



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**JEFFREY D. GUNZENHAUSER, M.D., M.P.H.**  
Interim Health Officer

**CYNTHIA A. HARDING, M.P.H.**  
Chief Deputy Director

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

July 11, 2018

**ADDENDUM NUMBER 1  
TO  
REQUEST FOR INFORMATION NO. 2018-001  
FOR  
COMPREHENSIVE HIV AND STD TESTING AND STD TREATMENT SERVICES IN THE  
CITY OF LONG BEACH**

On June 13, 2018, the County of Los Angeles (County) Department of Public Health (DPH) released a Request for Proposals (RFP) for Comprehensive HIV and STD Testing and STD Treatment Services in the City of Long Beach.

The addendum consists of two (2) parts as outlined below:

- **PART 1 – MODIFICATIONS TO RFP**
- **PART 2 – RESPONSES TO PROPOSER’S QUESTIONS**

**PART 1 – MODIFICATIONS TO RFP**

Pursuant to RFP, Section 4.0, County Rights and Responsibilities, Subsection 4.3, County’s Right to Amend Request for Proposals, DPH has the right to amend the RFP by written addendum. This Addendum Number 1 amends this RFP as indicated below (new or revised RFP language is **highlighted** or ~~struck through~~ for easy reference).

1. RFP, Section 3.0, Proposer’s Minimum Mandatory Qualifications (MMQ), Subsection 3.4, Unresolved Disallowed Costs, is hereby amended to read as follows:

**“3.4 Unresolved Disallowed Costs**

If Proposer’s compliance with a County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer must not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the ~~contracting County department~~.

County will verify that Proposer does not have unresolved **disallowed** costs.”

2. RFP, Section 5.28, Default Method of Payment: Direct Deposit or Electronic Funds Transfer is hereby added as follows:

**“5.28 Default Method of Payment: Direct Deposit or Electronic Funds Transfer**

5.28.1 The County, at its sole discretion, has determined that the most efficient and secure default form of payment for goods and/or services provided under an agreement/contract with the County shall be Electronic Funds Transfer (EFT) or direct deposit, unless an alternative method of payment is deemed appropriate by the Auditor-Controller (A-C).

5.28.2 Upon contract award or at the request of the A-C and/or the contracting department, the Contractor shall submit a direct deposit authorization request with banking and vendor information, and any other information that the A-C determines is reasonably necessary to process the payment and comply with all accounting, record keeping, and tax reporting requirements.

5.28.3 Any provision of law, grant, or funding agreement requiring a specific form or method of payment other than EFT or direct deposit shall supersede this requirement with respect to those payments.

5.28.4 Upon contract award or at any time during the duration of the agreement/contract, a Contractor may submit a written request for an exemption to this requirement. The A-C, in consultation with the contracting department(s), shall decide whether to approve exemption requests.”

3. RFP, Section 7.8, Proposal Format, Subsection 7.8.3, Proposer’s Qualifications (Section A), Item C, Proposer’s References (Section A.3) is hereby amended to read as follows:

**“C. Proposer’s References (Section A.3)**

**Format:** Appendix D, Required Forms, Exhibit 2, Exhibit 3, and Exhibit 4

**Page Limit:** Not applicable

It is the Proposer’s sole responsibility to ensure that the firm’s name, and point of contact’s name, title and phone number for each reference are accurate. ~~DHSP or DHSP staff must not be used as references on Exhibits 2.~~ **NOTE: DHSP or DHSP staff shall only be listed once, if used as a reference on Exhibit 2.** The same agencies may be listed on Exhibits 2 and 3 (located in Appendix D, Required Forms).”

4. RFP, Appendix C, Sample Contract, Paragraph 84, Default Method of Payment: Direct Deposit or Electronic Funds Transfer is hereby added as follows:

**“84 DEFAULT METHOD OF PAYMENT: DIRECT DEPOSIT OR ELECTRONIC FUNDS TRANSFER:**

A. The County, at its sole discretion, has determined that the most efficient and secure default form of payment for goods and/or services provided under an agreement/ contract with the County shall be Electronic Funds Transfer (EFT) or direct deposit, unless an alternative method of payment is deemed appropriate by the Auditor-Controller (A-C).

- B. The Contractor shall submit a direct deposit authorization request via the website <https://directdeposit.lacounty.gov> with banking and vendor information, and any other information that the A-C determines is reasonably necessary to process the payment and comply with all accounting, record keeping, and tax reporting requirements.
- C. Any provision of law, grant, or funding agreement requiring a specific form or method of payment other than EFT or direct deposit shall supersede this requirement with respect to those payments.
- D. At any time during the duration of the agreement/contract, a Contractor may submit a written request for an exemption to this requirement. Such request must be based on specific legal, business or operational needs and explain why the payment method designated by the A-C is not feasible and an alternative is necessary. The A-C, in consultation with the contracting department(s), shall decide whether to approve exemption requests.”

