

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 – DOC1427-PHARM.

CORRECTIONAL HEALTH CARE PHARMACEUTICAL SERVICES

ADDENDUM #1

Clarifications to the Proposal:

Page 3, Section I. Summary, lines 135 – 145. 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 27, 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 32, Item Y. RFP Question and Answer Process, lines 1525 - 1541. Clarification that questions must be submitted / received each week by no later than Thursdays on or before 10:00 AM EST 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 55, Appendix F. / 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: | | | | |
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| (LAST) | (FIRST | Γ) | (MIDDLE) | |
| PLEASE LIST ALL OTH NAMES: | ER NAMES YOU HAVE USED IN | NCLUDING M | AIDEN, NICKNAMES AN | D RELIGIOUS |
| DOB: | PLACE OF BIRTH: | | SSN#: | |
| SEX: □ MALE □FEMAL | LE RACE:DRIVE | R'S LICENSE | #: | State: |
| ADDRESS: | | | APT #: | |
| CITY: | | STATE: | ZIP: | |
| PHONE: HOME: (|) | WORK: (|) | |
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| OFFENSE: | SENTENC | CE: | | |
| ARE YOU PRESENTLY U | UNDER DEPT. of CORRECTION | SUPERVISIO | N: □ NO □YES (IF YES, V | VHAT): |
| ARE YOU RELATED TO | OOR KNOW ANYONE INCARCE | ERATED AT A | DOC FACILITY: □NO □ | YES |
| IF YES, NAME OF INMA | ATE AND YOUR RELATIONSHII | P TO THEM: _ | COMPANY/ | |
| REASON FOR CLEARAN | NCE:DATE OF A | ACTIVITY: | | |
| COMPANY/ORGANIZAT | ΓΙΟΝ EMAIL ADDRESS: | | | |
| PLEASE READ AND I understand that prison autifor any reason. | SIGN: horities will verify my criminal recor | d information. | I also understand that my app | lication may be rejected |
| SIGNATURE: | | | DATE: | |
| The following is the result | of the DELJIS and NCIC records | checks: | | |
| DELAWARE WANTS/WA | ARRANTS | _DELWARE (| CRIMINAL HISTORY | |
| NCIC WANTS/WARRAN | TTS | _NCIC CRIMI | NAL HISTORY | |
| DELJIS/NCIC | | | | |
| INVESTIGATOR | SIGNATURE | | DATE | |
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| incarceration for a felony i | onest/incomplete application; (2) A in past five years; (4) Misdemeanor past two years; (6) Trafficking/delinvestigation for info). | r convictions of | r incarceration for misdeme ssession of controlled substa | anor in past two |

_Date____

Reviewer's Signature_____