



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: September 12, 2013

HSS 13 036

THE OPERATION OF ONE SCHOOL-BASED HEALTH CENTER  
FOR ADOLESCENTS AT A.I. DUPONT HIGH SCHOOL IN RED  
CLAY SCHOOL DISTRICT IN DELAWARE

FOR

DIVISION OF PUBLIC HEALTH

Date Due: October 29, 2013  
11:00AM

ADDENDUM # 1

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART OF  
THE ABOVE MENTIONED BID.

Responses to questions discussed at the pre-bid meeting on  
September 12, 2013 are attached.

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Kieran Mohammed  
PROCUREMENT ADMINISTRATOR  
(302) 255-9291

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William Ingram  
(302) 744-4706

The Operation of One School-Based Health Center for Adolescents at A.I. DuPont  
High School in Red Clay School District in Delaware

Questions & Answers

RFP: HSS 13 036

Date of Pre-Bid meeting - September 12, 2013

DHSS Herman M. Holloway Sr. Campus, Procurement Branch, Main  
Administration Building, First Floor Conference Room #198, 1901 N DuPont  
Hwy, New Castle, DE 19720

1. How should school-based health center third-party reimbursement be reported?

**Answer: They should be reported in two categories – Medicaid and third-party private insurers (commercial). Starting in 2012 you will start reporting this information on a monthly basis to the Director of School-Based Health Centers, so this will prepare you for this requirement.**

2. What does the timeline you mentioned in the Request for Proposal mean?

**Answer: The timeline should be used to describe when you will hire staff and increase the number of hours for services.**

3. Are process measures, as listed in the Request for Proposal, the same as school-based health center annual goals and objectives?

**Answer: Yes**

4. Can we get Appendices A, B and C and the School-Based Health Center Budget Amendment form as Word or Excel documents included in the Division of Public Health's response to the questions from potential bidders?

**Answer: We will have the website, <http://bids.delaware.gov> updated to include the above Appendices as a Word format and at the end of this document.**

5. How will Letters of Support from the school district be handled?

**Answer: The attached Red Clay School District Superintendent Letter of Support is included in this document. All potential bidders are covered under this letter.**

6. Once the vendor/contractor is selected, can they begin services before February 3, 2014?

**Answer: No, not until the start date stated in the fully executed contract signed by the selected vendor and the Division of Public Health and the vendor has received an approved PO. February 3, 2014 is the proposed start date for the contract resulting from this**

**Request for Proposal. The vendor cannot provide services prior to the start date of the contract. The vendor could begin services only if the contract is executed early and the start date is an earlier date than February 3, 2014.**

7. Is it possible to tour A.I. DuPont High School?

**Answer: The DPH was able to coordinate a tour of the site and it is scheduled for September 30, 2013, at 10:30 A.M.**

8. In the RFP, "Item 17" states there is a requirement for the proposed medical sponsor to use the Division of Public Health's selected vendor for automated computer data collection. This vendor was identified by DPH as the School-Community Health Alliance of Michigan. My question, is there any cost associated with using this vendor?

**Answer: Yes, there is an annual cost of \$1,800 paid by the selected medical sponsor for each license it receives from the School-Community Health Alliance of Michigan. The licenses are required in order to enter information into the database and the licenses are single user licenses, meaning the license cannot be shared amongst employees.**

**If a medical sponsor would like to have the capability to run additional reports from the database then they may purchase a, "Business Objects" license from the School-Community Health Alliance of Michigan at an annual cost of \$3,600.00. This license is not required by DPH and if purchased is part of the contractual agreement between the medical sponsor and the School-Community Health Alliance of Michigan.**

9. Could you provide the Department of Education (DOE) website where we could find information on the free and reduced percentages for the Red Clay School District and specifically A.I. DuPont High School?

**Answer: The DOE website on which this information was previously posted is no longer available per DOE. What DPH was able to do was find the free and reduced information pertinent to Red Clay School District, A.I. DuPont High School for the most current year which is 2011-2012 and post it below.**

School District - School	FR Lunch	% FR Lunch	Total
RED CLAY			
A I DUPONT HIGH School	516	44.0%	1172

**10. Section III. I. Required Reporting – The references in this section to Appendix H should be Appendix G.**



**RED CLAY CONSOLIDATED  
SCHOOL DISTRICT**

**Mervin B. Daugherty, Ed.D.**  
Superintendent

**Administrative Offices**  
502 Spruce Avenue  
Wilmington, Delaware 19805

Office of the Superintendent

Office (302) 552-3732  
Fax (302) 692-7030

September 10, 2013

Gloria James, Ph.D.  
Jesse Cooper Building  
417 Federal Street  
Dover DE 19901

Dear Dr. James:

This letter is to inform you that as Superintendent of the Red Clay Consolidated School District, I support any potential bidder to provide services and implement the new Red Clay Consolidated District's Wellness Center at Alexis I du Pont High School. Please note, at an upcoming date in November, all potential bidders will be reviewed by myself and the evaluation committee. I hope this communication allows you to proceed with the pre-bid meeting scheduled for September 12.

