				1. Solicitation Nur	mber	Pa	ige of Pages
AMENDMENT OF SOL MODIFICATION OF CO				CFOP	D-21-R-034	1	Attachments
2. Amendment/Modification	3. Effective Date			ion/Purchase	5. Solicitation Caption		
Number		Re	equest No	0.	Random Moment	Time Study/	Indirect Cost Rate
Amendment No. 1	See Box 2	16C				nino otaay,	
6. Issued by:	Code			7. Administered by	(If other than line 6)		
Office of the Chief Financi Office of Contracts 1100 4 th Street SW Suite I Washington, DC 20024	-						
8. Name and Address of Contract	ctor (No. street, city	/, county, state		9A. Amendment of S		– • • • •	
and zip code)			X		CFOPD-21	-R-034	
				9B. Dated (See Item	June 11,	2021	
ALL POTENTIAL OFFER	ORS			10A. Modification of		2021	
				10B. Dated (See Ite	m 13)		
Code	Facility				,		
The above numbered solicitati					S OF SOLICITATIONS		7
Offers must acknowledge receipt of (a) By completing Items 8 and 15, submitted; or (c) BY separate letter RECEIVED AT THE PLACE DESIN YOUR OFFER. If by virtue of this makes reference to the solicitation 12. Accounting and Appropriation	and returning a <u>1</u> r or fax which inclu GNATED FOR THE amendment you de and this amendme	written copy des a reference E RECEIPT OF esire to change ent, and is rece	y of the a e to the s - OFFER e an offer	mendment: (b) By ack olicitation and amend S PRIOR TO THE HO already submitted, su	nowledging receipt of this ment number. FAILURE O UR AND DATE SPECIFIE ch may be made by letter o	amendment on e F YOUR ACKNO D MAY RESULT	each copy of the offer OWLEDGMENT TO BE IN REJECTION OF
	13. THIS ITEN	APPLIES O	NLY TO	MODIFICATIONS O	F CONTRACTS/ORDER	S,	
A. This change order is				ORDER NO. AS DE	ESCRIBED IN ITEM 14		
B. The above numbered	d contract/order is	modified to re	eflect the	e administrative chan	ges.		
C. This supplemental a	greement is enter	ed into pursua	ant to aut	thority of:			
D. Other (Specify type of Administrative	of modification and	d authority)					
	or 🗌 is not	is required	to sign th	nis document and ret	urn 1 copy to the issuing	office.	
14. Description of Amendment/M	Iodification (Organ	nized by UCF	Section	headings, including s	solicitation/contract subie	ct matter where	feasible.)
	iounioulion (orga		Coolion	nouungo, moluung (
The above referenced sol the following changes (Att						s hereby am	ended to reflect
	ALL		MS AND	CONDITIONS REM	AIN UNCHANGED		
Except as provided herein, all te		s of the docur	ment is re			ed and in full for	ce and effect.
15A. Name and Title of Signer (1	Гуре or print)			16A. Name of	Contracting Officer		
				Drakus Wig	ggins, CPPO, CPPB		
15B. Name of Contractor		15C. Date Si	igned	16B. District			16C. Date Signed
(Signature of perso	n authorized to sign)					ontracting Officer)	07/01/2021

Attachment A

The following changes are hereby incorporated into the solicitation.

- 1. Section H.3.12 is hereby amended to extend the deadline to request a waiver of the subcontracting requirements to July 7, 2021, at 2:00pm.
- 2. Section L.2 is hereby amended to extend the deadline for inquiries to July 7, 2021, at 2:00pm.
- 3. Section B is deleted in its entirety and replaced by the Attachment C, Revised Section B to incorporate services for the Department of Health Care Finance and require a price per agency for Revenue Maximization Services.

Attachment B

The following are responses to inquiries received.

- Question 1. Page 2 of RFP -The pricing schedule does not include the Cost Allocation Plan, Random Moment Time Study, or the Cost Allocation Methodology development for the DCAS system for the Department of Health Care Finance. Should those be added?
- Response 1. Yes, see Attachment A, Item 3.
- Question 2. Page 35 of RFP Should the documents regarding Small Business Enterprise contracts be included with the proposal or submitted in advance? If they should be submitted in advance, what is the deadline?
- Response 2. In accordance with Section H.3.12, prior to submission of proposals, the Offeror may request a waiver of the subcontracting requirements by filing a written request to the point of contact on Page 1 of this solicitation, to the attention of the Contracting Officer detailing the reasons justifying a waiver, including the Offeror's efforts to secure involvement by Certified Business Enterprises, no later than July 7, 2021, at 2:00pm (see Attachment A, Item 1).

