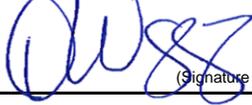


<b>AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT</b>		1. Solicitation Number CFOPD-19-I-055		Page of Pages 1 Attachments	
		2. Amendment/Modification Number Amendment No. 1	3. Effective Date See Box 16C	4. Requisition/Purchase Request No.	5. Solicitation Caption Due Diligence Investigative Services
6. Issued by: Office of the Chief Financial Officer Office of Contracts 1100 4 <sup>th</sup> Street SW Suite E610 Washington, DC 20024		Code	7. Administered by (If other than line 6)		
8. Name and Address of Contractor (No. street, city, county, state and zip code)  ALL POTENTIAL OFFERORS  Code Facility		X	9A. Amendment of Solicitation No. CFOPD-19-I-055		
			9B. Dated (See Item 11) 09/23/19		
			10A. Modification of Contract/Order No.		
			10B. Dated (See Item 13)		
11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS					
<input checked="" type="checkbox"/> The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers <input type="checkbox"/> is extended. <input type="checkbox"/> is not extended. Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning a <u>1</u> written copy of the amendment: (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) BY separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.					
12. Accounting and Appropriation Data (If Required)					
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14					
A. This change order is issued pursuant to (Specify Authority):					
B. The above numbered contract/order is modified to reflect the administrative changes.					
C. This supplemental agreement is entered into pursuant to authority of:					
D. Other (Specify type of modification and authority) Administrative					
<b>E. IMPORTANT:</b> Contractor <input type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return 1 copy to the issuing office.					
14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible.)  The above referenced solicitation to Due Diligence Investigative Services is hereby amended to effect the following changes (Attachment A) and response to inquiries received (Attachment B).  <b>ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED</b>					
Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.					
15A. Name and Title of Signer (Type or print)			16A. Name of Contracting Officer Drakus Wiggins		
15B. Name of Contractor  (Signature of person authorized to sign)		15C. Date Signed	16B. District of Columbia  (Signature of Contracting Officer)		16C. Date Signed October 1, 2019

## **ATTACHMENT A**

### **The following changes are hereby incorporated into the solicitation.**

1. Section B.4.4 is hereby deleted and replace with B.4.4 as follow to remove “Subcontractor” and correct the section:

The District reimbursement of the Contractor’s costs incurred for Travel Expenses & Reimbursable Costs shall be governed by Section G.8, Cost Reimbursement Ceiling.

2. Attachment J.7 is deleted and replace with the Revised Attachment J.7, Subcontracting Plan Form enclosed as Attachment C.
3. Attachment J.10 is deleted and replace with the Revised Attachment J.10, Department of Employment Services First Source Employment Plan enclosed as Attachment D.
4. The pre-bid conference sign-in sheet is hereby added to the solicitation enclosed as Attachment E.

## ATTACHMENT B

### **The following responses to inquiries are hereby provided.**

Question 1. Please clarify the meaning of “estimated” for estimated quantity of hours in Section B.5 Price Schedule.

Response 1. The Estimated Quantity in Section B.5 is the District’s best estimate of hours for Consultant Fee that the District anticipates based on professional expertise and market research for each year of the resultant contract. The estimated hours are for evaluation purposes.

The services under this contract will only be performed upon issuance of a detailed task order. For every task order, prior to issuance to the Contractor, the COTR and the Contractor will mutually agree on the scope of the task order based on the applications that will be in hand for investigation under the task order and the number of hours needed to perform the task order.

The total cost of a task order will be detailed as part of the task order scope to include the not to exceed reimbursement components. This means that any estimated Travel Expenses and Reimbursable Costs amount must be included in the task order prior to issuance to the Contractor.

Each task order will also have a specified period of performance.

Question 2. At a task order level, how will increases needed in hours be handled?

Response 2. If after issuance of a task order, the Contractor investigation results in a red flag or additional work not included in the scope of the task order and require additional hours, the Contractor will have to present the situation to the COTR. If the COTR agrees with the additional work and additional hours, the task order will be modified by the Contracting Officer. The scope of each task order will be to the need and satisfaction of OLG.

Question 3. What is the nature of the type of companies will be investigated, meaning will they be already licensed elsewhere or all new?

Response 3. The District anticipates that the majority of applicants to be investigated are already licensed and operating in other gaming jurisdictions. The District expects some applicants will come forward in the form of newly formed local partnerships/joint ventures and some from international-based companies.

Question 4. Our company is a small business, how will the subcontracting plan requirement work?

