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| Oklahoma Pinwheel Logo |  | Amendment of Solicitation |

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| **Date of Issuance:** | | | August 19, 2020 | | | **Solicitation No.** | | | | | | | 3400001706 | | | | | | | | |
| **Requisition No.** | | |  | | | **Amendment No.** | | | | | | | | 1 | | | | | | | | |
| Hour and date specified for receipt of offers is changed: | | | | | | | X No | | | Yes, to: | | |  | | |  | | |  | CST | | |
| Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.  Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:  (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,  (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email. | | | | | | | | | | | | | | | | | | | | |
| **ISSUED FROM:** | | | | | | | | | | | | | | | | | | | | | |
|  | Susan Wiest | | |  | 405-271-9444 x 56338 | | | |  | | susanw@health.ok.gov | | | | | | |
|  | Contracting Officer | | |  | Phone Number | | |  | | | | E-Mail Address | | |
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|  | **RETURN TO:** | [Susanw@health.ok.gov](mailto:Susanw@health.ok.gov) | | | | | | | | | | | | | | |
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| **Description of Amendment:** | | | | | | | | | | | | | | | | | | | | | |
| a. This is to incorporate the following: | | | | | | | | | | | | | | | | | | | | | | |
| 1.    While reviewing this RFP, I did not see a contract expense cap clearly defined.  Can you direct me to the section which includes this?  I saw the federal funds being provided but it states it may not be the total available funds.  That amount is significantly less than this RFP has been in past years. This should have been in Attachment A right before the Federal Award Paragraph.  It was not included due to buyer error.  Please see below:  Contract Expense Cap:  The OSDH shall have a total of $50,000.00 available for payment during the contract period of Date of Award through June 30, 2021. Payment shall be made in the following manner for the initial contract period and each renewal contract year:  1.      Payment of $15,667, upon submission and OSDH approval of the Annual Work Plan.  2.      Payment of $15,666, upon submission and OSDH approval of the Mid-Year Progress Report.  3.      Payment of $15,667, upon submission and OSDH approval of the Final Year End Report.  4.      Reimbursed up to $3,000 for travel costs for one staff member to attend the annual National Association of Maternal and Child Health Programs (AMCHP) Conference and the MCH Title V Block Grant Review meeting.  2.     In the past, this grant instructed to place budget items primarily under "other" and payment was made for reports that included all the work provided.  Additionally, a line item for travel for AMCHP Annual Meeting and Title V Block Grant Review Meeting, which included registration for AMCHP, were included.  The travel budgeted item in the budget areas state "in state travel only".  The AMCHP Annual Meeting is typically not in Oklahoma nor is the Title V Block Grant Review. Will an exception for out of state travel need to be prepared to meet the requirements of this solicitation or will attendance at these two events not be reimbursed unless they happen to be electronic?  They are requirements within the guidance.    Adding the following to the Solicitation-Instruction to Bidders-page 8 through this Amendment:  c) 4. 4.    Travel – Instate travel only with prior approval, except as needed to provide services.  NOTE: The Contractor may be reimbursed up to $3,000 for travel costs for one staff member to attend the annual National Association of Maternal and Child Health Programs (AMCHP) Conference and the MCH Title V Block Grant Review meeting. | | | | | | | | | | | | | | | | | | | |
| b. All other terms and conditions remain unchanged. | | | | | | | | | | | | | | | | | | | |

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| Supplier Company Name (**PRINT**) | | |  | Date |
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| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |