



STATE OF TENNESSEE  
DEPARTMENT OF CHILDREN'S SERVICES

**REQUEST FOR QUALIFICATIONS # 35910-02029  
AMENDMENT # 1  
FOR CUSTODIAL SERVICES**

DATE: April 17, 2017

RFQ # 35910-02029 IS AMENDED AS FOLLOWS:

1. This RFQ Schedule of Events updates and confirms scheduled RFQ dates. Any event, time, or date containing revised or new text is highlighted.

	EVENT	TIME (Central Time Zone)	DATE (all dates are State business days)	
1.	RFQ Issued		3/24/2017	Confirmed
2.	Disability Accommodation Request Deadline	2:00 p.m.	3/29/2017	Confirmed
3.	Notice of Intent to Respond Deadline	2:00 p.m.	3/30/2017	Confirmed
4.	Written "Questions & Comments" Deadline	2:00 p.m.	4/3/2017	Confirmed
5.	State response to written "Questions & Comments"		4/17/2017	Confirmed
6.	RFQ Technical Response Deadline	2:00 p.m.	5/2/2017	Confirmed
7.	State Notice of Qualified Respondents Released & Solicitation Files Opened for Inspection		5/18/2017	Confirmed
8.	End of Open File Period		5/25/2017	Confirmed
9.	Respondent Contract Signature Deadline	2:00 p.m.	5/31/2017	Confirmed
10.	Anticipated Start Date		7/1/17	Confirmed

2. State responses to questions and comments in the table below amend and clarify this RFQ.

Any restatement of RFQ text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFQ document.

No	Applicable Contract Section	Question / Comment	State Response
1	General	What is the funding source for in-house non-public schools approved by TN State Department of Education?	Funds for in-house schools are built into a provider's invoicing for those contracts that require educational programming. Those funds are augmented by Basic Educational Programming (BEP) dollars generated by the Department of Education for each Local Education Agency (LEA). The Department of Children's Services acts as its own LEA.

2	General	What is the historical and future estimated volume of referrals for custodial services for each service type?	It would not be possible to predict referral patterns moving forward. A year ago at this time the Department had 7,922 youth in care and 4,461 (56%) of those were being served by private providers. Today (04/10/17) there are 8,194 youth in care and 4,376 (53%) of those are being served by private providers. Those numbers are expected to remain somewhat static in the near future.
3	General	Does DCS have any kind of grant available to help providers get started?	No, there is no grant funding available for the services requested under this RFP.
4	RFQ 1.1 (p.2-3); RFQ 5 (p.11-12)	Does this RFQ apply to programs that are in other states (non-contiguous) and would these programs be eligible for an RFP that may follow this RFQ?	Only programs that reside within Tennessee that meet the RFQ requirements will be considered to be a part of the network. Per RFQ sections 1.1 and 5, the State intends to award provider(s) from this Request for Qualifications (RFQ). The State does not intend to conduct a Request for Proposals (RFP) following this RFQ.
5	RFQ 1.1 (p.2-3); RFQ Attachment G, section A (p.30-33)	Please advise if this RFQ is for Custodial Services or direct care services and/or treatment for children and youth.	This RFQ is for the treatment and care of children/youth in State custody. Please reference RFQ section 1.1 Statement of Procurement Purpose (p. 2-3) and RFQ Attachment G Pro Forma Contract section A (p. 30-33) for additional information on the scope of services under this RFQ.
6	RFQ 1.1. (p.2-3)	If a supplier is a current provider under a Unique Care Agreement contract with the State of Tennessee for DCS, would the supplier need to submit a response to this RFQ in order to be considered to continue to provide services to DCS after the anticipated effective date of the contract to be awarded from this RFQ for custodial services?	Those agencies providing service to youth under Unique Care Agreements are not considered part of the direct-contracting network and, as such, do not need to respond to this RFQ. The Department will continue to utilize those providers on an as-needed basis with single-case contracts (UCAs).
7	RFQ 1.1. (p.2-3)	If a supplier is a current provider under a Unique Care Agreement (UCA) contract but does not respond to this RFQ, will the supplier still be eligible as a provider under a UCA?	Those agencies providing service to youth under Unique Care Agreements are not considered part of the direct-contracting network and, as such, do not need to respond to this RFQ. The Department will continue to utilize those providers on an as-needed basis with single-case contracts (UCAs).
8	RFQ 1.1. (p.2-3); RFQ Attachment A, question A.7. (p.14-15); Attachment 1	Please explain what is required to be considered to be a provider for Continuum Services through the State of Tennessee for DCS?	To be considered as a provider for Continuum Services, Respondents must submit a response to this RFQ, completing all necessary sections. Respondents must indicate the service(s) they will provide and attach copies of current licensure from the appropriate licensing entity for those service(s) in their response to RFQ A.7. Please refer to Attachment 1 for a comprehensive list of Licensure requirements. Please review RFQ Attachment 1 Service Types for information regarding each service and any required licensure. Please also review the DCS Contractor Provider Manual Section 6 regarding Continuums for additional information on the requirements for Continuum Services. A link to the Manual is available in RFQ 1.1. (p.2).

