



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF MANAGEMENT SERVICES
PURCHASING
245 MCKEE ROAD
DOVER, DELAWARE 19904

August 16, 2013

TO: ALL OFFERERS

FROM: DE DEPARTMENT OF CORRECTION

SUBJECT: ADDENDUM TO REQUEST FOR PROPOSAL – DOC1426-HEALTH,
CORRECTIONAL HEALTH CARE SERVICES

ADDENDUM #1

Clarifications to the Proposal:

Page 3, Section I. Summary, lines 141 – 151. The Mandatory Letter of Intent must be submitted to DOC_MedicalMail@state.de.us and for clearance purposes must include the names, social security numbers and date of birth for anyone wishing to attend the facility tours September 4 & 5th. Because of security restrictions, only two (2) employees per bidding firm are allowed to participate in the facility tours. The attached Security Clearance form must be completed and returned for each participant attending the tours by no later than August 23rd.

Page 40, Item D. RFP Designated Contact is hereby amended to remove James C. Welch's name and email address as the designated contact. All correspondence - including letters of intent and RFP questions should be directed to: Bureau of Correctional Health Care Services at DOC_MedicalMail@state.de.us. **Only original bid proposals** should be addressed to James C. Welch, RN, HNB-BC, Department of Correction, 245 McKee Road, Dover, DE 19904.

Page 45, Item Y. RFP Question and Answer Process, lines 2091 – 2106. Clarification that questions must be submitted / received each week by no later than Thursdays on or before 10:00 AM Eastern Standard Time to be included in consolidated responses posted to http://bids.delaware.gov/bids_detail.asp?i=2073&DOT=N each Friday, with the final consolidated answers posted on October 11, 2013.

Page 75, Appendix J. / Deliverables Table – Proposal Information Due October 4, 2013. The proposal information is due by 4:00 PM Eastern Standard Time on October 18, 2013.

All other terms and conditions remain the same.

If you have any questions, please contact DOC_MedicalMail@state.de.us.

SECURITY CLEARANCE APPLICATION
BUREAU OF PRISONS
PLEASE PRINT CLEARLY

NAME: _____
(LAST) (FIRST) (MIDDLE)

PLEASE LIST ALL OTHER NAMES YOU HAVE USED INCLUDING MAIDEN, NICKNAMES AND RELIGIOUS NAMES:

DOB: _____ PLACE OF BIRTH: _____ SSN#: _____

SEX: MALE FEMALE RACE: _____ DRIVER'S LICENSE #: _____ State: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME: (____) _____ WORK: (____) _____

DO YOU HAVE A CRIMINAL CONVICTION AND/OR ARREST ANYWHERE, TO INLCUDE TRAFFIC TICKETS? NO/YES (IF YES, COMPLETE BELOW). HAVE YOU EVER BEEN ARRESTED ANYWHERE WHETHER CONVICTED/DISMISSED/NOLLE PROSSED OR PARDONED: NO /YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE UTILIZE THE BACK OF THIS FORM.

COUNTRY : _____ DATE: _____

OFFENSE: _____ SENTENCE: _____

ARE YOU PRESENTLY UNDER DEPT. of CORRECTION SUPERVISION: NO YES (IF YES, WHAT): _____

ARE YOU RELATED TO OR KNOW ANYONE INCARCERATED AT A DOC FACILITY: NO YES

IF YES, NAME OF INMATE AND YOUR RELATIONSHIP TO THEM: _____

REASON FOR CLEARANCE: _____ DATE OF ACTIVITY: _____ COMPANY/
ORGANIZATION _____

COMPANY/ORGANIZATION EMAIL ADDRESS: _____

PLEASE READ AND SIGN:

I understand that prison authorities will verify my criminal record information. I also understand that my application may be rejected for any reason.

SIGNATURE: _____ DATE: _____

The following is the result of the DELJIS and NCIC records checks:

DELAWARE WANTS/WARRANTS _____ DELWARE CRIMINAL HISTORY _____

NCIC WANTS/WARRANTS _____ NCIC CRIMINAL HISTORY _____

DELJIS/NCIC
INVESTIGATOR _____ SIGNATURE _____ DATE _____

APPROVED _____ APPROVAL EXPIRES ON: _____ IF DENIED, PLESE INDICATE REASON BELOW:

DENIED _____ (1) Dishonest/incomplete application; (2) Active pending warrants/capiases; (3) Felony convictions or incarceration for a felony in past five years; (4) Misdemeanor convictions or incarceration for misdemeanor in past two years; (5) DUI conviction past two years; (6) Trafficking/delivery and/or possession of controlled substance conviction past ten years; (7) Other (See Investigation for info).
Reviewer's Signature _____ Date _____