In the absence of an approved waiver of the subcontracting requirement, in accordance with Section H.3.3, an Offeror shall submit a subcontracting plan as part of its proposal. Said subcontracting plan should be completed on Attachment J.5 Subcontracting Plan Form, in accordance with Section H.3.16, show that at least 50% of the dollar volume of the contract will be subcontracted to certified business enterprises and the form shall specify the information required in Section H.3.4.

- Question 3. Page 7 of RFP Is it acceptable to include a different price for each agency for Revenue Maximization Services?
- Response 3. Yes, see Attachment A, Item 3.

ATTACHMENT C

REVISED - SECTION B

CONTRACT TYPE, SUPPLIES OR SERVICES AND PRICE

B.1 GENERAL INFORMATION

The District of Columbia Office of the Chief Financial Officer, Office of Contracts, on behalf of Human Support Services Cluster (HSSC) (the "District") is seeking a contractor to (1) generation of Cost Allocation Plans, (2) develop a final Indirect Cost Rates for prior fiscal year expenditures,(3) the development, implementation, operation and training of an online web and e-mail based Random Moment Time Study, (4) develop a cost allocation methodology for the District of Columbia's Access System (DCAS) for use in DHCF's Advanced Planning Documents (APD) developed under this contract period, (5) develop a cost allocation methodology for the District of Columbia's Access System (DCAS) for use in DHS's Operational Advanced Planning Document (OAPD) and (6) Federal Revenue Maximization.

B.2 <u>CONTRACT TYPE</u>

The District contemplates award of a Fixed Price contract.

B.3 <u>ALL-INCLUSIVE PRICING</u>

The stated Price Per Unit for each Contract Line Item Number (CLIN) shall be fixed, inclusive of all of the Contractor's direct cost, indirect cost, and profit; including travel, material, and delivery costs. The price shall include all cost associated with the services described in and required by the Contract. The Total Estimated Price shall represent the price ceiling, fixed fee, or not to exceed amount of the Contract.

B.4 RESERVED

B.5 PRICE SCHEDULE

B.5.1 PRICING BASE YEAR

B.5.1.1 BASE YEAR

CLIN	Agency	Item	Unit of	Quantity	Unit	Extended
		Description	Measure		Price	Total
001	Department of	Quarterly	Report	4		
	Behavior Health	RMTS Analysis				
002	Department of	IDCR Proposal	Report	1		
	Behavior Health					

003	Department of	Quarterly	Report	4	
	Disability Services	RMTS Analysis			
004	Department of	IDCR Proposal	Report	1	
	Disability Services				
005	Department of	Quarterly	Report	4	
	Human Services	RMTS Analysis			
006	Department of	Cost Allocation	Report	1	
	Human Services	Plan			
007	Department of	IDCR Proposal	Report	1	
	Human Services				
008	Department of	OAPD	Report	1	
	Human Services				
009	Department of	IDCR Proposal	Report	1	
	Health				
010	Department of	Quarterly	Report	4	
	Health Care	RMTS Analysis			
	Finance				
011	Department of	Cost Allocation	Report	1	
	Health Care	Plan			
	Finance				
012	Department of	APD	Report	1	
	Health Care				
	Finance				
	Total				\$

B.5.1.2	Option Year One					
CLIN	Agency	Item	Unit of	Quantity	Unit	Extended
		Description	Measure		Price	Total
101	Department of	Quarterly	Report	4		
	Behavior Health	RMTS Analysis				
102	Department of	IDCR Proposal	Report	1		
	Behavior Health					
103	Department of	Quarterly	Report	4		
	Disability Services	RMTS Analysis				
104	Department of	IDCR Proposal	Report	1		
	Disability Services					
105	Department of	Quarterly	Report	4		
	Human Services	RMTS Analysis				

106	Department of	Cost Allocation	Report	1	
	Human Services	Plan			
107	Department of	IDCR Proposal	Report	1	
	Human Services				
108	Department of	OAPD	Report	1	
	Human Services				
109	Department of	IDCR Proposal	Report	1	
	Health				
110	Department of	Quarterly	Report	4	
	Health Care	RMTS Analysis			
	Finance				
111	Department of	Cost Allocation	Report	1	
	Health Care	Plan			
	Finance				
112	Department of	APD	Report	1	
	Health Care				
	Finance				
	Total				\$

B.5.1.3	Option Year Two					
CLIN	Agency	Item	Unit of	Quantity	Unit	Extended
		Description	Measure		Price	Total
201	Department of	Quarterly	Report	4		
	Behavior Health	RMTS Analysis				
202	Department of	IDCR Proposal	Report	1		
	Behavior Health					
203	Department of	Quarterly	Report	4		
	Disability Services	RMTS Analysis				
204	Department of	IDCR Proposal	Report	1		
	Disability Services					
205	Department of	Quarterly	Report	4		
	Human Services	RMTS Analysis				
206	Department of	Cost Allocation	Report	1		
	Human Services	Plan				
207	Department of	IDCR Proposal	Report	1		
	Human Services					