9	RFQ 3.4.6. (p.6)	In RFQ 3.4.6., it is stated that a response to the RFQ shall not "include the respondent as a prime contractor while also permitting one or more other respondents to offer the respondent as a subcontractor in their own responses." Does this mean that a provider cannot submit a response AND be a subcontractor for other respondents?	Yes, a Respondent cannot submit a proposal as a prime Contractor and be included as a subcontractor in another Respondent's proposal. However, for clarity, once the network has been established, providers on a case-by-case basis may subcontract for specific levels of care beds in order to better serve a child/youth in accordance with Section D.7 Assignment and Subcontracting clause in the Pro Forma contract. Please reference RFQ Attachment G Pro Forma Contract D.7. for information on subcontractor requests once an awarded contract is in place.
10	RFQ 3.4.6. (p.6)	In RFQ 3.4.6., it states that you can't use another provider as a subcontractor if that provider is applying under the same RFQ. Does that mean that a Respondent cannot use another subcontractor if that subcontractor provider is responding to the RFQ with the same beds that they have allocated for subcontracting? For example, if Provider A has foster homes that they are using as part of their proposal to the RFQ but have additional foster homes that they have allocated for subcontract use, could those beds be included Provider B's proposal as beds available through Provider A as a subcontractor?	No, per RFQ 3.4.6., a provider cannot be both a prime Contractor in their own proposal and a subcontractor in another provider's proposal. However, for clarity, once the network has been established, providers on a case-by-case basis may subcontract for specific levels of care beds in order to better serve a child/youth in accordance with Section D.7 Assignment and Subcontracting clause in the Pro Forma contract. Please reference RFQ Attachment G Pro Forma Contract D.7. for information on subcontractor requests once an awarded contract is in place.
11	RFQ 4.5.1. (p.8)	In section 4.5.1 of the RFQ it is stated that "By submitting a response, a Respondent acknowledges and accepts that the full contents and associated documents submitted in response to this request will become open to public inspection." Is it possible, however, to request confidentiality for certain documents that contain proprietary information, specifically the Respondent's most recent audited financial statement? If so, will the Respondent need to submit a separate redacted copy of their response?	No, the State declines to make any information submitted in response to this RFQ confidential.
12	RFQ 5. (p.11-12)	How will we receive feedback and our score once it has been evaluated?	Respondents may request to review the solicitation file, including their score and evaluated response, during the Open File Period after evaluations are completed and the State has issued the Notice of Qualified Respondents.
13	RFQ Attachment 1	What is the designated service type for a group home setting for children who have stabilized in Level 3 - Severely Emotionally Disturbed-Psychiatric Residential Treatment Facility (L3 SED-PRTF) and Level 3 - Severely Emotionally Disturbed-Psychiatric Residential Treatment Facility - High Level Intensity (L3 SED-PRTF High)?	The Department would, ideally, seek to step youth down from the SED-PRTF contracts into a less restrictive setting based on the needs of the individual youth upon stabilization. That could be a Group Home setting, the family-like setting of a Foster Home or even placing a youth at home with in-home services.
14	RFQ Attachment 1	If a child is in a group home at the Level 3 or Level 3 Continuum -Special Needs service level, can that child attend public school?	Yes.
15	RFQ Attachment 1	Can a Respondent provide Group Home services without being part of a continuum?	Yes.
16	RFQ Attachment 1	Is there a service type in which a Therapeutic Day School falls into? Please include the rate for this service type.	None of our current contracts call for a therapeutic day school.
17	RFQ Attachment 1	Service types currently enforce staff ratios that do not correspond with licensure standards. Which standard for ratios should be employed?	Staff-to-youth ratios for different levels of care are a part of the promulgated rules of Licensure. Those should be the standard for residential contracts.

