**County of Winnebago**

|  |  |
| --- | --- |
| **County Administration Building**  **404 Elm Street**  **Rockford, Illinois 61101** | **Ann Johns**  **Director of Purchasing**  **Phone: 815-319-4380**  **Fax: 815-319-4381** |

**July 13, 2018**

# ADDENDUM ONE

**INMATE HEALTH CARE SERVICES PROPOSAL NUMBER 18P-2140**

*Proposers are required to indicate on their Proposal Form 18P-2140 (Page 99) that they have received and acknowledged this* ***RFP Addendum #1*.**

Any questions should be directed to the Purchasing Department, 404 Elm Street, Room 202, Rockford, IL 61101 or by telephone 815-319-4380, or email Ann Johns at [purchasing@wincoil.us](mailto:purchasing@wincoil.us).

**Included in this Addendum #1 is the Revised Pre-Proposal Conference Meeting Agenda with changes/updates highlighted in yellow.**

**Note that the following Schedule of RFP Activesties has been REVISED as follows:**

**SCHEDULE OF RFP ACTIVITIES**

|  |  |
| --- | --- |
| **RFP Activity** | **Date** |
| **Date of RFP Issuance** | July 2nd 2018 |
| **Pre-Proposal Conference Meeting & Tours** | July 10th 2018 |
| **Questions - due no later than** | July 12th 2:00 PM |
| **Answers via Addendum - no later than** | July 17th 2:00 PM |
| **2nd Round of Questions- no later than** | July 20th 10:00 AM |
| **Answers via Addendum- no later than** | July 25th 2:00 PM |
| **Proposal Due** | August 13th 2:00 PM |
| **Evaluation Committee** | Mid-August |
| **Presentations (optional)** | Late in August |
| **Committee & County Board Approval** | September |
| **Services Start Date - No later than** | December 15th |

**The following paragraph- C44 on Page 84 is to be considered Null and Void.**

**C44 HIV/Aids Related Medications** The selected Proposer be responsible for the cost of AZT or other HIV/AIDS related medications for the direct treatment of AIDS. Medications required to treat other illnesses resultant from the AIDS virus shall not be excluded.

|  |
| --- |
| **See below for additional information on current Contractor’s Pharmacy Services.** |

Current Budget for Pharmacy Services

The Contractor’s budget for pharmacy, in the final option year, is $155,000 and it covers the cost of all pharmaceuticals, prescription and over-the-counter, except for the following pharmaceuticals:

* + treatment of sexually transmitted infections
  + treatment of HIV or AIDs
  + treatment related to pre-term labor
  + Antivirals for conditions such as Hepatitis B and Hepatitis C, unless generic
  + Biologics, biologic response modifiers, immunotherapy and cancer chemotherapy for conditions such as Crohn's disease, ulcerative colitis, psoriasis, immune-mediated diseases and cancer, unless generic. If a generic version is not available, the University will collaborate with the County to obtain non-generic medications and evenly split the cost with the County.

**The County is agreeable to continue this same above exception list for the RFP and Contract.**

**The current Contractor’s Pharmacy’s actuals for the last three years:**

**FY16 $147,000 FY17 $152,000 FY18 $156,000**

**The current Contractor’s Pharmacy provider is: Correct Rx Pharmacy Services, Inc.**

**Included in this Addendum #1 are the Revised RFP Appendix C and D for Jail.**

**REVISED - APPENDIX C - Jail**

**CURRENT STAFFING FOR JAIL**

**Current Jail Staffing**

**ADP: 850**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **POSITION** | **Mon** | **Tue** | **Wed** | **Thu** | **Fri** | **Sat** | **Sun** | **Hrs./WK** | **FTE** |
| **ALL SHIFTS** | | | | | | | | | |
| Health Services Administrator | 8 | 8 | 8 | 8 | 8 |  |  | 40 | 1.0 |
| Medical Director/Physician |  | 4 |  | 4 |  |  |  | 8 | .2 |
| Nurse Practitioner | 6 | 6 | 6 | 6 | 6 |  |  | 30 | .75 |
| RN |  |  |  |  |  |  |  | 168 | 4.2 |
| LPN |  |  |  |  |  |  |  | 392 | 9.8 |
| CNA | 16 | 16 | 16 | 16 | 16 |  |  | 80 | 2.0 |
| Psychiatrist |  |  | 2 |  |  |  |  | 2 | .05 |
| DDS |  |  | 8 |  |  |  |  | 8 | .2 |
| Dental Assistant |  |  | 16 |  |  |  |  | 16 | 2.0 |
| MSW | 8 | 8 | 8 | 8 | 8 | 4 | 4 | 48 | 1.2 |
| Physical Therapist |  | 2.5 |  | 2.5 |  |  |  | 5 | .15 |
|  |  |  |  |  |  |  |  |  |  |
| ***TOTAL HOURS/FTE per week*** |  |  |  |  |  |  |  | **797** | **21.55** |

