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|   | **COUNTY OF DANE**DEPARTMENT OF ADMINISTRATION**PURCHASING DIVISION**Room 425 City-County Building210 Martin Luther King Jr. Blvd.Madison, WI 53703-3345608/266-4131FAX 608/266-4425 TDD 608/266-4941 |  |
| GREG BROCKMEYERDirector of Administration |  | CHARLES HICKLINController |

DATE: April 5, 2018

TO: All Proposers RFP #118034: Jail to Community Re-Entry Case Management

FROM: Carolyn Clow, Purchasing Agent

SUBJECT: ADDENDUM #1

**The following responses are provided to questions received:**

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| *Question #1* | *We are interested in working with women only. Will you entertain such a proposal?* |
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| Answer #1 | The total funding available is designated to provide re-entry services to inmates who are transitioning into the community from the Dane County Jail, including both males and females. If a proposer wishes to serve a subset of that population, they may be eligible to receive a portion of the total award.  |
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| *Question #2* | *If 1. is possible, do you have an estimated number of women to be served annually?* |
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| Answer #2 | Based upon the amount requested, the proposer should identify both the point-in-time program capacity (section 5.2) the number of persons per year the program would serve (section 6.2). |
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| *Question #3* | *Is there a minimum or maximum amount of funding available to provide services under this Jail to Community Re-Entry Case Management program?* |
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| Answer #3 | The maximum amount of funding available for this RFP is $110,000. Proposals may be submitted for any dollar amount up to the maximum. |
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| *Question #4* | *Is there an upper limit on the available funding?  On Attachment G (under the Per Person Cost Worksheet section, Annual Cost column) $110,000 has been filled in – is this meant to be an indication of the total amount of funding available?* |
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| Answer #4 | The total amount of funding available for this RFP is $110,000. |
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| *Question #5* | *Are you able to define the number of clients who will need services annually and the anticipated number of FTEs needed to staff the program?* |
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| Answer #5 | Based upon the amount requested, the proposer should identify both the point-in-time program capacity (section 5.2) the number of persons per year the program would serve (section 6.2). The number of FTEs proposed should be included in the budget and personnel schedule for the proposed program.  |

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| *Question #6* | *Will funding increases be available in subsequent program years?* |
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| Answer #6 | Future funding levels will be subject to the annual budgetary process. |
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| *Question #7* | *What is the allowable cost rate?* |
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| Answer #7 | Based upon the amount requested, the proposer should identify both a unit cost and a per person cost (section 6.2). |
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| *Question #8* | *Will this contract allow for a reserve? If so, at what rate?* |
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| Answer #8 | A cash reserve will not be permitted in this contract. |
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| *Question #9* | *Will office space be available in the county building?* |
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| Answer #9 | Following successful completion of a background check (Section 4.5.1), program staff will be able to meet with participants in one of the Dane County Jail facilities. Office space beyond this meeting space is not available in any Dane County building. |
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| *Question #10* | *Will the provider be required to perform testing (BAs/UAs)? If so, who will pay for testing and supplies?* |
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| Answer #10 | If the proposer intends to include testing as part of their programming, the cost of testing should be incorporated in the program budget.  |
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| *Question #11* | *What is the sex offense status of clients that may be referred to the program?* |
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| Answer #11 | The proposer should identify how they will select participants for their program including any populations that would be excluded (section 5.2).  |
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| *Question #12* | *Who will be the primary contact for the selected provider – someone at the county (and if so, who) or the Jail Captain?* |
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| Answer #12 | The contract for this program will be managed by Dane County Human Services, however close coordination with Dane County Sheriff’s Office personnel will be essential for day to day operations. |
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Please acknowledge receipt of this addendum by noting “Addendum #1 Received” on the bottom of the Signature Affidavit when you submit your bid. If you have any questions regarding this addendum, please contact me at 608-266-4966.

Sincerely,

Carolyn A. Clow, CPPB

Purchasing Agent