



STATE OF DELAWARE  
 EXECUTIVE DEPARTMENT  
 OFFICE OF MANAGEMENT AND BUDGET

September 21, 2018

TO: ALL OFFERORS  
 FROM: MARIA BAGLEY  
 STATE CONTRACT PROCUREMENT OFFICER II  
 SUBJECT: ADDENDUM TO REQUEST FOR PROPOSAL NO.: GSS18754-FA\_EXAMINER

**ADDENDUM # 1**

This addendum is issued to provide greater contract detail regarding the referenced Request for Proposal.

1. The State intends to multi-award this contract in order to accommodate the anticipated need for services throughout the contract term.
2. The Common-law Employer Safe Harbor Exception under the ACA requires that an Additional Fee must be charged to those employees who obtain health coverage from the Vendor, but does not state the required amount of the fee. The State requires that all Vendors shall identify the Additional Fee to obtain health coverage from the Vendor and delineate the Additional Fee from all other charges and fees. The Vendor shall identify both the Additional Fee to be charged and the basis of how the fee is applied (i.e. per employee, per invoice, etc.). The State will consider the Additional Fee and prior to award reserves the right to negotiate any fees offered by the Vendor. Further, the Additional Fee shall be separately scored in the proposal to ensure that neither prices charged nor the Additional Fee charged will have a detrimental effect when selecting vendor(s) for award.

Therefore, the scoring criteria for this solicitation has been modified as notated in red:

Criteria	Weight
Experience and reputation, as demonstrated in the proposal response.	30
Expertise, as demonstrated in the proposal response.	25
Demonstrated ability to perform the services referred to under Scope of Services.	30
References	5
Cost Proposal	5
ACA Safe Harbor Additional Fee	5
<b>Total</b>	<b>100%</b>



Appendix B has also been updated to include a line item for the ACA Safe Harbor Fee.

### Appendix B – VENDOR COST PROPOSAL

Contract No. GSS18754-FA\_EXAMINER  
Contract Title: Forensic Firearms Examiner

Fill in all areas shaded in yellow. When attaching this document to your proposal response please have it as the final page, both paper and electronically.

#### COMPANY INFORMATION

Vendor Name:	
Vendor Address, Line 1:	
Vendor Address, Line 2:	
City, State, Zip Code:	
Vendor Website:	

#### CONTACT INFORMATION

Contact Name:	
Contact Email:	
Contact Phone:	
Contact Fax:	

#### RATES

Provide an hourly rate for each of the following tasks:

Laboratory Work	
Testifying in Legal Proceedings (travel time not included)	
Training	
ACA Safe Harbor Fee (additional Fee to be charged and the basis of how the fee is applied)	

All other terms and conditions remain the same.