5. RFP, Appendix D, Required Forms, Exhibit 2, Prospective Contractor References has been replaced in its entirety to reflect the revised reference requirement. The revised Appendix D, Exhibit 2 is **attached hereto, as Attachment I**.
6. RFP, Appendix D, Required Forms, Exhibit 17, Proposer’s Affidavit of Adherence to Minimum Mandatory Qualifications has been replaced in its entirety to reflect the revised Minimum Mandatory Qualifications. The revised Appendix D, Exhibit 17 is **attached hereto, as Attachment II**.

## **PART II – RESPONSES TO PROPOSER’S QUESTIONS**

Pursuant to RFP, Section 7.0, Proposal Submission Requirements, Subsection 7.4, Proposer’s Questions, questions received by the June 27, 2018 deadline and corresponding answers are being issued as part of this Addendum. Proposers are advised that the County reserves the right to group similar questions when providing answers.

- Q1.** Is our company able to apply for this grant?
- A1. Please read the RFP packet in its entirety, in particular Section 3.0, Minimum Mandatory Qualifications, to determine your eligibility.
- Q2.** Will contract funds pay for the purchase of Hepatitis C testing supplies in addition to HIV and STD testing supplies?
- A2. Expenses related to STD (including Hepatitis C) screening will be reimbursed. However, costs for the rapid Hepatitis C test kit are not reimbursable at this time.
- Q3.** If our organization proposes to establish a new satellite location to provide HIV/STD screening, STD treatment, and PrEP screening and monitoring, could any contract funds be used to help pay for one-time furnishing and equipment costs for the facility?
- A3. No, furnishing and equipment costs for the facility are not reimbursable. Pursuant to Section 3.0, Minimum Mandatory Qualification, Proposer’s proposed service delivery site(s) must meet the following criteria upon proposal submission:

1. Located within the city limits of Long Beach;
2. Compliant with the Americans with Disabilities Act (ADA); and
3. Includes a separate, private exam room that meets California clinic licensing requirements.

County will conduct scheduled service delivery site visit to confirm compliance.

#### **SECTION 1.0 – INTRODUCTION**

- Q4.** Section 1.2.2, Program and Technical Requirements (Location of Services) Page 7 “Services must be located and delivered within the city limits of Long Beach” **Question: If contractor is currently receiving funding from LAC, is this funding supplemental to that grant and if LAC funds re-open can a RFP#2018-01 recipient be eligible to apply for additional funds?**
- A4. A. Pursuant to Subsection 1.3, Availability of Funding, funding is obtained from the Centers for Disease Control and Prevention (CDC) integrated HIV Surveillance and Prevention Programs for Health Departments. Proposer may reference their current Los Angeles County (LAC) contract for funding information.
- B. Funding restriction(s) and/or minimum mandatory qualifications are unique to each solicitation. Please read each solicitation’s packet in its entirety and note any funding restriction(s) and/or minimum mandatory qualifications to determine eligibility. For solicitation with the Department of Public Health Division of HIV and STD Program, please refer to the Funding Disclosure Form for any possible funding restrictions. For an example of the Funding Disclosure Form, please refer to Appendix D, Required Forms, Exhibit 15.

#### **SECTION 2.0 – CONTRACT FOR COMPREHENSIVE HIV AND STD TESTING AND STD TREATMENT SERVICES IN THE CITY OF LONG BEACH**

- Q5.** Term of proposed program: **Question: Is this for January-December 2019?**
- A5. Pursuant to Subsection 2.2.1, Anticipated Contract Term, the Contract term is anticipated to be for a period of three (3) years and to commence upon Board approval. This item is anticipated to be on the Board Agenda in December 2018.

#### **SECTION 7.0 – PROPOSAL SUBMISSION REQUIREMENTS**

- Q6.** Section 7.8.6.3, Data Reporting (Section D.3) Page 41 “Proposer must present a data reporting plan, including the following elements: a. Describe the client-level tracking system, currently or proposed, that will be used to track a client (e.g. Electronic Health Records) **Question: Will this grant allow to bill to development, purchase and licensing of an EHR system for the used of client tracking and STD case tracking?**
- A6. No. Funds cannot be used to develop or support an electronic health record system.

## **APPENDIX A. STATEMENT OF WORK**

### **SECTION 6.0 – RESPONSIBILITIES**

**Q7.** Section 6.13.3, County Data Management System (Page 10) "Contractor may enter data directly into the County's data management system or send data electronically to the County's data management system via electronic data interface (EDI) monthly."  
**Question: Has the County implemented a new system where agencies can enter data directly without having to scan and submit data forms? Will this be accessible to contractors who are selected?**

- A7. A. The County is in the process of developing a new system.
- B. The new system will be available to selected contractors once it is operational.