**REVISED - APPENDIX D – Jail HEALTH CARE STATS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **JAIL**  **STATS** | **Physician (Total Visits)** | **Nurse Practitioner (Total Visits)** | **Nurse Physical Assessment** | **Dental (Total Visits)** | **Extractions** | **TB Skin Tests** | **TB Positive** | **Male -Mental Assessments** | **Female - Mental Assessments** | **Suicidal Referrals** |
| **Jan-16** | 57 | 74 | 235 | 28 | 26 | 208 | 0 | 116 | 44 | 89 |
| **Feb-16** | 66 | 92 | 228 | 35 | 24 | 231 | 1 | 129 | 49 | 87 |
| **Mar-16** | 72 | 45 | 301 | 36 | 31 | 228 | 0 | 114 | 45 | 77 |
| **Apr-16** | 42 | 51 | 253 | 35 | 19 | 263 | 1 | 108 | 56 | 71 |
| **May-16** | 49 | 82 | 283 | 37 | 26 | 241 | 0 | 115 | 52 | 92 |
| **Jun-16** | 68 | 84 | 266 | 39 | 29 | 239 | 0 | 136 | 63 | 109 |
| **Jul-16** | 62 | 91 | 290 | 34 | 25 | 242 | 1 | 131 | 49 | 93 |
| **Aug-16** | 86 | 84 | 305 | 39 | 29 | 259 | 2 | 137 | 41 | 74 |
| **Sep-16** | 75 | 97 | 270 | 25 | 19 | 266 | 4 | 129 | 53 | 85 |
| **Oct-16** | 75 | 87 | 247 | 27 | 27 | 232 | 0 | 122 | 29 | 70 |
| **Nov-16** | 73 | 69 | 230 | 55 | 38 | 214 | 2 | 115 | 30 | 76 |
| **Dec-16** | 67 | 75 | 234 | 47 | 29 | 196 | 0 | 102 | 41 | 82 |
| **Totals** | **792** | **931** | **3142** | **437** | **322** | **2819** | **11** | **1454** | **552** | **1005** |
| **Average** | **66** | **78** | **262** | **36** | **27** | **235** | **1** | **121** | **46** | **84** |
|  |  |  |  |  |  |  |  |  |  |  |
| **Jan-17** | 84 | 99 | 236 | 42 | 22 | 232 | 3 | 135 | 48 | 84 |
| **Feb-17** | 83 | 82 | 221 | 30 | 21 | 218 | 2 | 89 | 23 | 76 |
| **Mar-17** | 98 | 88 | 256 | 43 | 27 | 247 | 1 | 110 | 48 | 84 |
| **Apr-17** | 60 | 63 | 283 | 43 | 24 | 245 | 7 | 100 | 50 | 85 |
| **May-17** | 183 | 96 | 237 | 48 | 33 | 261 | 1 | 120 | 40 | 88 |
| **Jun-17** | 121 | 46 | 260 | 21 | 18 | 235 | 0 | 120 | 30 | 77 |
| **Jul-17** | 111 | 17 | 283 | 40 | 28 | 251 | 0 | 108 | 34 | 74 |
| **Aug-17** | 98 | 39 | 200 | 40 | 22 | 276 | 1 | 111 | 40 | 83 |
| **Sep-17** | 58 | 75 | 212 | 21 | 11 | 213 | 2 | 99 | 33 | 81 |
| **Oct-17** | 80 | 84 | 241 | 45 | 31 | 217 | 2 | 117 | 38 | 68 |
| **Nov-17** | 69 | 67 | 212 | 33 | 22 | 173 | 0 | 122 | 38 | 65 |
| **Dec-17** | 70 | 93 | 244 | 40 | 23 | 183 | 0 | 113 | 46 | 84 |
| **Totals** | **1115** | **849** | **2885** | **446** | **282** | **2751** | **19** | **1344** | **468** | **949** |
| **Average** | **93** | **71** | **240** | **37** | **24** | **229** | **2** | **112** | **39** | **79** |
|  |  |  |  |  |  |  |  |  |  |  |
| **Jan-18** | 81 | 60 | 181 | 50 | 33 | 181 | 2 | 277 | 66 | 86 |
| **Feb-18** | 92 | 35 | 185 | 46 | 22 | 177 | 2 | 238 | 40 | 70 |
| **Mar-18** | 66 | 34 | 245 | 34 | 15 | 233 | 1 | 253 | 52 | 64 |
| **Apr-18** | 77 | 35 | 227 | 35 | 19 | 203 | 1 | 298 | 54 | 68 |
| **Totals** | **316** | **164** | **838** | **165** | **89** | **794** | **6** | **1066** | **212** | **288** |
| **Average** | **79** | **41** | **210** | **42** | **23** | **199** | **2** | **267** | **53** | **72** |

