DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES

MARCH 16, 2016

REQUEST FOR QUOTATION (RFQ) AMENDMENT NUMBER TWO (2) FOR:

SOLICITATION NUMBER RM-16-RFQ-055-BY4-SDS
ADVERTISING AND EVENT MARKETING SERVICES

TO ALL PROSPECTIVE OFFERORS:

DEADLINE CLOSING DATE AND TIME MONDAY MARCH 21, 2016, NO LATER THAN 2:00 PM LOCAL TIME

Question No.	RFQ Section	Question/Clarification
1		**Website Updates: Please provide further insight into the level of effort required for the website updates? Three updates are referenced. Will those be primarily content updates, or will they involve heavy design/development work?**
DBH RESPONSE – Regarding website updates, the microsite shall require design updates.		
2		**Photo Booth: To help keep costs lower, would DBH be open to using a digital photo booth option (e.g., tagkast) that would allow users to upload photos to their social media channels using a custom digital frame? This would be done instead of a traditional print-based photo booth.**
DBH RESPONSE – The Department of Behavioral Health (DBH) wants attendees and participants to walk away from the events with a physical memory; the traditional Photo Booth is Mandatory.		
3		**Advertising: If Offeror is including substantial digital/social advertising in their recommendations, in addition to some traditional advertising (e.g., bus stop ads). Are there any special placements or budget requirements to bear in mind when developing the digital and traditional recommendations?**
DBH RESPONSE: There is no need for an Offeror to submit substantial digital/social advertising recommendations; there are no advertising requirements except for developing on-site visual assets for each event. Keep in mind the page count limit placed on Proposals is 20 pages.		
4		**How do I ensure I get preference points? Does a DBE from WMATA count for credit?**
DBH RESPONSE – In order to get Preference Points an Offeror must be a Certified Business Enterprise, Certified by the Department of Small and Local Business Development, Please Refer to Section M of the Solicitation		

5		**What does the pricing proposal consist of? Price schedule (per year and narrative) for example. Should it be limited to the items contained in the price schedule?**
DBH RESPONSE – Please Refer to Sections B and L of the Solicitation for information on the submission of Pricing for this Request for Proposal Solicitation.		
6	**M.3.2**	In the RFP, Past Performance does not indicate a specific evaluation form. Please confirm that the correct evaluation form is found on the Office of Contracting and Procurement website.
DBH RESPONSE: The Evaluation Form to be used shall be the one found on the Office of Contracting and Procurement Website at http://ocp.dc.gov/publication/past-performance-evaluation-form-ocp		

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR QUOTE 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 quote to be submitted to the place specified for receipt of Proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFP. In the event your quote has been previously deposited with the Department of Behavioral Health, Contracts and Procurement Services (DBH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFP number and submission date. This signed Amendment must be included with your submission in response to this RFP.

Failure to acknowledge receipt of Amendment Two (2) for Solicitation Number **RM-16-RFQ-055-BY4-SDS** may be cause for rejection of any Proposal submitted in response to the subject RFP.

Signed:

Samuel J. Feinberg CPPO CPPB

Samuel J. Feinberg, CPPO, CPPB
Cluster Health Services
Chief Contracting Officer
Office of Contracting and Procurement
Department of Behavioral Health

Amendment Number Two (2) is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-16-RFQ-055-BY4-SDS**.

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Offeror