



ADDENDUM 1
March 24, 2023

Questions/**Answers**

1. As part of Phase 1 - Task 3, can you confirm that the winning bidder will not be responsible for developing a full training curriculum as part of Phase I?

Correct. The Phase I work will be researching and compiling existing training that could fully or partially fulfill GHP training requirements. If it is determined that new training materials are needed, that could be accomplished via a Phase II task order.

2. Section IX – Technical Proposal (Sections 1 & 2) of the RFP states that “*offers are to provide a brief description of their current projects...*”. Can you please clarify what is exactly needed to comply with this request? To provide a list of all the current projects being undertaken by the entire company seems unreasonable and unnecessary. Would a list of projects being managed by the proposed Project Manger be acceptable?

Provide projects with similar scopes of work performed in the last 3-5 years.

3. As part of Phase I, Task 2, the RFP states that the offer must provide a map template for the locations of properties covered by the GHP – can you confirm that the intent of this map is to show all the GHP-covered facilities within the County and not a site-specific map for each GHP -covered facility?

A countywide map that would indicate where the properties are located. Symbols could be used to distinguish facility types, if that is preferred.

4. Please confirm Exhibit A is Attachment D for the DBE plan/form.

Yes, Exhibit A is Attachment D for the DBE plan. See Attachment D here.

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5. Please confirm we need to submit Attachment D with the Cost proposal. Per Section XII. Disadvantage Business on RFP page 14, "See the sample DBE Plan form Attachment D. This does not need to be filled out at this time."

Yes this must be filled out. This is a typo and should be struck out ~~"See the sample DBE Plan form Attachment D. This does not need to be filled out at this time."~~

6. If we are required to submit Attachment D, please confirm this meets the requirement of the DBE plan and we should submit just the cost proposal, Attachment D, and DBE certification letters of prime and subcontractors.

Confirmed. Attachment D and Exhibit A are the same thing. Attachment D is included here.

7. Does MWCOG have a preferred format or template for the DBE Plan?

Yes. Exhibit A is Attachment D for the DBE plan. See Attachment D here.

8. We understand that resumes included should only be for key personnel who will be providing support for this project. However, we want to confirm that additional staff whose resumes are not submitted could still provide support to the project, or are we limited to only the resumes we provide?

Confirmed. Additional staff whose resumes are not submitted could still provide support to the project.

ATTACHMENT D

Exhibit A DBE Plan Goals Submission Solicitation Number _____

PROPOSER	Name: _____	
Total Proposed Budget	Value:\$ _____	
DBE Plan	Yes _____ No _____	
Check if Prime Contractor is a DBE _____. Certification Form Must Be Attached to this form.	Certification # _____	Expiration Date: _____
DBE Certification	State: _____	Certification Type: DBE (must be DBE) No other are accepted
	Certifying Agency: _____	
DBE SUBCONTRACTOR 1		
	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
POINT OF CONTACT	Name: _____	Title: _____
	Email: _____	Telephone: _____
Subcontract Value	Cost \$ _____	Percentage of total _____%
DBE Category (Check Applicable) Male _____ Female _____	Black American ___ Hispanic American ___ Native American _____	Asian-Pacific American ___ Non-Minority ___ Subcontinent Asian American _____
DBE Certification	State: _____	Certification Type: DBE (must be DBE) No other are accepted
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____
<i>Copy for additional DBE subcontractors</i>		
DBE SUBCONTRACTOR 2		
	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
POINT OF CONTACT	Name: _____	Title: _____
	Email: _____	Telephone: _____
Subcontract Value	Cost \$ _____	Percentage of total _____%
DBE Category (Check Applicable) Male _____ Female _____	Black American ___ Hispanic American ___ Native American _____	Asian-Pacific American ___ Non-Minority ___ Subcontinent Asian American _____
DBE Certification	State: _____	Certification Type: DBE (must be DBE) No other are accepted

	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____
<i>Copy for additional DBE subcontractors</i>		
DBE SUBCONTRACTOR 3	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
POINT OF CONTACT	Name: _____	Title: _____
	Email: _____	Telephone: _____
Subcontract Value	Cost \$ _____	Percentage of total _____%
DBE Category (Check Applicable) Male _____ Female _____	Black American ___ Hispanic American ___ Native American _____	Asian-Pacific American ___ Non-Minority ___ Subcontinent Asian American _____
DBE Certification	State: _____	Certification Type: DBE (must be DBE) No other are accepted
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____
<i>Copy for additional DBE subcontractors</i>		
DBE SUBCONTRACTOR 4	Name: _____	
Street Address		Tax ID #: _____
City, State, Zip		Website: _____
POINT OF CONTACT	Name: _____	Title: _____
	Email: _____	Telephone: _____
Subcontract Value	Cost \$ _____	Percentage of total _____%
DBE Category (Check Applicable) Male _____ Female _____	Black American ___ Hispanic American ___ Native American _____	Asian-Pacific American ___ Non-Minority ___ Subcontinent Asian American _____
DBE Certification	State: _____	Certification Type: DBE (must be DBE) No other are accepted
	Certifying Agency: _____	
Certification Form Must Be Attached to this form	Certification # _____	Expiration Date: _____
<i>Copy for additional DBE subcontractors</i>		