

ADDENDUM NO. 1
Answers to Written Questions
06/11/2017
REQUEST FOR PROPOSAL
No. 2018-EPO-121
Diagnostician

Central Consolidated School is issuing this addendum to Request for Proposal No.2018-EPO-121, Diagnostician for the purpose of response to written questions.

ACKNOWLEDGE ADDENDUM WITH RFP Proposal:

Company/Firm/Independent Contractor Name

Signature

Date:

QUESTIONS AND RESPONSES

1. Could you clarify which dates that you require the Acknowledgement of Receipt Forms for RFP 2018-EPO-121-Diagnostician Services and? RFP 2018-EPO-123 OT-COTA Services? The RFP for Diagnostician Services indicates a due date of May 16, 2016 and the RFP for OT-COTA does not specify a due date for this form.

Answer: Please see attached Revision of Appendix A, Acknowledgement Receipt Form. You may submit form to receive Addendums or other pertinent communication. Otherwise, you may also visit our web page: www.ccsdnm.edu

2. How many SLP, ASL/SLPA, and Diagnostician's do you foresee needing for the 2017-18 school year?

Answer: Approximately 12 SLP, 5 ASL/SLPA, 5 Diagnosticians.

3.. For what grades will the SLP, ASL/SLPA, and Diagnostician provide services **and** what will be the caseload?

Answer: Grades Pre K- 12 and 40 related service per Case Load, 60 Speech Only Case Load

7. To clarify, are resumes required at the time of proposal submission or only upon award?

Answer: For Independent Proposers all credentials requested must be included. For Organizations the requested documents must be included Upon award. (see question #1)

APPENDIX A
ACKNOWLEDGMENT OF RECEIPT FORM
Diagnostician

RFP 2018-EPO-121

In acknowledgement of receipt of this Request for Proposals (RFP), the undersigned agrees that he/she has received a complete copy of the RFP. Only potential Offerors who elect to return this completed form with the indicated intention of submitting a proposal will receive copies of all Offeror written questions and the District's written responses to those questions, as well as RFP amendments, if any are issued.

ORGANIZATION: _____

REPRESENTED BY : _____

TITLE: _____ PHONE: _____

EMAIL: _____ FAX: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

This name and address will be used for all correspondence related to the Request for Proposal. Organization **does** \ **does not** (mark one) intend to respond to this Request for Proposals.

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