



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

**REQUEST FOR PROPOSALS # 34310-24021
AMENDMENT # 2
FOR PROVISION OF DEVELOPMENT AND
ADMINISTRATION OF THE MEDICATION AIDE
CERTIFIED EXAMINATION**

DATE: May 25, 2021

RFP # 34310-24021 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		April 30, 2021
2. Disability Accommodation Request Deadline	2:00 p.m.	May 5, 2021
3. Pre-response Conference	9:00 a.m.	May 6, 2021
4. Notice of Intent to Respond Deadline	2:00 p.m.	May 7, 2021
5. Written "Questions & Comments" Deadline	2:00 p.m.	May 13, 2021
6. State Response to Written "Questions & Comments"		May 20, 2021
7. Response Deadline	2:00 p.m.	June 2, 2021
8. State Completion of Technical Response Evaluations		June 14, 2021
9. State Opening & Scoring of Cost Proposals	9:00 a.m.	June 15, 2021
10. State Notice of Intent to Award Released <u>and</u> RFP Files Opened for Public Inspection	2:00 p.m.	June 21, 2021
11. End of Open File Period		June 28, 2021
12. State sends contract to Contractor for signature		June 29, 2021
13. Contractor Signature Deadline	2:00 p.m.	July 6, 2021

2. Delete RFP section 6.3. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

COST PROPOSAL & SCORING GUIDE

NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED

COST PROPOSAL SCHEDULE— The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma Contract* and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point.

NOTICE: The Evaluation Factor associated with each cost item is for evaluation purposes only. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma Contract* section C.1. (refer to RFP Attachment 6.6.), “The State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.”

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document must attach evidence showing the individual’s authority to legally bind the Respondent.

RESPONDENT SIGNATURE:			
PRINTED NAME & TITLE:			
DATE:			
RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
Medication Aide Written/Oral Exam	\$ NUMBER / Candidate	10,800	
Practical Skills Demonstration Exam	\$ NUMBER / Candidate	10,800	
Retake Exam for Medication Aide Written/Oral Exam	\$ NUMBER / Candidate	4,480	
Retake Exam for Practical Skills Demonstration Exam	\$ NUMBER / Candidate	4,480	
EVALUATION COST AMOUNT (sum of evaluation costs above):			

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	Proposed Cost	State Use Only	
		Evaluation Factor	Evaluation Cost (cost x factor)
The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
$\frac{\text{lowest evaluation cost amount from all proposals}}{\text{evaluation cost amount being evaluated}} \times 30 \text{ (maximum section score)} = \text{SCORE:}$			
State Use – Solicitation Coordinator Signature, Printed Name & Date:			

3. Delete Pro Forma section C. in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

C. PAYMENT TERMS AND CONDITIONS:

1. There shall be no cost to the State for the performance of services under this Contract.
2. In consideration of products and services provided hereunder by the Contractor, the Contractor shall charge and collect from each Candidate registered for an Examination the appropriate fee as follows:

Fee Item Description	Contract Year 1	Contract Year 2	Contract Year 3	Contract Year 4	Contract Year 5
Development and Medication Aide Written/Oral Exam					
Practical Skills Demonstration Exam					
Retake Exam for Medication Aide Written/Oral Exam					
Retake Exam for Practical Skills Demonstration Exam					

4. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.