

ADDENDUM NUMBER: TWO

HILLSBOROUGH COUNTY HEALTH CARE SERVICES DEPARTMENT
601 EAST KENNEDY BLVD, 16th FLOOR
TAMPA, FLORIDA 33602

DATE: **October 23, 2023**

TO APPLICANT: This Addendum is an integral part of the RFA Package under consideration by you as an Applicant in connection with the subject matter herein below identified. Hillsborough County deems all sealed Applications to have been proffered in recognition and consideration of the entire RFA package – including all issued addenda. For purposes of clarification, receipt of this present Addendum by an Applicant should be evidenced by returning it (signed) as part of the Applicant's electronically submitted Application.

ADDENDUM TO: **THE PROVISION OF OUTPATIENT AND AMBULATORY HEALTH AND SUPPORT SERVICES. FOR INDIVIDUALS WITH HIV DISEASE**

RFA NUMBER: **RW1-23**

RFA SUBMISSION DEADLINE DATE AND TIME: **Tuesday, November 14, 2023, 5:00 PM, EST.**

PLACE: Health Care Services Department. arnolda@HCFLGov.net

REASON FOR ISSUANCE OF THIS ADDENDUM: THE INFORMATION INCLUDED HEREIN IS HEREBY INCORPORATED INTO THE CONTRACT DOCUMENTS OF THIS PRESENT RFA MATTER AND SUPERSEDES ANY CONFLICTING CONTRACT DOCUMENTS OR PORTION THEREOF PREVIOUSLY ISSUED:

1. **“Per page 46 (Section 3.1 Budget and Cost Effectiveness), question 2 If the service you are applying for is to be reimbursed on a fee-for-service basis you must complete and upload the Unit Cost Calculation/Analysis and the Pricing Schedule, which includes the rate to be charged for this service. These are uploaded as ATTACHMENT X & ATTACHMENT XVI. Do we complete both the Unit Cost Calculation Form and the Service Unit Cost Analysis?”**

That is correct, the Unit Cost Calculation, Service Unit Cost Analysis and Pricing Schedule forms are required to be completed and uploaded.

2. **“Do we complete the unit cost form for each unit or each service category? If we have to complete it for each unit of service we could have up to 20 of these forms for MCM, OAHS, and MH.”**

That is correct, the forms are to be completed for each service category/county/allocation. So, if submitting 20 various applications, we would need 20 sets of forms uploaded to the corresponding applications. The costs to provide services are different for each service category or county because of the service rendered.

(The remainder of page intentionally left blank.)

Receipt of this Addendum is hereby acknowledged by the undersigned Applicant.

ATTEST:

Authorized Signature (Applicant)

Witness

Title of Person Signing Above

Typed Name of Firm, Corporation,
Business or Individual

Address

Telephone Number

(The remainder of page intentionally left blank.)