Pursuant to RFP, Section 4.0, County Rights & Responsibilities, Subsection 4.3, County's Right to Amend Request for Proposals, Proposers are reminded that should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Proposal being found non-responsive and not being considered, as determined in the sole discretion of the County. The County is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf. Addendum Number 1 have been made available on Department of Public Health Contracts and Grants website at <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in Addendum Number 1, there are no other revisions to the RFP. All other terms and conditions of the RFP remain in full force and effect.

**REQUIRED FORMS - EXHIBIT 2  
PROSPECTIVE CONTRACTOR REFERENCES**

**Proposer's Name:** \_\_\_\_\_

List Five (5) References where the same or similar scope of services were provided. **NOTE: DHSP or DHSP staff shall only be listed once, if used as a reference.**

|                        |                               |                       |                           |                      |
|------------------------|-------------------------------|-----------------------|---------------------------|----------------------|
| <b>1. Name of Firm</b> | <b>Address of Firm</b>        | <b>Contact Person</b> | <b>Telephone #</b><br>( ) | <b>Email Address</b> |
| Name or Contract No.   | # of Years / Term of Contract |                       | Type of Service           | Dollar Amt.          |
| <b>2. Name of Firm</b> | <b>Address of Firm</b>        | <b>Contact Person</b> | <b>Telephone #</b><br>( ) | <b>Email Address</b> |
| Name or Contract No.   | # of Years / Term of Contract |                       | Type of Service           | Dollar Amt.          |
| <b>3. Name of Firm</b> | <b>Address of Firm</b>        | <b>Contact Person</b> | <b>Telephone #</b><br>( ) | <b>Email Address</b> |
| Name or Contract No.   | # of Years / Term of Contract |                       | Type of Service           | Dollar Amt.          |
| <b>4. Name of Firm</b> | <b>Address of Firm</b>        | <b>Contact Person</b> | <b>Telephone #</b><br>( ) | <b>Email Address</b> |
| Name or Contract No.   | # of Years / Term of Contract |                       | Type of Service           | Dollar Amt.          |
| <b>5. Name of Firm</b> | <b>Address of Firm</b>        | <b>Contact Person</b> | <b>Telephone #</b><br>( ) | <b>Email Address</b> |
| Name or Contract No.   | # of Years / Term of Contract |                       | Type of Service           | Dollar Amt.          |



REQUIRED FORMS - EXHIBIT 17

|  |  |
|--|--|
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <p><b>3.2 501(c)3 Certification</b></p> <p>Proposer must be a tax-exempt, non-profit 501(c)3 organization (registered with the State of California).</p>   |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <p>A determination letter from the IRS or the State granting tax-exempt, public or incorporated private non-profit 501(c)(3) status is submitted with proposal.</p>  |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <p><b>3.3 Services Delivery Site Visit</b></p> <p>Proposer' proposed service delivery site(s) must meet the following criteria:</p> <ol style="list-style-type: none"> <li>1. Located within the city limits of Long Beach;</li> <li>2. Compliant with the Americans with Disabilities Act (ADA); and</li> <li>3. Includes a separate, private exam room that meets California clinic licensing requirements.</li> </ol> |
| <input type="checkbox"/> Yes<br><input type="checkbox"/> No  | <p>A list of the service delivery site(s) where services will be provided is submitted with proposal. The list must include the following information:</p> <ol style="list-style-type: none"> <li>1. Agency Name</li> <li>2. Address</li> <li>3. Executive Director Name</li> <li>4. Telephone Number</li> <li>5. Email Address</li> </ol>   |
| <p><b>3.4 Unresolved Disallowed Costs</b></p> <p>If Proposer has any County contract has been reviewed by the Department of the Auditor-Controller within the last 10 years, Proposer does not have unresolved questioned costs identified by the Auditor-Controller in an amount over \$100,000 that are confirmed to be disallowed costs by the contracting County department and remain unpaid for a period of six months or more from the date of disallowance, unless such disallowed costs are the subject of current good faith negotiations to resolve the disallowed costs, in the opinion of the County.</p> <p><input type="checkbox"/> Proposer <b>does not</b> have unresolved disallowed costs as explained above.</p> <p><input type="checkbox"/> Proposer <b>has</b> unresolved disallowed costs as explained above.</p> |  |

Proposer further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements in connection with this Proposal are made, the Proposal may be rejected. The evaluation and determination in this area shall be at the Director's sole judgment and his/her judgment shall be final.

On behalf of (Proposer's Name) \_\_\_\_\_

I, (Proposer's Authorized Representative) \_\_\_\_\_

hereby certify that this Proposer's Affidavit is true and correct to the best of my information and belief.

Signature \_\_\_\_\_ Title \_\_\_\_\_