



ADDENDUM #1 TO RFP:

RFP # 16-002: CLINICAL-COMMUNITY LINKAGES BOSTON RACIAL AND ETHNIC APPROACHES TO COMMUNITY HEALTH (REACH) PARTNERS IN HEALTH AND HOUSING (PHH)

NOVEMBER 2, 2015

A. This Addendum shall be considered part of the bid documents for the above mentioned services as though it had been issued at the same time and shall be incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original bid documents, this Addendum shall govern and take precedence.

B. Bidders are hereby notified that they shall make any necessary adjustments in their pricing as a result of this addendum. It will be construed that each proposal is submitted with full knowledge of all modifications and supplemental data specified herein.

C. Please include a signed copy of this addendum with your bid submittal. **FAILURE TO DO SO MAY SUBJECT BIDDER TO DISQUALIFICATION.**

REVISION

- Replace Page 4, funding period section with: **January 1, 2016 – September 29, 2016.**

QUESTIONS FROM POTENTIAL PROPOSERS

1. The grant funding period indicated in the proposal is January 1, 2015 – September 29, 2016. Does the \$25,000 cover that 21 month period? Or is it for 1 year (12 months, January 1, 2015 – December 31, 2015). The RFP states that the “initial grant awards will be up to \$25,000 with the possibility of a second full-year of funding. Year 2 funding will be increased to reflect the extended timeframe.”

The project period is 1/1/2016-9/29/2016 and will be funded up to \$25,000 for the 10-month period. Based on funding availability and performance, we hope to fund grants for a second full year (9/30/2016-9/29/2017) at an amount reflecting a full year (12-month period).

END OF ADDENDUM #1
RFP # 16-002: Clinical-Community Linkages

***Original RFP documents can be found by clicking**
here www.bphc.org/workingwithus/rfps-and-bids/Pages/RFPs-and-Bids.aspx

The undersigned Proposer hereby acknowledges receipt of the following Addendum.

Acknowledged for: _____
(Name of Company)

By: _____
(Signature of Authorized Representative)

Name: _____
(Print or Type)

Title: _____

Date: _____