**PRE-PROPOSAL CONFERENCE MEETING AGENDA**

**July 10th 2018- POST-CONFERENCE REVISIONS-ADDENDUM 1- ATTACHMENT 1**

**WELCOME & OPENING REMARKS**

**COUNTY STAFF**

Sheriff Caruana

Bob Redmond, Corrections Superintendent

Tim Owens, Captain/WCSO Project Manager

Justin Egler, Jail Operations Lieutenant

Harold Hawkinson, Director of Court Services

William Vedra, Juvenile Superintendent

Ann Johns, Director of Purchasing

Melinda Macias, County Buyer

**INTRODUCTION OF ATTENDEES**

**RFP’S INTENT**

The County is currently accepting sealed Proposals from qualified organizations with the intent of awarding a health care services contract to provide on-site direct medical, phlebotomy, dental, mental health, physical therapy, administrative, and related health care services to persons in the custody of the Jail and JDC Facilities.

**SCHEDULE OF RFP ACTIVITIES**

|  |  |
| --- | --- |
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| **Proposal Due** | August 13th 2:00 PM |
| **Evaluation Committee** | Mid-August |
| **Presentations (optional)** | Late in August |
| **Committee & County Board Approval** | September |
| **Services Start Date - No later than** | December 15th |

**GENERAL INFORMATION**

**Winnebago County Jail**

The County Jail operates under the supervision of the Winnebago County Sheriff’s Office (WCSO) and is a 1,318 bed, direct supervision facility with 165 correctional officers. It houses both male (90%) and female (10%) and some sentenced inmates; generally having sentences up to one (1) year. The average daily population of the past 12 months has been 802 and the average length of stay for inmates is approximately 40 days. There are on average 35 Federal inmates. P*roposals should be based on Jail ADP of 850.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Facts for Jail** | **2015** | **2016** | **2017** |
| Average Daily Population | 690 | 771 | 802 |
| Average Length of Stay (Days) | 33.6 | 35.7 | 32.1 |
| Jail Admissions | 13,076 | 12,831 | 11,958 |

**Juvenile Detention Center (JDC)**

The JDC operates under the supervision of the Chief Judge of the 17th Judicial Circuit. It houses both male (85%) and female (15%) detainees who are awaiting appearances in juvenile court or who have been sentenced to the facility for up to 30 days. In 2017, the average length of stay was 29 days and the average daily population was 49.5. *Proposals should be based on JDC ADP of 50.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Facts for JDC** | **2015** | **2016** | **2017 YTD** |
| Average Daily Population | 46.5 | 47.4 | 49.5 |
| Average Length of Stay (Days) | 31 | 33 | 29 |
| JDC Admissions  JDC Admissions | 510 | 514 | 601 |

**ERROR ON PAGE 11 OF THE RFP.**

* **Minimum of 4 hours per week of on-site physician services with the services must be available on two or more days per week. THIS SERVICE CAN BE PERFORM BY NP, RN, PA OR MD**

**ERROR ON PAGE 41 OF THE RFP. g. Co-Pay for health care services. THIS LINE IS DELETED FROM THE RFP AND NO LONGER APPLIES.**

**IMPORTANCE OF USING LOCAL AGENCIES**

Courts

Crusader Clinic

County Health Department

Remedies Treatment Facility

Rosecrance Health Network

Illinois Department of Mental Health

OSF Hospital (County employee health only)

Local Hospital (prefer one main hospital)

**DURATION OF AGREEMENT** (page 20)

The County reserves the right to engage the selected Proposer for an initial term of one year, with the option to renew for four additional one-year terms at the sole discretion of the County based upon performance, negotiations of services delivery, and costs for subsequent years.

