts & Procurements(OCP)/ Department of Behavioral Health(DBH)/ Contracts and Procurement Services (CPS)						
Contract Line Item Numbers (CLIN)	Description	Estimated Number of Employees	Estimated Number of Hours per Employee	Estimated Number of Employees X Estimated Number of Hours per Employee	Hourly rate	Estimated Total
3003A	Administrative Assistant (Care Coordination Division	2	2000	4000		
3003B	Word Processor II – MHSD' Clinic	2	2000	4000		
3003C	Administrative Assistant (12 Cities SMAHSA Grant)	2	2000	2000		
3003D	Medical Claims Adjuster (Saint Elizabeths Hospital)	1	2000	2000		
3003E	Administrative Assistant DBH/OCP/CPS	1	2000	2000		
	Aggregate Group 3 – Grand Total					

Print Name of Business/Organization

Signature of Authorized Personnel

Date

Print Name of Authorized Personnel

Title of Authorized Personnel

Aggregate Group 3 - Temporary Staffing For Care Coordination Division; Mental Health Services Division (MHSD); 12 Cities (SMAHSA); Saint Elizabeths Hospital; and Office of Contracts & Procurements(OCP)/ Department of Behavioral Health(DBH)/ Contracts and Procurement Services (CPS)

Contract Line Item Numbers (CLIN)	Description	Estimated Number of Employees	Estimated Number of Hours per Employee	Estimated Number of Employees X Estimated Number of Hours per Employee	Hourly rate	Estimated Total
4003A	Administrative Assistant (Care Coordination Division	2	2000	4000		
4003B	Word Processor II – MHSD' Clinic	2	2000	4000		
4003C	Administrative Assistant (12 Cities SMAHSA Grant)	2	2000	2000		
4003D	Medical Claims Adjuster (Saint Elizabeths Hospital)	1	2000	2000		
4003E	Administrative Assistant DBH/OCP/CPS	1	2000	2000		
	Aggregate Group 3 – Grand Total					

Print Name of Business/Organization _____ Signature of Authorized Personnel _____ Date _____

Print Name of Authorized Personnel _____ Title of Authorized Personnel _____