Sincerely,

Mervin B. Daugherty, Ed.D.  
Superintendent

**APPENDIX A:**  
***BUDGET SUMMARY SHEET***

# Budget Summary Sheet

Categories	Amounts
<b>Staff Salaries</b>	

<b>Fringe Benefits</b>	
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## Travel / Training

Mileage (Rate\$0.00 X 0000 miles)	
Training	
Other (specify)	

## Contractual

Rent	
Electricity	
Heat	
Communications	
Other Utilities	
Printing / Advertising	
Postage	
Insurance	
Repairs	
Other (specify)	

## Supplies

Office	
Janitorial	
Medical	
Program	
Other (specify)	

## Equipment / Other Direct Costs

Other (specify)	
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## Indirect Costs (12%)

Other (specify)	
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## TOTAL BUDGET

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**APPENDIX B:**  
***BUDGET WORKSHEET***

# Budget Worksheet

(can attach additional sheets if necessary)

Category / Description	Amount
<u>Salary / Wages</u>	
List each position title: Directors, Supervisors, Healthcare Workers, Nutritionists, Drivers, Case Managers, Janitors, Instructors, Coordinators, etc.	
-	-
Total: Salary / Wages	

<u>Fringe Benefits</u>	
Proportionate for above labor including Social Security, unemployment compensation, life insurance, worker's compensation, health insurance, pension, etc. that will be paid by the Agency	
Total: Fringe Benefits	

<u>Travel / Training</u>	
Include any programs staff are required to attend. Mileage reimbursement shall be no more than the IRS allowable amount. Subscriptions and association dues may be included in this category	
Total: Travel / Training	



## Budget Worksheet page 2

<b>Category / Description</b>	<b>Amount</b>
<u>Contractual</u>	
Include the portions of rent, utilities, telephone, internet, Insurance, maintenance, etc. that will be paid by the Agency	
<b>Total: Contractual</b>	

<u>Supplies</u>	
Include office supplies, supplies for routine building maintenance (janitorial), medical supplies, program supplies, and other related expenses	
<b>Total: Supplies</b>	

<u>Other Equipment</u>	
Specify Items or lots costing \$1000.00 or more and having a useful life of more than one year	
<b>Total: Other Equipment</b>	

Budget Worksheet page 3

<u>Indirect Costs (no more than 12%)</u>	
Identify any line items contributing to total costs not delineated in the above sections	
Total: Indirect Costs	

**APPENDIX C:**

***BIDDER'S SIGNATURE FORM***



**DELAWARE HEALTH AND SOCIAL SERVICES  
REQUEST FOR PROPOSAL**

**BIDDERS SIGNATURE FORM**

NAME OF BIDDER: \_\_\_\_\_  
SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_  
TYPE IN NAME OF AUTHORIZED PERSON: \_\_\_\_\_  
TITLE OF AUTHORIZED PERSON: \_\_\_\_\_  
STREET NAME AND NUMBER: \_\_\_\_\_  
CITY, STATE, & ZIP CODE: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_  
FAX NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_  
BIDDER'S FEDERAL EMPLOYERS IDENTIFICATION NUMBER: \_\_\_\_\_

**THE FOLLOWING MUST BE COMPLETED BY THE VENDOR:**

AS CONSIDERATION FOR THE AWARD AND EXECUTION BY THE DEPARTMENT OF HEALTH AND SOCIAL SERVICES OF THIS CONTRACT, THE (COMPANY NAME) \_\_\_\_\_  
HEREBY GRANTS, CONVEYS, SELLS, ASSIGNS, AND TRANSFERS TO THE STATE OF DELAWARE ALL OF ITS RIGHTS, TITLE AND INTEREST IN AND TO ALL KNOWN OR UNKNOWN CAUSES OF ACTION IT PRESENTLY HAS OR MAY NOW HEREAFTER ACQUIRE UNDER THE ANTITRUST LAWS OF THE UNITED STATES AND THE STATE OF DELAWARE, RELATING THE PARTICULAR GOODS OR SERVICES PURCHASED OR ACQUIRED BY THE DELAWARE HEALTH AND SOCIAL SERVICES DEPARTMENT, PURSUANT TO THIS CONTRACT.

**School-Based Health Center  
Sample Budget Amendment Form**

**PLACE ON VENDOR LETTERHEAD**

Contract # \_\_\_\_\_ P.O. \_\_\_\_\_

Budget Amendment # \_\_\_\_\_ Date: \_\_\_\_\_

1. Medical Vendors are required to provide a full justification for this amendment.

2.	<u>School*</u>	<u>Current Budget</u>	<u>Requested Changes</u>	<u>Revised Budget</u>
	Salaries			
	Fringe Benefits			
	Contractual Services			
	Supplies & Material			
	Capital Outlay			
	Etc.			
	Totals	\$	\$	\$

\_\_\_\_\_  
**Signature**

\*If more than one school, you may list each school under each category or complete a separate sheet for each school.

Budget Amendments can be submitted as needed. However, the deadline for submitting a final budget amendment is on or before April 15<sup>th</sup>.