



CITY OF ATLANTA

Kasim Reed
Mayor

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DEPARTMENT OF PROCUREMENT
Adam L. Smith, Esq., CPPO, CPPB, CPPM, CPP,
CIPC, CISCC, CIGPM, CPPC
Chief Procurement Officer
asmith@atlantaga.gov

October 7, 2016

Dear Potential Proponents:

Re: FC-9275, City of Atlanta Wellness Center on Behalf of DHR

Attached is one (1) copy of **Addendum Number 1**, which is hereby made a part of the above-referenced project.

For additional information, please contact Mr. Arthur Smalls, Contract Officer, at (404) 865-8521 or by email at asmalls@atlantaga.gov.

Sincerely,

A handwritten signature in blue ink that reads "Adam L. Smith".

Adam L. Smith

ALS/as

ADDENDUM NO. 1

This Addendum No. 1 forms a part of the Request for Proposals and modifies the original solicitation package and any prior Addenda as noted below and is issued to incorporate the following:

- **Modification No. 1 to Minimum Qualifications:**
Part I, Information and Instructions to Proponents, Section 4, Minimum Qualifications, of the Request for Proposal:
(Current Language) The City shall assume all financial obligations as it relates to construction equipment, furniture, utilities, supplies **and staffing**. The successful Proponent must be in a financial position to pay a Clinic Consulting Fee in the amount of \$50,000, directly to the selected City Consultant that will assist with the health center design and clinic operations implementation. These fees must be paid by the Proponent at least 30 days post clinic opening.
(New Language) The City shall assume all financial obligations as it relates to construction, equipment, furniture, utilities and **operational costs (the operational costs are to be considered the fixed monthly management fee)**. The successful Proponent must be in a financial position to pay a Clinic Consulting Fee in the amount of \$50,000, directly to the selected City Consultant that will assist with the health center design and clinic operations implementation. These fees must be paid by the Proponent at least 30 days post clinic opening.
- **Modification No. 2 to Minimum Qualifications:**
Part I, Information and Instructions to Proponents, Section 4, Minimum Qualifications, of the Request for Proposal:
(Current Language)
Proponent must include a comprehensive equipment and supply list within their proposal package; to include anticipated itemized pricing.
(New Language)
Proponent must include a **proposed and comprehensive equipment, furniture and supply list** within their proposal package; to include itemized pricing.
- **Modification to Cost Proposal:** See page 4 of this Addendum No.1. No other forms of the cost proposal will be accepted prior to the issuance of this addendum.

The Proposal due date has NOT been modified and Proposals are due on October 26, 2016 and should be time stamped in no later than 2:00 P.M. EST and delivered to the address listed below:

Adam L. Smith, Esq., CPPO, CPPB, CPPM, CPP, CIPC, CISCC, CIGPM, CPPC
Chief Procurement Officer
Department of Procurement
55 Trinity Avenue, S. W.
City Hall South, Suite 1900
Atlanta, Georgia 30303

****All other pertinent information is to remain unchanged****

FC-9275, City of Atlanta Wellness Center on Behalf of DHR

Addendum No. 1

October 7, 2016

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Acknowledgment of Addendum No. 1

Proponents must sign below and return this form with Proposal response to the Department of Procurement.

Proponents must sign below and return this form with Proposal to the Department of Procurement, 55 Trinity Avenue, City Hall South, Suite 1900, Atlanta, Georgia 30303 as acknowledgment of receipt of this Addendum.

This is to acknowledge receipt of **FC-9275, City of Atlanta Wellness Center on Behalf of DHR** on this the _____ day of _____, 20__.

Legal Company Name of Proponent

Signature of Authorized Representative

Printed Name

Title

Date

Exhibit A.1 Cost Proposal (Revised Per Addendum No.1)

The City is interested in reviewing all costs for developing and administering a wellness program for the benefit of the employees. The total fixed implementation and operational costs must include all estimated costs and financial methodologies. All proposed fees must be inclusive of all assumptions outlined within the Scope of Services (e.g. 6 exam rooms). The costs must also be entirely transparent of all fees associated with supplies, administrative, transportation, pharmacy prescriptions, personnel and any other anticipated costs. Proponents should not model for external lab analysis costs from external labs.

Fees to be paid by the City on a monthly basis to the Consultant

ITEM	COST
• (1 Time) Implementation Cost(s) (if applicable)	\$ _____.
• Operational Costs (supplies, administrative, transportation, pharmacy prescriptions & personnel):	
Supplies (annual fixed fee)	\$ _____.
Administrative (annual fixed fee)	\$ _____.
Pharmacy Prescriptions (annual fixed fee)	\$ _____.
Transportation (annual fixed fee)	\$ _____.
Personnel (annual fixed fees)	
(1) Collaborative Physician	\$ _____.
(3) Mid-Level (NP or PA)	\$ _____.
(1) Medical Assistant (MA)	\$ _____.
(1) Occupational RN (Optional)	\$ _____.
TOTAL FIXED IMPLEMENTATION & OPERATIONAL COST:	\$ _____.

Fees to be assumed and paid by the Consultant

(1 Time) Clinic Consulting Fee: \$50,000.00

Please Note: Proponents must attach a detailed list of all implementation (if applicable) and operational costs (e.g. supplies, administrative, transportation, pharmacy prescriptions & personnel). This list must include the number of units where applicable. Do not bundle any costs. If there are any optional costs and or any gross savings that the City should consider, please also attach an itemized list and a corresponding detailed narrative. Lastly, each Proponent must include a proposed and comprehensive equipment and furniture list within their proposal package; to include itemized pricing.

Yes, I agree to honor the above-referenced Rates:

Print Name: _____

Official Title: _____

Signature: _____ **Date:** _____

Corporate Proponent:
By: _____

Print Name: _____

Title: _____

Corporate Secretary/Assistant
Secretary (Seal)

Non-Corporate Proponent:
By: _____

Print Name: _____

Title: _____

Notary Public (Seal)
My Commission Expires: _____