



SOLICITATION ADDENDUM

Solicitation Number:	RFP Number BH-2014-001
Solicitation Title:	County-Wide Involuntary Commitment System Administration
Addendum Number:	6
Addendum Date:	February 24, 2015
Contracts Officer:	Roxanne Ziegler

A question was received from one of the Offerors on February 20, 2015. The following is provided in response to the question:

Question 1: Appendix IV in your instructions states “Forms provided and requested for inclusion in this proposal shall not be modified”. Yet the form for Appendix IV shows budget dates of July 2015-June 2016. This is not in line with Addendum #4 which states the services dates are from 10/1/15 to 9/30/16.

Answer 1: After review of Appendix IV (Financial Summary Form), it is agreed that the Annual Budget dates are incorrect. “Jul 2015 – Jun 2016” in column 2 of the form should be changed to read “**Oct 2015 – Sept 2016**”. A corrected Appendix IV: Financial Summary Form (1 page) is attached to this Addendum 6 and is incorporated herein by reference to the RFP.

As for your statement regarding modifying forms, as stated in Amendment 5, you are allowed to modify forms.

Additionally, Danna Whiting stated at the Pre-Proposal Meeting held on December 9, 2014, that Pima County would have a conference room available where Offerors would turn in their proposals. This is no longer the case. Please bring your proposals to the lobby of the Pima County Behavioral Health building at 3950 S. Country Club Road, Tucson, AZ. 85714, and ask the Security guard at the desk to call Roxanne Ziegler at 724-7834 and she will come to the lobby to accept your proposal.

Please acknowledge receipt of this Addendum on Appendix I: Proposal Certification Form included in the RFP. Submit the form as part of your proposal.

All other terms and conditions remain the same.

Roxanne L. Ziegler
Contracts Officer
Pima County Behavioral Health
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APPENDIX IV: FINANCIAL SUMMARY FORM (1 Page)

**COURT ORDERED EVALUATION - FINANCIAL SUMMARY
Pima County FY 2015 (July 2015 - June 2016)**

For the response to the RFP, please propose amounts for each of the following line items.
You may add additional budget categories if necessary.

Budget Category	Annual Budget Oct 2015 - Sept 2016	Budget Narrative / Detail Justifying Amounts
Claims Payments (COE):		
Hospital Inpatient Days		
Physician Evaluations		
Transportation for COE Patients		
Sub-total Claims Payments - COE		
PEP Inpatient Days		
Program Coordination Expenses		
Discharge Planning		
Direct Staff and Direct Operating		
Sub-total Program Expenses		
Indirect Cost		
TOTAL NOT TO EXCEED AMOUNT (excludes profit)		

END OF APPENDIX IV