

November 30, 2016

**BOARD OF COUNTY COMMISSIONERS,
ORANGE COUNTY, FLORIDA**

**ADULT DRUG COURT PROGRAM FOR
PEER SUPPORT, FAMILY COUNSELING AND HEALTHCARE NAVIGATION
RFP #Y17-131-LC**

ADDENDUM NO.1

The Request for Proposals is changed as follows:

- a) The Price Proposal Form RFP#Y17-131-LC is replaced in its entirety with the attached Addendum No.1, Price Proposal Form RFP#Y17-131-LC.

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.1
PRICE PROPOSAL FORM
RFP # Y17-131-LC**

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

The sub-award recipient shall provide all labor, equipment, manpower and other resources necessary to provide the services in strict accordance with the scope of services, specifications defined in this solicitation for the amounts specified in this Price Proposal Form.

The price proposal should be based on the staffing model (refer to staff qualifications and scope of services) for peer engagement specialists, in-home family engagement specialist and health care navigator including all associated overhead costs for each position. Proposals shall include the appropriate staff to meet the minimum qualifications as well as the proposed staffing model. Staffing levels shall provide for the services outlined in the proposal.

1. Personnel, Fringe and Indirect Costs

Position	Name*	Annual Salary	Level of Effort	Cost
(1) Peer Engagement Specialist(s)		\$		\$
(2) In-home Family Engagement Specialist(s)		\$		\$
(3) Health Care Navigator(s)		\$		\$
(4) Data Follow-up Specialist		\$		\$
(5) Fringe**		\$		\$
(6) Indirect Cost		\$		\$

Position	Name*	Annual Salary	Level of Effort	Cost
<i>*indicate 'to be selected' if not currently filled</i>				
<i>**provide a fringe benefit cost breakdown by fringe component</i>			TOTAL	\$

2. Local Travel

Est. Miles/Wk	Mileage Rate	No. of Weeks	Total Local Travel
		52	

Include a copy of the sub-award recipient organization's local travel reimbursement policy.

3. Equipment

Item	Unit Cost	No. of Units	Total Equipment Cost
		52	

4. Supplies

Item	Unit Cost	No. of Units	Total Equipment Cost
		52	

Total Cost for Delivery of All Services required by Scope of Services, \$ _____ **

Company Name