Response 4. Based on the District's independent government estimate, Section H.3 will apply. Section H.3 requires that at least 35% of the estimated dollar value be subcontracted to a DC certified business enterprise (CBE).

A CBE is a business that is certified by the DC Department of Small and Local Business Development (DSLBD). DSLBD maintains an online database of CBEs at <https://dslbd.secure.force.com/public/>.

The District expects bidders will utilize the database or contact DSLBD at (202) 727-3900 to identify CBE to enter into subcontract with and to complete the solicitation Attachment J.7, Subcontracting Plan Form.

The Form includes a field to enter the Total Prime Contract Value, which can be noted on the Form as "estimated", a field for LSDBE Total which is the total amount for the CBEs, a field to show the percentage Set Aside which must be at least 35%, and the sections for the CBE Subcontractor Information. See Attachment A, Item 2 for the reference to the revised Form. All fields must be completed when submitted with the bid.

Question 5. Section I.3 Indemnification, seems very general to indemnify the District broadly. What clarification can you provide on how Indemnification will apply including if an applicant claims and appeals that the investigation is inaccurate?

Response 5. The District expects to apply this provision in areas of claim against the Contractor for negligence or misconduct in performing work under the contract. The District does not intend to enforce this provision in the applicant's appeal process.

Bidders should submit all assumption, exception and alternatives regarding this section no later than the deadline in accordance with Section L.2 questions.

Question 6. Do you expect all of the investigations referenced in Section C.2.4 to take place in the first year?

Response 6. Class A yes, Class B partially, and the remaining gradually. The District also expects a renewal of the licenses in Year 5.

Question 7. How do you expect the estimated number of hours to be carried over year to year or to increase or decrease?

Response 7. Refer to Response 1.

Question 8. Is the estimated number of hours for Consultant Fees including the subcontractor (CBE) hours?

Response 8. It depends on the type of work done by the subcontractor. If it is Travel Expenses & Reimbursable Costs, it is not; otherwise yes.

Question 9. Can the District grant a waiver for Section I.3?

Response 9. No, but the District is open to consider alternatives or changes to the section. Refer to Response 5.

Question 10. Can the CBE subcontractor, subcontract parts of his task if additional resources are needed?

Response 10. As referenced in Section H.3(c) a CBE utilized to meet the subcontracting requirements set forth in Sections H.3.1(a) and H.3.1(b) must perform at least 35% of the contracting effort with its own organization and resources.

Question 11. Will the contractor be subject to pay taxes for work outside of DC?

Response 11. The Contractor will be required to obtain and maintain a DC business license. Provisions of obtaining and maintaining a DC business license entail paying DC business taxes owed to the Office of Tax and Revenue (OTR) (<https://otr.cfo.dc.gov/>) and unemployment insurance tax owed to Department of Employment Services (DOES) (<https://does.dc.gov/>).

Question 12. FDIC document is missing international travel guidelines.

Response 12. Any questions regarding the Attachment J.3, FDIC Contractor Travel Guidelines should be submitted in accordance with Section L.2. The District plans to address international travel in accordance with the Guidelines, for example, international airfare will be reimbursed based on Section 4.0 of the Guidelines – coach class and on U.S. flag carrier services. Bidders should note that anticipated travel and expenses are expected to be covered as part of the detailed task order scope development between the COTR and the Contractor.

Question 13. Does the statute or regulation allow for reciprocity agreements with other gaming jurisdictions that can be used to support the investigation process and will the previously-issued licenses in other states be can take into consideration?

Response 13. Yes, the regulations include a provisional license for those entities that have been vetted and licensed in other gaming jurisdictions approved by the Office of Lottery. Additional information regarding the regulations and is available at: <https://www.dclotterysportsbetting.com/operating-sports-betting/about-us/sports-wagering-faqs/>.

# Attachment C SUBCONTRACTING PLAN

PRIME CONTRACTOR INFORMATION:	
Company: _____ Street Address: _____ City & Zip Code: : _____ Phone Number: _____ Fax: _____ Email Address: _____	Solicitation Number: _____ Contractor's Tax ID Number: _____ Caption of Plan: _____ _____ Duration of the Plan: From _____ to _____ Total Prime Contract Value: \$ _____ _____ LSDBE Total: \$ _____ LSDBE Subcontract Value equals _____% <span style="float: right;">Percentage Set Aside</span>
Project Name: _____ Address: _____ _____ Project Descriptions: _____ _____ _____	

(List each subcontractor at any tier that will be awarded a subcontract to meet your total set aside goal.)

SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____%    Tier: : _____ <span style="margin-left: 150px;">1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></span> LSDBE Certification Number: _____			Point of Contact: _____ <span style="float: right;">Name (Print)</span> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____							
Certification Status: (check all that apply) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 30px;">SBE:</td> <td style="width: 30px;">LBE:</td> <td style="width: 30px;">DBE:</td> <td style="width: 30px;">DZE:</td> <td style="width: 30px;">ROB:</td> <td style="width: 30px;">LRB:</td> </tr> </table>			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:		
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					

## CERTIFICATIONS

**The prime contractor shall attach a statement including the following:**

- a. A **description of the efforts** the prime contractor will make to ensure that LBEs, DBEs, ROBs, SBEs, LRBs, or DZEs will have an equitable opportunity to compete for subcontracts;
- b. In all subcontracts that **offer further subcontracting opportunities**, assurances that the prime contractor will include a statement, approved by the contracting officer, the subcontractor will adopt a subcontracting plan similar to the subcontracting plan required by the contract;
- c. **Assurances** that the prime contractor will cooperate in any studies or surveys that may be required by the contracting officer, and submit periodic reports, as requested by the contracting officer, to allow the District to determine the extent of **compliance** by the prime contractor with the subcontracting plan;
- d. Listing of the type of **records** the prime contractor will maintain to demonstrate procedures adopted to comply with the requirements set forth in the subcontracting plan, and include assurances that the prime contractor will make such records available for review upon the District's request; and
- e. A description of the prime contractor's recent efforts **to locate LBEs, DBEs, SBEs, DZEs, LRBs, and ROBs, and to award subcontracts to them.**

PERSON PREPARING THE SUBCONTRACTING PLAN:	
Name: _____ <span style="margin-left: 150px;">(Print)</span> Telephone Number: (    ) _____ - _____ Fax Number: (    ) _____ - _____ Email Address: _____	Signature: _____ Title: _____ Date: _____

(List each subcontractor that will be awarded a subcontract to meet your total set aside goal.)

SUBCONTRACTOR INFORMATION: (use continuation sheet for additional subcontracts)										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ % Tier: : _____ <small>1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></small> LSDBE Certification Number: _____ Certification Status: (check all that apply) <table border="1" style="display: inline-table; margin-left: 10px;"> <tr> <td>SBE:</td> <td>LBE:</td> <td>DBE:</td> <td>DZE:</td> <td>ROB:</td> <td>LRB:</td> </tr> </table>			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact: _____ <small>Name (Print)</small> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	
SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					
SUBCONTRACTOR INFORMATION:										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
Total Amount Set Aside: \$ _____ Percentage of Total Set Aside Amount : _____ % Tier: : _____ <small>1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup></small> LSDBE Certification Number: _____ Certification Status: (check all that apply) <table border="1" style="display: inline-table; margin-left: 10px;"> <tr> <td>SBE:</td> <td>LBE:</td> <td>DBE:</td> <td>DZE:</td> <td>ROB:</td> <td>LRB:</td> </tr> </table>			SBE:	LBE:	DBE:	DZE:	ROB:	LRB:	Point of Contact: _____ <small>Name (Print)</small> Contact Telephone Number: _____ Fax Number: _____ Email Address: _____	
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SUBCONTRACTOR INFORMATION:										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
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SUBCONTRACTOR INFORMATION:										
Name	Address & Telephone No.	Type of Work	NIGP Code(s)	Description of Work						
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SBE:	LBE:	DBE:	DZE:	ROB:	LRB:					



**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
REVISED EMPLOYMENT PLAN**

**I. REVISED FIRST SOURCE EMPLOYMENT PLAN**

**GOVERNMENT-ASSISTED PROJECT/CONTRACT INFORMATION**

DISTRICT CONTRACTING AGENCY: \_\_\_\_\_  
 CONTRACTING OFFICER: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_  
 TOTAL CONTRACT AMOUNT: \_\_\_\_\_  
 EMPLOYER CONTRACT AMOUNT: \_\_\_\_\_  
 PROJECT NAME: \_\_\_\_\_  
 PROJECT ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PROJECT DESCRIPTION OF WORK: \_\_\_\_\_  
 \_\_\_\_\_  
 PROJECT START DATE: \_\_\_\_\_ PROJECT END DATE: \_\_\_\_\_  
 EMPLOYER START DATE: \_\_\_\_\_ EMPLOYER END DATE: \_\_\_\_\_

