



SOLICITATION ADDENDUM

Solicitation Number: RFP-24-VSD-001

Solicitation Due Date: **March 26, 2024**, at 3:00 p.m. Local Time

**CITY OF PHOENIX
HSD Procurement
200 W. Washington Street
18th Floor
Phoenix, AZ 85003**

CASE MANAGEMENT SERVICES AT PHOENIX STARFISH PLACE

In accordance with the Section I – Instructions, Addenda, the Solicitation is hereby amended as set forth below.

The due date for Solicitation Number: RFP-24-VSD-001, Case Management Services at Phoenix Starfish Place, has been changed to **Wednesday, March 27, 2024, at 3:00 pm.**

Following are responses to vendor questions:

<u>Question</u>	<u>Answer</u>
1. Regarding the childcare requirement, 8.5. (page 29), Do you have any specific childcare qualifications the provider of the childcare will require?	Childcare providers need to possess CPR certification, First Aid certification, a valid fingerprint clearance card, and childcare experience.
2. Can we contract with certified childcare providers?	Yes, it must be the same provider on site each week.
3. Attachment K references the insurance requirements of RFQu-23-OHS-80, should we change that to RFP-24-VSD-001 for signature.	A revised document is attached to this addendum.
4. On page 24 of the Solicitation Document Final, "Signatures...Offeror's Contracting Entity.." – which tab will we house that document under?	Please include it with your attachment forms submittal.
5. To For the 40 Page solicitation page limit, will the 40-page count include the signed documents in Tab 5 & Tab 6?	No

The balance of the specifications and instructions remain the same. Bidder must acknowledge receipt and acceptance of this addendum by signing and returning the entire addendum with the bid or proposal submittal.

Name of Company: _____

Address: _____

Authorized Signature: _____

Print Name and Title: _____

The balance of the specifications and instructions remain the same. Bidder must acknowledge receipt and acceptance of this addendum by signing and returning the entire addendum with the bid or proposal submittal.

Name of Company: _____

Address: _____

Authorized Signature: _____

Print Name and Title: _____

ATTACHMENT K

**CERTIFICATION OF PROPOSER'S INSURANCE AGENT REGARDING
PROPOSER'S ABILITY TO OBTAIN REQUIRED INSURANCE COVERAGE**

I hereby certify that my client, as identified below, will be able to meet all of the insurance requirements of **RFP-24-VSD-001** and has been advised of any additional costs associated with doing so, and has agreed to obtain such coverages if selected as a successful offeror of the RFQu to which my client has responded:

Legal Name of Proposer: _____

Insurance Agency Name: _____

Address: _____

Phone: _____

Email: _____

Please identify which type of coverage your firm provides/will provide to the Proposer.
Check all that apply:

- Commercial General Liability

- Worker's Compensation and
Employer's Liability

Agent/Broker: _____
(Print/Type)

Agent/Broker: _____
(Signature)

Signature Date: _____