208	Department of	OAPD	Report	1	
	Human Services				
209	Department of	IDCR Proposal	Report	1	
	Health				
210	Department of	Quarterly	Report	4	
	Health Care	RMTS Analysis			
	Finance				
211	Department of	Cost Allocation	Report	1	
	Health Care	Plan			
	Finance				
212	Department of	APD	Report	1	
	Health Care				
	Finance				
	Total				\$

B.5.1.4	Option Year Three					
CLIN	Agency	Item	Unit of	Quantity	Unit	Extended
		Description	Measure		Price	Total
301	Department of	Quarterly	Report	4		
	Behavior Health	RMTS Analysis				
302	Department of	IDCR Proposal	Report	1		
	Behavior Health					
303	Department of	Quarterly	Report	4		
	Disability Services	RMTS Analysis				
304	Department of	IDCR Proposal	Report	1		
	Disability Services					
305	Department of	Quarterly	Report	4		
	Human Services	RMTS Analysis				
306	Department of	Cost Allocation	Report	1		
	Human Services	Plan				
307	Department of	IDCR Proposal	Report	1		
	Human Services					
308	Department of	OAPD	Report	1		
	Human Services					
309	Department of	IDCR Proposal	Report	1		
	Health					

310	Department of	Quarterly	Report	4	
	Health Care	RMTS Analysis			
	Finance				
311	Department of	Cost Allocation	Report	1	
	Health Care	Plan			
	Finance				
312	Department of	APD	Report	1	
	Health Care				
	Finance				
	Total				\$

B.5.1.5	Option Year Four					
CLIN	Agency	Item Description	Unit of Measure	Quantity	Unit Price	Extended Total
401	Department of	Quarterly	Report	4		
	Behavior Health	RMTS Analysis	1			
402	Department of	IDCR Proposal	Report	1		
	Behavior Health	_	_			
403	Department of	Quarterly	Report	4		
	Disability Services	RMTS Analysis				
404	Department of	IDCR Proposal	Report	1		
	Disability Services					
405	Department of	Quarterly	Report	4		
	Human Services	RMTS Analysis				
406	Department of	Cost Allocation	Report	1		
	Human Services	Plan				
407	Department of	IDCR Proposal	Report	1		
	Human Services					
408	Department of	OAPD	Report	1		
	Human Services					
409	Department of	IDCR Proposal	Report	1		
	Health					
410	Department of	Quarterly	Report	4		
	Health Care	RMTS Analysis				
	Finance					
411	Department of	Cost Allocation	Report	1		
	Health Care	Plan				
	Finance					

412	Department of	APD	Report	1	
	Health Care				
	Finance				
	Total				\$

B.5.6 Summary

Period of Performance	Totals
B.5.1.1 Base Year	\$
B.5.1.2 Option Year One	\$
B.5.1.3 Option Year Two	\$
B.5.1.4 Option Year Three	\$
B.5.1.5 Option Year Four	\$
B.5.6 Grand Total	\$

B.5.7 OPTIONAL PRICING

B.5.7.1 The District reserves the right to exercise the Optional Pricing. The District will execute a contract modification or other written document which notifies the Contractor of the exercise of the option. The notice shall cite the option provision of the contract as authority for the action. The District shall exercise an option only after considering that sufficient budget authority is available; that the requirement covered by the option fulfills an existing District need; and that the exercise of the option will be the most advantageous method of fulfilling the District's need, when price and other factors are considered.

CLIN	Item Description	Unit Price
501	On-Demand Training per Section C.5.7.7	\$ Per Training Session
502	Revenue Maximization Services per Section C.9 1. Department of Behavioral Health	\$ Per Agency
	2. Department of Human Services	\$ Per Agency

B.5.7.2 OPTIONAL PRICE LIST

3. Department of Health Care Finance	\$ Per Agency
4. Department on Disability Services	\$ Per Agency
5. Office of Disability Rights	\$ Per Agency
6. Department of Health	\$ Per Agency
7. Department of Human Rights	\$ Per Agency
8. Child of Family Services Agency	\$ Per Agency
9. Health Benefit Exchange	\$ Per Agency
10. Department of Youth Rehabilitative Services	\$ Per Agency
11. Department of Parks and Recreational Services	\$ Per Agency
12. Office of Deputy Mayor Health and Human Services	\$ Per Agency