

AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT				1. HCA Solicitation Number CFSA-10-I-0007	Page of Pages 1 5
2. Amendment/Modification Number CFSA-10-I-0007-A001		3. Effective Date See Block 16C		4. Requisition/Purchase Request No.	
				5. Solicitation Caption Clinical Family Therapy Services/Post Permanency Services	
6. Issued by: Child and Family Services Agency Contracts and Procurement Administration 955 L'Enfant Plaza, S.W., Suite 5200 Washington, DC 20024			7. Administered by (If other than line 6) Child and Family Services Agency Contract Monitoring & Performance Improvement Admin. Child Placement Agency Monitoring Division 955 L'Enfant Plaza, SW, Room 1008 Washington, DC 20024		
8. Name and Address of Contractor (No. street, city, county, state and zip code)				9A. Amendment of HCA No. CFSA-10-H-0007	
				9B. Dated (See Item 11) June 25, 2010	
				10A. Modification of Contract/Order No.	
Code	DUNS:	TIN	FEIN:	10B. Dated (See Item 13)	
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input checked="" type="checkbox"/> is extended <input type="checkbox"/> is not extended. Offeror's/Bidder's /Provider's must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning <u>2</u> copies of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required) <i>To be cited on individual orders issued on behalf of participating agencies</i>					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS , IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to (Specify Authority): The changes set forth in Item 14 are made in the contract/order no. in item 10A.					
B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority)					
E. IMPORTANT: Contractor <input type="checkbox"/> is not <input checked="" type="checkbox"/> is required to sign this document and return 2 copies to the issuing office with bid package.					
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible)					
<p>1. THE DATE FOR SUBMISSION OF BIDS IS CHANGED FROM JULY 9, 2010 TO JULY 16, 2010 AT 2:00 p.m.</p> <p>2. Listed below is the response to questions that was submitted to the Contracts and Procurement Administration in writing as Request for Information, RFI Q01 through Q14.</p> <p>Q01 Question: How should the submission be organized?</p> <p>Response: This is an Invitation for Bids. Please complete all applicable sections of the solicitation documents and return with your bid.</p>					
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer Tara Sigamoni		
15B. Name of Contractor		15C. Date Signed		16B. District of Columbia	
(Signature of person authorized to sign)				16C. Date Signed 7/8/10	

(Continuation)

HCA Number	Amendment/Modification No	Effective Date	Page of Pages
CFSA-10-I-0007	A001	See Block 16C.	2 of 5

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q02

Question: Do the requirements relating to subcontracting at least 35% of the dollar volume of contracts excess of \$250,000 apply when more than 65% of the cost of the contract is expended in salaries and benefits to employees? This provision is extremely onerous to nonprofit organizations that are ineligible to become a certified business enterprise.

Response: Yes

Q03

Question: May a subcontracting plan required under section B.4 include subcontractors whose application for CBE status is pending?

Response: Sub-contracting requirements must be with certified CBEs (not with ones whose applications are pending).

Q04

Question: The principal focuses of this IFB is to provide direct counseling services to families and children and training to families and professionals. A search of the CBE database reveals that currently there are no CBEs that provide counseling (NIGP Code 952-21-00) or training (NIGP Code 952-90-00). Will a bidder be disqualified from consideration if the subcontracting plan covers less than 35% of the total budget, provided the total budget is greater than \$250,000?

Response: The sub-contracting requirements must be met or the bidder will be disqualified.

Q05

Question: Section C.1. requires the provision of short term Integrated Family Therapy or clinical services to a total of 130 children and their families (i.e. 75 children who have been matched with prospective adoptive families (Section C.1.1) and 55 children who have finalized adoption/guardianships (Section C.1.2)). Are the costs of these services supposed to be listed under CLIN 0001? If so, may the bidder change the minimum and maximum quantities shown for CLIN 0001 to 130? If not, how should the bidder reflect the cost of providing services to 130 children as required by the scope of work?

Response: Integration Family Therapy and Clinical services are not the same. Clinical services refers to therapeutic services provided to children and families to assist the child and family in understanding how the impact of adoption/guardianship effects individual and family dynamics; and therapeutic interventions that are necessary to stabilize and/or heal the child and family. Integration Family Therapy refers to therapeutic services that are provided to children who have been matched with a prospective adoptive/guardianship family for the purpose of achieving permanency. The goal of Integration Family Therapy is to help the family incorporate a child into the family and to help the family function as a cohesive unit. See item number 2, changes to Section B.4 PRICE SCHEDULE – IDIQ

(Continuation)

HCA Number	Amendment/Modification No	Effective Date	Page of Pages
CFSA-10-I-0007	A001	See Block 16C.	3 of 5

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Q06

Question: Is there a specific assessment tool that is required for use in implementing in Section C.1.3? If so, what assessment tool should be used?

