



**THE ESCAMBIA COUNTY SCHOOL DISTRICT
PURCHASING DEPARTMENT
75 NORTH PACE BLVD.
PENSACOLA, FL 32505**

ADDENDUM I REQUEST FOR PROPOSAL (RFP)

AMENDMENT POSTING DATE:
April 19, 2018

PURCHASING CONTACT:
**JOHN DOMBROSKIE, DIRECTOR OF PURCHASING
Phone: 850.469.6120
Email: jdombroskie@escambia.k12.fl.us**

RFP TITLE:
SCHOOL HEALTH SERVICES

RFP NUMBER:
181001

RFP OPENING DATE & TIME:

NO CHANGE - APRIL 26, 2018 1:30 p.m. CENTRAL TIME

NOTE: PROPOSALS RECEIVED AFTER THE RFP OPENING DATE AND TIME WILL NOT BE ACCEPTED.

This Addendum shall serve to amend, replace and append information provided to the potential respondents in the original RFP package. To assist in the development of their responses, interested firms are encouraged to carefully review the information found in this Addendum.

The following information contained in the original RFP has changed or been added:

Attachment F – Program Costs

Page 39

Replace the entire page with the attached revised Attachment (change is underlined)

Vendor Certification Regarding Scrutinized Companies Lists

Attached

Fill out and return with your proposal. Place it behind your signed Addendum.

By signing this Addendum I, respondent acknowledges receipt of the Addendum for RFP #181001. Respondent is to attach and return this Addendum with their Proposal.

VENDOR (firm name): _____

STREET ADDRESS: _____

CITY & STATE: _____

PRINT NAME OF AUTHORIZED REPRESENTATIVE: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

TITLE: _____

DATE: _____

ATTACHMENT F
Program Costs

POSITION	# POSITIONS	# DAYS	# HRS	BILL RATE PER HOUR
HEALTH TECH	21	185	6	\$
HEALTH TECH	27	185	7	\$
HEALTH TECH ESE	1	201	7	\$
HEALTH TECH FLOATING	7	183	7	\$
HEALTH TECH Pre-K	1	202	7	\$
HEALTH TECH 1:1	AS NEEDED			\$
LPN	4	185	7	\$
LPN 1:1	AS NEEDED			\$
RN ESE FLOATING	2	187	7	\$
RN ESE FLOATING	1	202	7	\$
RN SUPERVISORY	12	193	8	\$
ASST. PROGRAM COORDINATOR	1	260	8	\$
PROGRAM COORDINATOR	1	260	8	\$
OTHER COSTS				\$
TOTAL				\$

Other Costs – On an attached sheet provide other costs/fees (such as “sharps disposal) to be paid by the District other than those listed above. Enter those costs to the “Other Costs” field above.

If additional services are needed, the District may request additional personnel as needed at the same rate as established in the agreement.

VENDOR CERTIFICATION REGARDING SCRUTINIZED COMPANIES LISTS

Respondent Vendor Name: _____
Vendor FEIN: _____
Vendor's Authorized Representative Name and Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____
Email Address: _____

Section 287.135, Florida Statutes, prohibits agencies from contracting with companies for goods or services of \$1,000,000 or more, that are on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. Both lists are created pursuant to section 215.473, Florida Statutes.

As the person authorized to sign on behalf of Respondent, I hereby certify that the company identified above in the section entitled "Respondent Vendor Name" is not listed on either the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List. I understand that pursuant to section 287.135, Florida Statutes, the submission of a false certification may subject company to civil penalties, attorney's fees, and/or costs.

Certified By: _____
who is authorized to sign on behalf of the above referenced company.
Authorized Signature Print Name and Title: _____
Date: _____