Pricing shall remain firm for the initial contract period. A request to adjust pricing for the renewal periods will be subject to negotiation between the selected Proposer and the County. Requests for pricing increases shall require written justification. Approval of requested increase is not guaranteed; consideration and approval will be at the discretion of the County. Note: *Two separate contracts will be awarded to a single Proposer.*

**CURRENT CONTRACT**

The original base year began in January 2014 with the University of Illinois College of Medicine at a monthly base compensation rate of $175,722 for the Jail and $11,614 for the JDC.

Final option year budget, which ends on December 15, 2018, has a monthly base compensation rate of **$182,297.31** for the Jail (excludes mental health services and physical therapy services).

Jail mental health services is contracted with Advanced Correctional Healthcare at a monthly base rate of $9,869.

Final option year budget for JDC has a monthly base compensation rate o**f $11,733**.72 per month.

**Current Budget for Pharmacy Services**

The Contractor’s budget for pharmacy, in the final option year, is $155,000 and it covers the cost of all pharmaceuticals, prescription and over-the-counter, except for the following pharmaceuticals:

* + treatment of sexually transmitted infections
  + treatment of HIV or AIDs
  + treatment related to pre-term labor
  + Antivirals for conditions such as Hepatitis B and Hepatitis C, unless generic
  + Biologics, biologic response modifiers, immunotherapy and cancer chemotherapy for conditions such as Crohn's disease, ulcerative colitis, psoriasis, immune-mediated diseases and cancer, unless generic. If a generic version is not available, the University will collaborate with the County to obtain non-generic medications and evenly split the cost with the County.

***The County is agreeable to continue this same exception list for this RFP and contract. We will be revising C44 on page 84 on HIV/Aids Related Medications. Addendum #1 will address the RFP C44 change in more detail.***

**Current Budget for Other Services**

The Contractor’s budget for the final option year is as follows:

Dental services $69,528

Mobilex services $16,000

Lab services $14,000

**REQUIRED SUBMITTALS** (pages 15-18)

Submit one original, plus six copies of the Proposal, and one copy on a USB flash drive. The original must be identified. For the Original use a 3-ring binder, copies should be paper clipped, no spiral binding, please. Use Tabs to separate proposal Sections. Submit information in the following order:

**Title Page**

**Table of Contents**

**Cover Letter**

**Proposer’s Qualifications and Experience:**

* + - Profile
    - Detail experience in providing health care services and list the following:
      * All contracts in last five years involving a minimum population of 550 inmates. If cancelled for any reason or terminated for default, provide an explanation.
      * List any cancelled Juvenile contract(s) and provide reason for termination and explanation for circumstances surrounding the default.
      * Facility name, address, and the total dollar value of each contract.
      * A brief description of services, ADP and period of performance.

**Litigation and Settlement History:**  Required to document involvement in lawsuits over the past ten years. Document any civil rights claims filed in Federal Court. *Failure to fully disclose default, lawsuit, or civil rights claims may be grounds for rejection.*

**Key Personnel Plan:** Provide a separate plan for each Facility of staff experience including designating the key person who will serve as the Health Services Administrator, Director of Nursing, Medical Director and representative responsible for managing the contract. Include details on how staff would be allocated between the Facilities. *Only one Medical Director will be needed to manage both Facilities.*

**Staffing Plan:** Provide a separate plan for each Facility and include the following:

* + - Plan to include all health care providers.
    - Plans to accommodate current health care staff.
    - Plans for medical staff recruitment and staff retention.
    - Quality control plan to maintain accreditations and licenses.
    - Licensure details with staffing plans.
    - Description of in-house training program for basic security.

**Current Client References:** Must be within the past five years. See **Attachments C & D**

**Accreditation:**  Indicate accreditation experience in the past ten years, including agency providing accreditation and any loss of accreditation with associated reasons for loss.

**Work Plan:** Proposals should address the following:

* + - Understanding and acceptance of the RFP Requirements and Specifications.
    - Exceptions must be listed and reasons clearly defined with possible alternative solutions. List on form **Attachment G EXCEPTIONS & DEVIATIONS**.
    - Scope of Services, including any optional (as Value Added) offerings.
    - Transition plan to include start-up time to implement required services.
    - Copies of operational policies and procedures.
    - List of major equipment including any optional equipment.
    - Copies of contracts with local hospitals or a generic contract-**If you do not currently have contracts, please submit a sample or representation of what you would use, if applicable to your company.**
    - Copies of contracts with pharmaceutical companies or distributors.
    - Describe any planned subcontracting activities; use **Attachment E SUBCONTRACTORS** to list proposed subcontractors and their roles.

