



**DEPARTMENT OF PURCHASING & CONTRACT COMPLIANCE**

Winner 2000- 2008 Achievement of Excellence in Procurement Award  
National Purchasing Institute

**Felicia Strong-Whitaker, Interim Director**



December 10, 2014

**Re: 15RW2015118-TR Ryan White Funding**

Dear Proposers:

Attached is one (1) copy of Addendum 5, hereby made a part of the above referenced **Proposal (RFP)**.

Except as provided herein, all terms and conditions in the **RFP** referenced above remain unchanged and in full force and effect.

Sincerely,

*Terrence Reese*

Terrence Reese  
Assistant Purchasing Agent

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Addendum No. 5  
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This Addendum forms a part of the contract documents and **modifies** the original RFP documents as noted below:

**The following revisions have been approved for Bid No. 15RW2015118-TR:**

Question: In our FY 2014 budget lines should we include carryover?

**Response: No**

Question: Are applicants required to include HIP dollars received (when applicable) in FY14 in the budget proposal for the RFP?

**Response: No**

Question: For proposed subcontractors: Are we required to include signed Letters of Agreement for each (pre-dating the execution date) in the proposal?

**Response: If you are requesting Ryan White Part A funds to support the subcontract, then yes.**

Question: If we have an employee who assists with client intake and who assists clients in accessing other support services, should personnel costs for this employee be placed under Support Services?

**Response: Yes. Support Services, Case Management non-Medical.**

Question: Perhaps I overlooked it, but I do not see a form to enter staff information. Please forward it to me.

**Response: If you are referring to Attachment E, it is in the Attachment template.**

Question: Where can we find EMA-wide data for total number of patients served and total number of patient encounters January 1 – October 31, 2014 in Primary Care, Oral Health, Mental Health and Substance Abuse categories. This site specific data for each funded site as well.

**Response: The EMA data for the requested time period are on the attached document with the heading: SECTION 3. SERVICE INFORMATION.**

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**ACKNOWLEDGEMENT OF ADDENDUM No. 5**

The undersigned proposer acknowledges receipt of this addendum by returning one (1) copy of this form with the proposal package to the Purchasing Department, Fulton County Public Safety Building, 130 Peachtree Street, Suite 1168, Atlanta, Georgia 30303 by the RFP due date and time **December 19, 2014, at 11:00 A.M.**

This is to acknowledge receipt of Addendum No. 5, \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Legal Name of Bidder

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

**SECTION 3. SERVICE INFORMATION**

Service providers funded under ALL PARTS should complete this section. Read the instructions carefully concerning reporting of services offered to HIV-affected clients. If you offered a particular service, check the box in column 2 and list the number of clients and the total number of visits within each service category. If you offered a particular service but do not know the number of clients or visits during the reporting period, check the unknown box. Include HIV-indeterminate clients in the HIV+ column. ONLY Part D funded agencies may report services to affected clients in rows "a"- "l". If you do not receive Part D funding, do not complete these boxes for affected clients.

33.

1	2	3a		3b	4a		4b
		Total # of unduplicated clients			Total # of visits during reporting period	Check if # of visits unknown	
Service Categories	Check if service was offered	HIV+	Affected	unknown	HIV+		Affected
<b>CORE SERVICES</b>							
a.	Outpatient/ambulatory medical care	<input checked="" type="checkbox"/>	10787		49651		
b.	Local AIDS Pharmaceutical Assistance/dispense pharmaceuticals	<input type="checkbox"/>	0				
c.	Oral health care	<input checked="" type="checkbox"/>	2961		7785		
d.	Early intervention services (Parts A and B)	<input type="checkbox"/>	0		0		
e.	Health Insurance Premium & Cost Sharing	<input checked="" type="checkbox"/>					
f.	Home health care	<input type="checkbox"/>	0		0		
g.	Home and community-based health services	<input type="checkbox"/>	0		0		
h.	Hospice services	<input type="checkbox"/>	0		0		
i.	Mental health services	<input checked="" type="checkbox"/>	2206		7555		
j.	Medical nutrition therapy	<input checked="" type="checkbox"/>	964		2055		
k.	Medical case management (including treatment adherence)	<input checked="" type="checkbox"/>	6426		24080		
l.	Substance abuse services-outpatient	<input checked="" type="checkbox"/>	864		3555		
<b>SUPPORT SERVICES</b>							
m.	Case management (non-medical)	<input checked="" type="checkbox"/>	8231	24			
n.	Child care services	<input checked="" type="checkbox"/>	114	2			
o.	Pediatric developmental assessment/early intervention services	<input type="checkbox"/>	0	0			
p.	Emergency financial assistance	<input checked="" type="checkbox"/>	636	0			
q.	Food bank/home-delivered meals	<input checked="" type="checkbox"/>	1031	23			
r.	Health education/risk education	<input checked="" type="checkbox"/>	2	0			
s.	Housing services	<input type="checkbox"/>	0	0			
t.	Legal services	<input checked="" type="checkbox"/>	95	0			
u.	Linguistics services	<input checked="" type="checkbox"/>	293	1			
v.	Medical transportation services	<input checked="" type="checkbox"/>	2214	13			
w.	Outreach services	<input type="checkbox"/>	0	0			
x.	Permanency planning	<input type="checkbox"/>	0	0			
y.	Psychosocial support services	<input checked="" type="checkbox"/>	2071	2			
z.	Referral for health care/support services	<input type="checkbox"/>	0	0			
aa.	Rehabilitation services	<input type="checkbox"/>	0	0			
ab.	Respite care	<input type="checkbox"/>	0	0			
ac.	Substance abuse services-residential	<input checked="" type="checkbox"/>	8	0			
ad.	Treatment adherence counseling	<input checked="" type="checkbox"/>	64	2			

\*\* This field contains a validation error.