Response: There is no specific assessment tool necessary, CFSA reserves the right to review, and approve any assessment Tool(s) the Contractor implements.

Q07

Question: What are the evaluation factors and criteria by which bids will be ranked?

Response: This is an IFB and award will be made to the lowest evaluated responsive and responsible bidder.

Q08

Question: Page 22, Section C.16.11 "forms prescribed by CFSA." In 2007/2008 CFSA approved forms currently used at the existing Post Permanency Family Center, including HIPPA/Privacy Practices, Informed Consent, and Intake/Assessment forms. Will there be new forms created, and how would they be created?

Response: Forms are created and re-vamped based upon the need. Forms are created in collaboration between CFSA and the Contractor.

Q09

Question: What is the difference between the population in Clin 0001, 0002, and 0004?

Response: Revised CLINs 0001 and 0002 are for the clinical/integrated family therapy, CLIN 0005 (formerly CLIN 0004) is for the post permanency center in aggregate group 2.

Q10

Question: What is the difference between the quality of the counseling services described in C.1.2 and C.1.3 as compared to C.8.1, C.8.2, and C.8.3. ?

Response: See Response to Question 10.

Q11

Question: Please see Section C.2.3. If this is a service that specializes in evaluating, treating and supporting a population of children and their families who have experienced trauma and disrupted attachments as described in section C.1.2, is it necessary to refer these cases to other professional experts on psychological issues related to adoption such as reactive attachment disorder or may these services be provided within the Post Permanency Family Center?

(Continuation)

HCA Number	Amendment/Modification No	Effective Date	Page of Pages
CFSA-10-I-0007	A001	See Block 16C.	4 of 5

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible).

Response: As noted C.1.1 the aggregated group 1 provides short term services, and as a result, needs to have the capability to refer children and families to the appropriate long term service providers.

Q12

Question: What is the difference in the monthly report required in Section F.3.1 and the monthly progress report referenced in Section C.11.3.5.1?

Response: The monthly report referenced in section C.11.3.5.1 refers to the start up process, implementation and barriers to the implementation of the Post Permanency Family Center, while the monthly report referenced in section F.3.1 refers to the monitoring of services provided to children and families (post service report).

Q13

Question: What is the driver's daily log referenced in Section F.3.1?

Response: If the company provides a bid on Aggregate Award Group 1, then in order for CFSA to pay for CLIN 0004 (formerly CLIN 0003), we would need a record of the driver's daily log.

Q14

Question: Is a budget justification and/or narrative required? If so, what is the preferred format?

Response: No narratives are required. Budget documents are located at www.cfsa.dc.gov; click on Business Opportunities and complete and return the following documents to substantiate the prices indicated in Schedule B.

CFSA Cost Price Data Package
Budget Package
Budget Instructions

3. Delete section B.4 PRICE SCHEDULE – IDIQ, pages 3 through 7 in its entirety, substitute section B.5 PRICE SCHEDULE – IDIQ, pages 3R through 7R, attached.
4. Section C.1 is amended to read; “SCOPE OF WORK – CLINICAL FAMILY THERAPY AND INTEGRATION FAMILY THERAPY SERVICES: AGGREGATE GROUP 1”.
5. Section C.1.1 in its entirety and replace with the following:

The Contractor shall provide short term Integration Family Therapy for a maximum of 130 children in the District of Columbia foster care system that have been matched with a prospective adoptive/guardians families for the purpose of achieving permanency. The goal of Integration Family Therapy is to help the family to incorporate children into the family and to help the family function as a cohesive unit. This can be accomplished by helping the parents identify and master the special tasks related to parenting children who exhibit issues pertaining to abuse, neglect and/or family trauma.

(Continuation)

HCA Number	Amendment/Modification No	Effective Date	Page of Pages
CFSA-10-I-0007	A001	See Block 16C.	5 of 5

6. Delete Section C.1.2 in its entirety and replace with the following:

The Contractor shall provide clinical services for fifty-five (55) children and their families, who have finalized an adoption/guardianship petition of a child from the District of Columbia foster care system. The goal of the specialized clinical service is to identify issues specifically related to adoption/guardianship; and to provide support and services designed to stabilize and preserve the family.

7. Add the following to section C.4.6

The request to extend should be submitted to the CA. The CA will not provide clinical oversight of the treatment plan and progress; however, said treatment plan/progress shall be made available to the CA upon request.