**EMPLOYER INFORMATION**

EMPLOYER NAME: \_\_\_\_\_  
 COMPANY NAME: \_\_\_\_\_  
 EMPLOYER ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 TELEPHONE NUMBER: \_\_\_\_\_ FEDERAL IDENTIFICATION NO.: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_  
 EMPLOYER DESCRIPTION OF WORK: \_\_\_\_\_

GENERAL CONTRACTOR WILL MEET THE HIRING OR HOURS WORKED PERCENTAGES REQUIREMENTS FOR ENTIRE PROJECT  OR PER EACH SUBCONTRACTOR

**A. EMPLOYMENT HIRING PROJECTIONS**

**ALL EMPLOYERS:**

Please indicate ALL new position(s) you will create as a result of the project. If you WILL NOT be creating any new employment opportunities, please complete the attached justification sheet with an explanation. Attach additional sheets as needed.

JOB TITLE	# OF JOBS		SALARY RANGE	UNION MEMBERSHIP REQUIRED NAME LOCAL#	PROJECTED HIRE DATE
	F/T	P/T			
A					
B					
C					
D					
E					
F					
G					
H					



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
REVISED EMPLOYMENT PLAN



**B. JUSTIFICATION SHEET:** Please provide a detailed explanation of why the Employer will not have any new hires on the project.

This page to be completed by Employer	_____ Employer Initials
---------------------------------------	----------------------------

**C. EMPLOYMENT PROJECTIONS**





GOVERNMENT OF THE DISTRICT OF COLUMBIA  
REVISED EMPLOYMENT PLAN



**C. EMPLOYMENT PROJECTIONS (Continued)**

- IV. This strategy should include a remediation strategy to ameliorate any problems associated with meeting these 51% Hiring of District Resident requirements, including any problems encountered with contractors and subcontractors.
  
- V. The designation of a senior official from the Employer who will be responsible for implementing the hiring and reporting requirements.
  
- VI. Provide descriptions of the health and retirement benefits that will be provided to District residents working on the project or contract.
  
- VII. Provide a strategy to ensure that District residents who work on the project or contract receive ongoing employment and training opportunities after they complete work on the job for which they were initially hired and a review of past practices in continuing to employ District residents from one project or contract to the next.

This page to be completed by Employer	_____ Employer Initials
---------------------------------------	----------------------------



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
REVISED EMPLOYMENT PLAN



**D. EMPLOYMENT PROJECTIONS (continued)**

**VIII.** Provide a strategy to hire graduates of District of Columbia Public Schools, District of Columbia Public Charter Schools, community-based job training providers, and hard-to-employ residents.

**IX.** Please disclose past compliance with the First Source Employment Agreement Act of 1984 or the Workforce Intermediary Establishment and Reform of First Source Amendment Act of 2011 and the Davis-Bacon Act, where applicable, and the bidder or offeror's general District-resident hiring practices on projects or contracts completed within the last two (2) years.

**X.** Please note that EMPLOYERS with construction projects must make payroll records available upon request at job sites to the contracting District of Columbia agency.

This page to be completed by Employer

\_\_\_\_\_  
Employer Initials



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
OFFICE OF THE CHIEF FINANCIAL OFFICER



Pre-Proposal Conference SIGN IN SHEET  
Solicitation No. CFPD-19-I-055 Due Diligence Investigative Services  
Date: September 30, 2019  
Time: 10:00pm to 11:00pm (local time)  
Location: 1100 4th Street, SW, Suite 620, Washington, DC 20024

RESPESENTATIVE'S NAME/TITLE	AGENCY/ COMPANY	EMAIL ADDRESS	TELEPHONE #
1. Beth Bresnahan Executive Dir.	Office of Lottery + Gaming	beth.bresnahan@dc.gov	645-8076
2. Michelle Johnson Exec. Assistant	"	michelle.johnson7@dc.gov	645-7945
3. Treva Saunders	OLC	treva.saunders@dc.gov	442-7127
4. Samina Davis	Office of Contract	Samina.davis@dc.gov	442-6428
5. Drabus Wiggins Guy Michael	Office of Contract	drabus.wiggins@dc.gov	442-6454
6. Carroll Michael	Michael & Carroll	gmichael@michaelcarrolllaw.com	
7. Juliana Barreto	Spectrum Gaming	jbarreto@spectrumgaming.com	
8. <del>Bill</del> Bill Crisby	Spectrum Gaming	bcrisby@nfcglobal.com	
9.			
10.			