## **COUNTY OF FRESNO**

**ADDENDUM NUMBER: ONE (1)** 

**RFP NUMBER: 952-5237** 

# ASSISTANCE TO VICTIMS OF TRAFFICKING, DOMESTIC VIOLENCE AND OTHER SERIOUS CRIMES

January 31, 2014

PURCHASING USE SSİ

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IMPORTANT: SUBMIT PROPOSAL IN SEALED PACKAGE WITH PROPOSAL NUMBER, CLOSING DATE AND BUYER'S NAME MARKED CLEARLY ON THE OUTSIDE TO:

COUNTY OF FRESNO, Purchasing 4525 EAST HAMILTON AVENUE, 2<sup>nd</sup> Floor FRESNO. CA 93702-4599

## CLOSING DATE OF PROPOSAL WILL BE AT 2:00 P.M., ON FEBRUARY 18, 2014.

PROPOSALS WILL BE CONSIDERED LATE WHEN THE OFFICIAL PURCHASING TIME CLOCK READS 2:00 P.M.

Proposals will be opened and publicly read at that time. All proposal information will be available for review after contract award.

Clarification of specifications is to be directed to: **Carolyn Flores, phone (559) 600-7112,** e-mail CountyPurchasing@co.fresno.ca.us, FAX (559) 600-7126.

NOTE THE FOLLOWING AND ATTACHED ADDITIONS, DELETIONS AND/OR CHANGES TO THE REQUIREMENTS OF REQUEST FOR PROPOSAL NUMBER: 952-5237 AND INCLUDE THEM IN YOUR RESPONSE. PLEASE SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL.

- > The following pages address questions that came up during the vendor conference that was held on January 29, 2014.
- > Attached are copies of the vendor conference sign-in sheets.

#### ACKNOWLEDGMENT OF ADDENDUM NUMBER ONE (1) TO RFP 952-5237

COMPANY NAME:		
	(PRINT)	
SIGNATURE:		
NAME & TITLE:		
	(PRINT)	

**January 31, 2014** 

### **QUESTIONS AND ANSWERS**

- Q1 Does the County intend on recommending one or more vendors for funding?
- A1 It is the County's intent to select one vendor.
- Q2 Will you accept budgets of less than \$1,882,122?
- A2 Yes
- Q3 Does the \$1,882,122 cover the 15-month contract period or the 3 months remaining in FY 13-14?
- A3 The \$1,882,122 is the State allocation for FY 2013-14. A TCVAP allocation will be released for FY 14-15.
- Q4 How should subcontractors appear in the proposal budget?
- A4 Subcontractors should be provided under the "Subcontracts" line item in the Proposed Budget Summary and shall be further defined under the Proposed Budget Detail.
- Q5 Should partner MOU's/letters of intent be submitted?
- A5 Yes.
- Q6 Please clarify Section XII, Part D. of the Proposal Content Requirements, and is this required to be completed.
- A6 This section should be completed only if an alternative solution to the services requested in the RFP is being proposed.
- Q7 Section XII, Part B-2 of the Proposal Contents Requirements, requests "a detailed description of your proposal as it relates to each item under the 'Scope of Work' section of this RFP." Can you clarify the order in which the sections should be answered?
- A7 The order of responses shall follow the sections outlined under the Scope of Work Proposal Requirements (Parts A-F).
- Q8 Would the selected agency only serve "noncitizens?" Will this RFP also include services to legal residents?
- A8 SB 1569 authorizes services directed at non-citizens only.

BID NO.: 952-5237	DATE:	01/29/2014					
Assistance to Victims of Trafficking, Domestic Violence and Other Serious Crimes  DESCRIPTION OF BID							
JOB SITE INSPECTION	BID DUE DATE:	02/18/2014					
X VENDOR CONFERENCE	BUYER:	Carolyn Flores					
BID OPENING							
FRESNO COUNTY DSS		COMPANY NAME					
JESSICA RAMIREZ COMPANY REPRESENTATIVE		COMPANY REPRESENTATIVE					
2135 FRESNO ST COMPANY ADDRESS		COMPANY ADDRESS					
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Tovella Minov COMPANY REPRESENTATIVE	COMPANY REPRESENTATIVE		E				
2010 W. Fine All St 163A COMPANY ADDRESS	COMPANY ADDRESS						
Fresno, CA 93727 CITYSTATEZIP		CITY/STATE/ZIP					
Molliesafehouse @ gmail.com E-MAILWODRESS							
916-2813 455-0612							
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DATE: 01/29/2014 BID NO.: 952-5237 Assistance to Victims of Trafficking, Domestic Violence and Other Serious Crimes DESCRIPTION OF BID JOB SITE INSPECTION **BID DUE DATE:** 02/18/2014 **VENDOR CONFERENCE** BUYER: Carolyn Flores **BID OPENING** COMPANY ADDRESS COMPANY ADDRESS CITY/STATE/ZIP elmerco E-MAIL ADDRESS FAX NUMBER PHONE NUMBER COMPANY NAME COMPANY NAME COMPANY REPRESENTATIVE COMPANY REPRESENTATIVE COMPANY ADDRESS COMPANY ADDRESS CITY/STATE/ZIP CITY/STATE/ZIP E-MAIL ADDRESS E-MAIL ADDRESS PHONE NUMBER FAX NUMBER PHONE NUMBER FAX NUMBER COMPANY NAME COMPANY NAME COMPANY REPRESENTATIVE COMPANY REPRESENTATIVE COMPANY ADDRESS COMPANY ADDRESS CITY/STATE/ZIP CITY/STATE/ZIP E-MAIL ADDRESS E-MAIL ADDRESS PHONE NUMBER FAX NUMBER PHONE NUMBER **FAX NUMBER** COMPANY NAME COMPANY NAME COMPANY REPRESENTATIVE COMPANY REPRESENTATIVE COMPANY ADDRESS COMPANY ADDRESS CITY/STATE/ZIP CITY/STATE/ZIP E-MAIL ADDRESS E-MAIL ADDRESS **FAX NUMBER** FAX NUMBER PHONE NUMBER PHONE NUMBER PD-54 G:\USERS\SJOHNSTON\BID SIGN IN\952-5237 VC.DOC