



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



CALIFORNIA MULTIPLE AWARD SCHEDULE (CMAS)

REQUEST FOR OFFER

LEVERAGED PROCUREMENT AGREEMENT INFORMATION TECHNOLOGY CONSULTING SERVICES CLINICAL APPLICATIONS MIGRATION (CAM) PROJECT MANAGER RFO #11-074-ITS

ADDENDUM #1

BACKGROUND

The California Department of Corrections and Rehabilitation (CDCR), California Correctional Health Care Services (CCHCS), is requesting offers for a Contractor to provide project management services that facilitate the migration of clinical applications to a new data center. Contractor will work in conjunction with CCHCS' Health Care Applications Development and Support Unit, and Allied Health Services, to provide coordination, project management, issues resolution and knowledge transfer activities as part of the Clinical Applications Migration (CAM) project.

Contractor will report to CCHCS' Deputy Chief Information Officer (DCIO), Clinical Applications, or designee(s). In submitting an offer vendor must comply with the instructions found herein.

The term of the proposed Agreement is targeted for November 1, 2011, through April 30, 2013. CCHCS reserves the option to extend the Agreement for up to an additional eighteen (18) months at the same rate of award and/or to add additional funds up to the maximum CMAS threshold. The contract award is subject to availability of funds approved for this purpose and renewal of the IT CMAS.

All offers must be signed by an authorized officer of the company or firm who has legal and binding authority. By submitting an offer, your firm agrees to the terms and conditions stated in this Request for Offer and in accordance with your authorized Leveraged Procurement Agreement (e.g. CMAS contract).

Offers are due by **4:00 p.m., Monday, October 24, 2011. Responses and any required copies must be submitted by electronic mail and clearly labeled to the department contact noted below.**

Department Contact:
California Correctional Health Care Services
Attention: CYNTHIA BASA
P.O. Box 4038
Sacramento, CA 95812-4038
(916) 324-8045
Cynthia.Basa@cdcr.ca.gov

ACTION(S)

1. Exhibit B-1 (Budget Rate Sheet) has been corrected as attached.

QUESTIONS/STATEMENTS AND ANSWERS

1) Question(s)/Statement(s):

“The RFO states a period of performance from 11/1/11 – 04/30/13, which is 18 months. However, the rate sheet has a preset amount of 2008 hours, which is noted as “total annual hours to be performed”. Can you clarify if the expectation is that we bid a full-time FTE for 18 months using 2008 as the reference for yearly hours, or is the expectation that the 2008 hours is the total for the 18 months (meaning this is for less than a full time FTE?).”

Answer(s)/Statement(s):

Exhibit B-1 has been revised as attached.

2) Question(s)/Statement(s):

“Please clarify or elaborate on the amount of travel that will be necessary? In Exhibit A Section D the RFO states work will be performed at the headquarters or in the greater Sacramento area, so it is not clear what travel will be required and where (i.e. institutions are all over the state, many of which are in remote locations that would require a combination of flying and driving to get to). Also, the scope of services does indicate anything about being onsite at institutions for any of those tasks.”

Answer(s)/Statement(s):

CCHCS does not anticipate any travel required for performance of requested services.

3) Question(s)/Statement(s):

“Exhibit B Section 5 notes that we are to be reimbursed for travel expenses, but it also notes that there is no budget allotted for travel expenses. My concern is that the contractor is being asked to assume the risk of incurring expenses without being reimbursed by the State. Is CCHCS therefore expecting that we incorporate travel expenses into the proposed rate? Or can we expect that all approved travel expenses will be reimbursed by the State?”

Answer(s)/Statement(s):

No travel is anticipated required for performance of requested services.

However, if travel is determined necessary during performance of services, Contractor shall be reimbursed according to State travel guidelines.

**EXHIBIT B-1
RATE SHEET¹**

Contractor agrees to furnish all labor, insurances, licenses, and permits necessary to perform all services required in accordance with the Statement of Work (Exhibit A).

Unless otherwise specified by CCHCS and agreed to by Contractor, the rates set forth shall remain in force throughout term of Agreement and shall include every item of expense, direct and indirect, including State sales tax incidental to the price, if applicable. The hours proposed for consultant are an estimate and the actual hours worked shall be approved by CCHCS' DCIO, Infrastructure, or designee, prior to performance of assigned tasks or services.

Consultant services shall be reimbursed on a time and materials basis subject to completion of approved tasks assigned by CCHCS' DCIO, Infrastructure, or designee.

Consultant Name	Consultant Classification	Hours	Rate Per Hour	Total Cost
	Clinical Applications Migration Project Manager	3012 2008 ²		

Subtotal	\$ _____
Other Itemized Costs (if allowed)	+ _____
Total Costs	\$ _____

¹ Contractor may customize Rate Sheet to correspond to Offer.

² Total annual hours to be performed