



A D D E N D U M # 1

June 6, 2017

Address all questions to:
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Multnomah County Central Purchasing
501 SE Hawthorne Blvd
Portland, OR 97214
503-988-9287
E-mail: anthony.blackmon@multco.us

RFPQ NO: 4000005176
TITLE: Community Healing Initiative (CHI) Gang Violence Prevention and Intervention
CLOSING DATE: June 21, 2017 / NOT LATER THAN 4:00 p.m.

This Addendum is issued to the above referenced to RFPQ make the following changes, additions, deletions, and/or clarifications:

1. Addition: ADDENDUM 1, ATTACHMENT 1

Attached is the pre-proposal attendance form.

2. Clarification: PAGE 12, SECTION 2.5, FUNDING

Question:

Will there be a set amount of funding that a proposer can base their budget off of as requested within the RFPQ?

Answer:

CHI Probation funding is up to \$1,500,000.
CHI Early Intervention and Diversion funding is up to \$412,000.
CHI Gang Prevention funding is up to \$270,000.

Question:

If a proposer submitted a proposal for a portion of the CHI Gang Prevention services to provide culturally specific services for African American youth, do we apply a cost per youth, up to if the total amount served is up to 50 youth?

Answer:

The proposal should include the number of youth to be served and can be based on a cost per youth, but we do not have any specific criteria on how the proposed budget should be developed.

3. Clarification: PAGE 27, SECTION 3.2.3.5, LEADERSHIP

Question:

Will the proposer be required to provide the staffing qualifications for everyone within their staff or only for those who will be apart of this RFPQ depending on the category a proposal is being submitted for?

Answer:

A proposer will submit resumes for those who will be a part of the program for each different category.

4. Clarification: PAGE 28, SECTION 3.2.4, BUDGET

Question:

Is a proposer required to submit an annualized budget or a budget for multiple years?

Answer:

The proposal should be for an annualized budget.

5. Deletion and addition: PAGE 17, SECTION 2.7.3, REFERRALS

DELETION:

CHI Gang Prevention Services: The contract agencies shall receive referrals from CBOs and schools.

ADDITION:

DCJ shall make referrals to the Prevention program, along with CBOs, schools and Home Forward.

6. Deletion and addition: PAGE 30, SECTION 4.1, MULTIPLE OR ALTERNATE PROPOSALS

DELETION:

Multiple or alternate proposals shall not be accepted.

ADDITION:

Multiple proposals will be accepted. To qualify for any of the 3 programs listed on Cover Page Attachment 3, you must submit a separate proposal for each program. Each proposal will be submitted with a separate cover sheet (Attachment 3) and attachments must be submitted with each individual proposal. See Section 4.3 Maximum Page Limit (Addendum 1) for page limits for each program's proposal.

7. Deletion: PAGE 30, SECTION 4.2, PROPOSAL INSTRUCTIONS AND CONTENT

DELETION:

Example: The RFPQ proposal response to the program question is limited to a page count of not more than 20 pages. This equates to not more than 10 sheets of paper that are printed on each side, or 20 pages printed on only one side.

8. Deletion and Addition: PAGE 30, SECTION 4.3, MAXIMUM PAGE LIMIT

DELETE:

The total number of pages, excluding required attachments, must not exceed 20 pages. Attachments and supporting documents not specifically required by the RFPQ will not be evaluated. Supporting materials submitted with the proposal, if any, will not be returned. Pages in excess of the page limitation will not be submitted to the evaluators for evaluation. Unless otherwise specified, pages exceeding the standard page size of 8.5" x 11" will be counted as two or more pages, depending on the actual size of the page.

ADDITION:

The proposals submitted for the 3 programs below are limited to the page counts listed below:

CHI Probation (African American and Latino youth) 16 total pages This equates to not more than 8 sheets of paper that are printed on each side, or 16 pages printed on only one side.

CHI Early Intervention and Diversion (African American and Latino Youth) 16 total pages. This equates to not more than 8 sheets of paper that are printed on each side, or 16 pages printed on only one side.