**Financial Plan:** Describe how billing will be handled and your expected payment terms.

**Budget Narrative:** Include all cost of care, including all necessary equipment. Include anticipated plan for billing for costs associated with outside hospital and care facility and outside mental health service expenses for treatment.

* Detailed explanation on Cost Pools, Caps, Flat Fee and any deductible options for the County’s consideration.
* Include financial statements, only in the Original Proposal binder.
* *Note: Place in a sealed envelope and mark with a proprietary legend on those pages containing confidential financial information, with the understanding that any claim for confidentiality is subject to legal review for applicability to the Illinois Public Records Statute, and such legends may be voided.*

**Proposer’s Contract or Agreement:** Provide the following:

* + - Sample Contract for JDC
    - Sample Contract for Jail
    - Sample Proposer’s Contract Terms and Conditions for each Facility
    - Complete List of Drug Formulary to be used

**APPENDIX A - PROGRAM REQUIREMENTS & SPECIFICATIONS** (Jail 24-42, JDC 42-61)

* + Pattern your Proposal responses after each **Appendix A** **Section**, one for Jail & JDC.
  + Provide sample copies of your **Monthly and Daily Statistics Reports** (A2).
  + **Electronic Medical Recordkeeping System** (A16) County does not have an EMR system at this time. It is preferred, however, optional for the new contract. Document the timeline for your EMR implementation. Cost for the *optional* EMR needs to be detailed and priced separately in the Proposal pricing.

**APPENDIX F - GENERAL CONTRACT TERMS AND CONDITIONS** (pages 71-89)

* **Terms of Contract** (C1) One-year contract with four additional one-year renewal years.
* **Start-Up** (C2) Requires full service start-up 60 days after award no later than 12/15/2018.
* **Minimum Limits of Insurance** (C9) Make note of all the requirements and the minimums.
* **Negotiation** (C21) The County reserves the right to negotiate any terms with the final candidate(s) prior to acceptance/rejection of their Proposal(s) plus to request clarifications.
* **Best and Final Offer (BAFO)** (C22) The County reserves the right to request a BAFO from the finalist Proposer, if it deems such an approach necessary. The finalist will be re-evaluated by incorporating the information requested in the BAFO, including costs and details from Q & A.
* **Appeals by Unsuccessful Proposer** (C23) Note the allowable remedies on pages 21 and 22.
* **Subcontract and Assignments** (C28) County must approve, in advance, all potential subcontracts. Use **Attachment E** **PROPOSER’S SUBCONTRACTORS** to list Subcontractors.
* **Freedom of Information Act** (C33 & C32) County will assume all information provided is open to inspection or copying by the public unless clearly marked with the appropriate exception.
* **Illinois Local Government Prompt Payment Act** (C34)
* **Compliance with NCCHC Standards, IDJJ and State Jail Codes** (C36)
* **Specialized Medical Services and Outside Hospitalization**-**Jail** (C39) Proposer shall be financially responsiblefor all medically required treatment provided at the Facility and outside hospitalization and specialized medical services. Note: *Proposer can propose alternative options such as CAP, Deductibles, Maximums or Cost Pool.*
* **Specialized Medical Services and Outside Hospitalization**-**Jail** (C39) Proposer shall be responsible for seeking reimbursement from inmates, Social Services, or third parties as applicable. Proposer is responsible for implementing a process to screen prisoners for eligibility and ensure Medicare/Medicaid is billed, as necessary. Proposer shall agree to seek third party or insurance reimbursement for inmate health services performed outside the Jail and shall be allowed to keep, ***a yet to be determined percent***, of all such reimbursements collected. *Note:* *Proposer should document in Proposals the percent they would require.*

**C44 IS BEING REVISED IN ADDENDUM 1 HIV/Aids Related Medications** (~~C44) The selected Proposer shall be responsible for the cost of AZT or other HIV/AIDS related medications for the direct treatment of AIDS. Medications required to treat other illnesses resultant from the AIDS virus shall not be excluded.~~ *~~Note: Proposer can explain if there is an exception.~~* ~~See~~ **~~Attachment G EXCEPTIONS & DEVIATIONS~~**