B.5 PRICE SCHEDULE – IDIQ

B.5.1 BASE YEAR

AGGREGATE GROUP 1: Clinical Family Therapy Services cited in Section C.1 through C.7.2						
CLIN NO.	Description	Minimum Quantity	Maximum Quantity	Unit	Unit Price	Total Price
0001	Clinical Services Family Therapy	55	75	Families	\$ _____	\$ _____
0002	Integration Family Therapy	75	130	Families	\$ _____	\$ _____
0003	Mileage Transportation Cost (See Section C.15)	2,245	.50	10 miles	\$ <u>5.00</u>	\$ <u>1,122.50</u>
					TOTAL PRICE	\$ _____

AGGREGATE GROUP 2: Post Permanency Services cited in Section C.8 through C.16.3						
CLIN NO.	Description	Minimum Quantity	Maximum Quantity	Unit	Unit Price	Total Amount
0004	Post Permanency Services	1	1682	Families	\$ _____	\$ _____

B.5.2 OPTION YEAR ONE (1)

AGGREGATE GROUP 1: Clinical Family Therapy Services cited in Section C.1 through C.7.2						
CLIN NO.	Description	Minimum Quantity	Maximum Quantity	Unit	Unit Price	Total Price
1001	Clinical Services Family Therapy	55	75	Families	\$ _____	\$ _____
1002	Integration Family Therapy	75	130	Families	\$ _____	\$ _____
1003	Mileage Transportation Cost (See Section C.15)	2,245	.50	10 miles	\$ <u>5.00</u>	\$ <u>1,122.50</u>
					TOTAL PRICE	\$ _____

AGGREGATE GROUP 2: Post Permanency Services cited in Section C.8 through C.16.3						
CLIN NO.	Description	Minimum Quantity	Maximum Quantity	Unit	Unit Price	Total Amount
1004	Post Permanency Services	1	1682	Families	\$ _____	\$ _____

B.5.3 OPTION YEAR TWO (2)

AGGREGATE GROUP 1: Clinical Family Therapy Services cited in Section C.1 through C.7.2						
CLIN NO.	Description	Minimum Quantity	Maximum Quantity	Unit	Unit Price	Total Price
2001	Clinical Services Family Therapy	55	75	Families	\$ _____	\$ _____
2002	Integration Family Therapy	75	130	Families	\$ _____	\$ _____
2003	Mileage Transportation Cost (See Section C.15)	2,245	.50	10 miles	\$ <u>5.00</u>	\$ <u>1,122.50</u>
					TOTAL PRICE	\$ _____

AGGREGATE GROUP 2: Post Permanency Services cited in Section C.8 through C.16.3						
CLIN NO.	Description	Minimum Quantity	Maximum Quantity	Unit	Unit Price	Total Amount
2004	Post Permanency Services	1	1682	Families	\$ _____	\$ _____
					TOTAL PRICE	\$ _____

B.5.4 OPTION YEAR THREE (3)

AGGREGATE GROUP 1: Clinical Family Therapy Services cited in Section C.1 through C.7.2						
CLIN NO.	Description	Minimum Quantity	Maximum Quantity	Unit	Unit Price	Total Price
3001	Clinical Services Family Therapy	55	75	Families	\$ _____	\$ _____
3002	Integration Family Therapy	75	130	Families	\$ _____	\$ _____
3003	Mileage Transportation Cost (See Section C.15)	2,245	.50	10 miles	\$ <u>5.00</u>	\$ <u>1,122.50</u>
					TOTAL PRICE	\$ _____

AGGREGATE GROUP 2: Post Permanency Services cited in Section C.8 through C.16.3						
CLIN NO.	Description	Minimum Quantity	Maximum Quantity	Unit	Unit Price	Total Amount
3004	Post Permanency Services	1	1682	Families	\$ _____	\$ _____
					TOTAL PRICE	\$ _____

B.5.5 OPTION YEAR FOUR (4)

AGGREGATE GROUP 1: Clinical Family Therapy Services cited in Section C.1 through C.7.2						
CLIN NO.	Description	Minimum Quantity	Maximum Quantity	Unit	Unit Price	Total Price
4001	Clinical Services Family Therapy	55	75	Families	\$ _____	\$ _____
4002	Integration Family Therapy	75	130	Families	\$ _____	\$ _____
4003	Mileage Transportation Cost	2,245	.50	10 miles	\$ 5.00 _____	\$ 1,122.50 _____
					TOTAL PRICE	\$ _____

AGGREGATE GROUP 2: Post Permanency Services cited in Section C.8 through C.16.3						
CLIN NO.	Description	Minimum Quantity	Maximum Quantity	Unit	Unit Price	Total Amount
4004	Post Permanency Services	1	1682	Families	\$ _____	\$ _____
					TOTAL PRICE	\$ _____

****END OF SECTION B****