

November 16, 2015

RFP #Y16-600-LC

DEPENDENT ELIGIBILITY AUDIT

ADDENDUM NO. 3

The Request for Proposals is changed as follows:

1. Front page first paragraph is changed to read:

The Orange County Board of County Commissioners, Orange County, Florida, invites interested parties to submit proposals **no later than 2:00 PM, Thursday, December 3, 2015**, for providing Dependent Eligibility Audit to the Board of County Commissioners.

2. Page 4 second paragraph is changed to read:

Firms or companies desiring to provide services, as described in the Scope of Work, shall submit sealed proposals, one (1) original, eight (8) copies and two (2) electronic copy on CD or USB drive not later than **2:00 PM local time Thursday, December 3, 2015**, to the Orange County Procurement Division, Internal Operations Centre II, 400 E. South Street, 2nd Floor, Orlando, Florida 32801, (407) 836-5635.

3. The Fee Schedule Form RPF #Y16-600-LC is replaced in its entirety with the Addendum No. 3, Fee Schedule Form RFP#Y16-600-LC.

This part of addendum is to provide clarifications/response to questions received.

Question: The fee schedule form implies that the statistical sample of dependents under Item 1 is 9,857. This is the same number provided for the complete dependent audit of the agencies that have their own cafeteria plans. A statistical sample of 9,857 dependents would mean that there are millions of people that are dependents and that the anticipated error rate is very high. A statistical sample of 1 million dependents, with a confidence level of 90%, error rate of 50% and desired precision range of 5% results in a sample only round 1,000 dependents. Please clarify the fee schedule estimate of a statistical sample size of 9,857.

Answer: The correct number of subscribers is 7,624 and the correct number of dependents is 6,896.

ACKNOWLEDGEMENT OF ADDENDA

a. The proposer shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned not later than the date and time for receipt of the proposal.

b. Receipt acknowledged by:

Authorized Signer

Date Signed

Title

Name of Proposer

ADDENDUM NO. 3

**FEE SCHEDULE FORM
RFP # Y16-600-LC**

The Contractor shall provide all labor, equipment, manpower and other resources necessary to provide the goods or services in strict accordance with the scope of services, scope of services or specifications defined in this solicitation for the amounts specified in this Fee Schedule Form.

DESCRIPTION	QUANTITY	PRICE	ESTIMATED TOTAL
1. Sample Dependent Audit Price Proposal per dependent.	6,896	X \$ _____ =	\$ _____ *
2. Complete Dependent Audit Price Proposal per dependent.	6,896	X \$ _____ =	\$ _____ *
TOTAL ESTIMATED PROPOSAL		\$ _____	

*Pricing must include ALL aspects of audit, including production of letters (both initial and reminder), postage, call center, etc.