CHI Gang Prevention 16 total pages. This equates to not more than 8 sheets of paper that are printed on each side, or 16 pages printed on only one side.

Attachments and supporting documents not specifically required by the RFPQ will not be evaluated. Supporting materials submitted with the proposal, if any, will not be returned. Pages in excess of the page limitation will not be submitted to the evaluators for evaluation. Unless otherwise specified, pages exceeding the standard page size of 8.5" x 11" will be counted as two or more pages, depending on the actual size of the page.

c: L. Hamblin
A.Blackmon
K. Braeme-Burr
File

Pre-Proposal Meeting Attendance List
MULTNOMAH COUNTY OREGON

RFP NUMBER AND TITLE: 400005176 COMMUNITY HEALING INITIATIVE

DATE AND TIME OF CONFERENCE: MAY 31, 2017 1:30 PM

ADDRESS OF CONFERENCE SITE: 501 SE Hawthorne Blvd. PORTLAND, OR 97214 Room 126

PRE-PROPOSAL ATTENDANCE IS: MANDATORY OPTIONAL

One Representative Per Company - Please Print Legibly

	COMPANY INFORMATION	REPRESENTATIVE
1	COMPANY NAME: Family Essentials LLC	NAME:
	MAILING ADDRESS: P.O. Box 20294 Pdx 97294	PHONE: FAX:
	CITY: Portland STATE: OR ZIP: 97294	EMAIL ADDRESS:
2	COMPANY NAME: POIC + RAHS	NAME:
	MAILING ADDRESS: 717 N. Commercial St.	PHONE: FAX:
	CITY: PORTLAND STATE: OR ZIP: 97217	EMAIL ADDRESS:
3	COMPANY NAME: POR + RAHS	NAME: Kern Fella
	MAILING ADDRESS: 717 N. Commercial St.	PHONE: FAX:
	CITY: Portland STATE: OR ZIP: 97217	EMAIL ADDRESS:
4	COMPANY NAME: Latino Network	NAME: Michael Gibson
	MAILING ADDRESS: 410 NE 18 th Ave	PHONE: 424-93-5355 FAX:
	CITY: Portland STATE: OR ZIP: 97232	EMAIL ADDRESS: Michael@latnet.org

One Representative Per Company - Please Print Legibly

11	COMPANY INFORMATION		REPRESENTATIVE	
	COMPANY NAME: Morrison Child & Family Services		NAME: Mi Lovejoy	
	MAILING ADDRESS: 11035 NE Sandy Blvd		PHONE: 503-256-4296 FAX:	
	CITY: Portland STATE: OR ZIP: 97220		EMAIL ADDRESS: mi.lovejoy@morrisonkids.org	
12	COMPANY INFORMATION		REPRESENTATIVE	
	COMPANY NAME: VOA OR		NAME: Greg Cussen	
	MAILING ADDRESS: 3910 SE Stark		PHONE: 503-255-8655 FAX:	
	CITY: Portland STATE: OR ZIP: 97214		EMAIL ADDRESS: gcussen@VOAOR.ORG	
13	COMPANY INFORMATION		REPRESENTATIVE	
	COMPANY NAME:		NAME:	
	MAILING ADDRESS:		PHONE: FAX:	
	CITY: STATE: ZIP:		EMAIL ADDRESS:	
14	COMPANY INFORMATION		REPRESENTATIVE	
	COMPANY NAME:		NAME:	
	MAILING ADDRESS:		PHONE: FAX:	
	CITY: STATE: ZIP:		EMAIL ADDRESS:	
15	COMPANY INFORMATION		REPRESENTATIVE	
	COMPANY NAME:		NAME:	
	MAILING ADDRESS:		PHONE: FAX:	
	CITY: STATE: ZIP:		EMAIL ADDRESS:	
16	COMPANY INFORMATION		REPRESENTATIVE	
	COMPANY NAME:		NAME:	
	MAILING ADDRESS:		PHONE: FAX:	
	CITY: STATE: ZIP:		EMAIL ADDRESS:	