

STATE OF CALIFORNIA  
PRISON HEALTH CARE SERVICES  
3701 North Freeway Blvd, Sacramento, CA 95834  
P.O. Box 4038, Suite 3701, 95812-4038

J. Clark Kelso, Receiver



January 21, 2010

**TO: PROSPECTIVE BIDDER**

**RE: REQUEST FOR PROPOSAL (RFP) 09341, ADDENDUM NUMBER 10**

This RFP has been amended and a revised Attachment 1, Reference Information Sheet, is included in the attached addendum #10. The Reference Information Sheet includes space to identify the contact information for any non-CDCR/CPHCS facility from which you are requesting CPHCS to request references. You may print, type, or handwrite the contact information on the Reference Information Sheet.

Please note, our office hours are 8:00 a.m. to 5:00 p.m. However, CPHCS offices will be closed on Friday, January 22, 2010 as required by the [Governor's Executive Order \(S-13-09\)](#).

If you have any questions or need assistance from this office, please do not hesitate to contact Debra Jones at [debra.jones@cdcr.ca.gov](mailto:debra.jones@cdcr.ca.gov).



**Attachment 1, Reference Information Sheet**

**(To be completed by non-JCAHO certified Registries)**

Failure to complete and return this attachment with your bid will cause your bid to be rejected and deemed non-responsive. References must be from either all CDCR/CPHCS facilities that Contractor has provided temporary/relief RN, CNA, and LVN services to within the past twenty-four (24) months or; if no past experience with CDCR/CPHCS, from at least three organizations providing functions of similar scope to those that exist within the CDCR/CPHCS Healthcare setting. **Experience may not be considered if complete reference data is not provided or if the named client contact is unavailable or unwilling to share required information**

1. Name of Contractor	_____
Name of CDCR/CPHCS Facility or organization providing functions of similar scope	_____
For Non CDCR/CPHCS Facilities: Name, Address, Phone and E-mail of Authorized Representative	_____
2. Name of Contractor	_____
Name of CDCR/CPHCS Facility or organization providing functions of similar scope	_____
For Non CDCR/CPHCS Facilities: Name, Address, Phone and E-mail of Authorized Representative	_____
3. Name of Contractor	_____
Name of CDCR/CPHCS Facility or organization providing functions of similar scope	_____
For Non CDCR/CPHCS Facilities: Name, Address, Phone and E-mail of Authorized Representative	_____
4. Name of Contractor	_____
Name of CDCR/CPHCS Facility or organization providing functions of similar scope	_____
For Non CDCR/CPHCS Facilities: Name, Address, Phone and E-mail of Authorized Representative	_____
5. Name of Contractor	_____
Name of CDCR/CPHCS Facility or organization providing functions of similar scope	_____
For Non CDCR/CPHCS Facilities: Name, Address, Phone and E-mail of Authorized Representative	_____