* **Termination** (C48)
* **Governing Law** (C53) State of Illinois

**EVALUATION CRITERIA** (pages 18-20)

All Proposals will be evaluated and scored according to the RFP Evaluation Criteria. A Proposal with a high score will be deemed of higher quality than a Proposal with a lesser score. The maximum score is 100 points with optional points of (up to 10) for **Value Added Services**. Note: ***Value Added Services*** *will only be scored, if the service(s) offered is of “value” to the County.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **PHASE 1: Proposal and Attachments Evaluations** |  |  |  |
|  | **RFP Evaluation Criteria** |  | **Maximum Points** | **Proposer’s Score** |
| 1 | **Completeness of Response**  *Instructions and format requirements followed.*  *Standard contract and all other requested information plus attachments included; use of tabs markers* |  | 10 |  |
| 2 | **Qualifications & Experience** *Including litigation history* |  | 20 |  |
| 3 | **Project Approach** |  | 30 |  |
| 5 | **Availability of Key Personnel** |  | 5 |  |
| 6 | **Relevant Project Experience & References** |  | 15 |  |
| 7 | **Cost/Fee Proposal** |  | 20 |  |
| 8 | OPTIONAL: **Value Added** **Service(s)**  *Are they of value to the County* |  | Up to 10 |  |
|  | ***PHASE 1 - Total*** |  |  |  |
|  | ***PHASE 2:* Interview Oral Presentations  *(Is Optional – Numbers 9 and 10)*** |  | **Maximum Points** | **Proposer’s**  **Score** |
| 9 | **Oral Presentation***, if requested* |  | 10 |  |
| 10 | **Q & A Responses**, *if requested* |  | 5 |  |
|  | ***PHASE 2 - Total*** |  |  |  |
| **TOTAL OF PHASES 1 & 2** | | |  |  |

If needed, the selection process MAY include Interview Oral Presentations. An Interview list maybe created to allow ONLY the top scoring firm(s) the opportunity to respond to questions from the Committee relevant to the submitted Proposal(s) during the Interview Oral Presentations to the Committee. The County, for even the top scoring Proposal, may not request or require Interview Oral Presentations. The Committee may select the single highest scoring Proposal for award without the optional Interview Oral Presentations step.

**LIST of APPENDIX, ATTACHMENTS and EXHIBITS**

# Exhibit A (Jail) CURRENT PROVIDER’S MEDICATION FORMULARY

Appendix A (Jail) PROGRAM REQUIREMENTS AND SPECIFICATIONS

Appendix A (JDC) PROGRAM REQUIREMENTS AND SPECIFICATIONS

# Appendix B (Jail) FACILITY STATS

# Appendix B (JDC) FACILITY STATS

Appendix C (Jail) CURRENT STAFFING FOR JAIL

Appendix C (JDC) CURRENT STAFFING FOR JDC

# Appendix D (Jail) HEALTH CARE STATS

Appendix E (JAIL) HEALTH CARE EQUIPMENT INVENTORY

Appendix E (JDC) CONTRACTOR PROVIDED EQUIPMENT & CONSUMABLES INVENTORY

# Appendix F (Jail & JDC) CONTRACT TERMS & CONDITIONS

# Attachment A (Jail & JDC) DISCLOSURE OF PRINCIPALS

# Attachment B (Jail & JDC) CERTIFICATION REGARDING DEBARMENT, SUSPENSION

Attachment C (Jail) PROPOSER’S REFERENCES for JAIL

Attachment D (JDC) PAST PERFORMANCE AND REFERENCES

Attachment E (Jail) PROPOSER’S SUBCONTRACTOR(S)

Attachment E (JDC) PROPOSER’S SUBCONTRACTOR(S)

Attachment F (Jail) PROPOSER’S FEE SCHEDULE for JAIL

Attachment F (JDC) PROPOSER’S FEE SCHEDULE for JDC

Attachment G (Jail & JDC) RFP EXCEPTIONS & DEVIATIONS

Attachment H (Jail & JDC) PROPOSAL FORM & SIGNATURE PAGE

**QUESTIONS AND ANSWERS**

Potential Proposers may ask County staff questions and/or requests for clarification. *All Proposers are reminded that only questions answered by formal written addenda will be binding*. Oral and other interpretations or clarifications will be without legal effect. After today’s meeting email all questions or comments to [purchasing@wincoil.us](mailto:purchasing@wincoil.us)

**CLOSING REMARKS**

# END OF ADDENDUM ONE