18	RFQ Attachment 1	If a supplier provides alcohol and drug abuse treatment services to clients at risk of being placed in DCS custody if the client does not receive alcohol and drug abuse treatment, should that supplier provide a response to this RFQ in order to continue providing these services to non-custodial adolescents? These clients are not actually in DCS custody, but these services for the clients are occasionally funded by DCS on a case-by-case basis.	This RFQ is for the provision of treatment services to those children and youth in the custody of the Department of Children's services.
19	RFQ Attachment 1	If a respondent plans to begin providing a new service level (i.e. Level 3 – Autism Spectrum-Neurodevelopmental Disorders Residential Treatment Center) within the contract period, but will not have that service available by July 1, 2017 (contract start date), should the respondent go ahead and include that service in response to this RFQ? Or would it be more appropriate to inquire with DCS when the service is available, and complete a contract amendment at that time?	If a respondent intends to provide any service during the term of the contract (36 months beginning 07/01/17), that service should be included in the respondent's proposal.
20	RFQ Attachment 1	Will the contracting agency be required to provide a full continuum of services for every youth they serve (directly or via sub-contract)? For example, if we serve all ages of male and female teens in therapeutic foster homes, will we need group homes available for all ages of male and female teens directly or through sub-contract?	Depending on the level of continuum, the provider must have access to all setting types included in that particular continuum contract. In a Level 2 continuum type, the provider must have access to the congregate care (Group Home) setting, along with Foster Homes and In-Home Services. In a Level 3 continuum type, the provider must have access to the Residential Treatment Center (RTC) setting as well as congregate care, Foster Homes and In-Home Services in order to meet the requirements of the continuum contract.
21	RFQ Attachment 1; RFQ Attachment G, section C.3. (p.34-35)	What is the Service Type and rate for the SED population group home (Group home as referenced in the Contract Provider Manual, Section Three (3) - Group Care Facilities)?	All services applied on the designated SED contracts: the Level 3 - Severely Emotionally Disturbed-Psychiatric Residential Treatment Facility (PRTF) contract and the Level 3 - Severely Emotionally Disturbed-Psychiatric Residential Treatment Facility (PRTF) – High Level Intensity contract take place in the PRTF setting, not in a Group Home.
22	RFQ Attachment 1; RFQ Attachment G, section C.3. (p.34-35)	Are all services provided within Continuums billable at the same rate?	Each contract has an associated per diem and any invoicing for a particular contract is dependent on the scope of services for that contract and is paid out at that per diem.

23	RFQ Attachment 1; RFQ Attachment G, section C.3. (p.34-35)	Are the rates outlined in RFQ Attachment 1 inclusive of medical/ health costs or does the Contractor recover medical/health expense through billing TennCare? Does Contractor recover mental health service expense through billing TennCare?	The ability to bill TennCare is associated with the level of care on the contract being utilized. Providers of Level 2 services are responsible for the <i>coordination</i> of health services, including arranging and accessing community-based, medically-necessary health services through TennCare and private insurance. The community-based provider may then bill TennCare for the service(s) provided. On the other hand, when an agency is operating a Level 3 contract, it is expected that the medically-necessary health services needed would be provided as a part of the per diem. All necessary mental health treatment services will also be provided by the agency. This includes individual, group and family therapy, medication management, alcohol and drug treatment and mental health/behavioral treatment. The cost of all services is included in the per diem rate paid to the provider by DCS. Appropriate agreements with external providers will ensure that those providers will not also bill TennCare or any other insurance provider for the service as it is covered under the per diem.
24	RFQ Attachment 1; RFQ Attachment G, section C.3. (p.34-35)	If we accept a Level 2C youth, and it is determined that a Level 3 group home placement is needed for the youth, will the provider be compensated for the rate difference? For example, if we take a Level 2c male into a therapeutic foster home, and it is determined that he needs Level 3 group care, our daily pay rate will be \$125, but the Level 3 subcontractor will request a daily payment of \$175+. Will the child's level and pay rate be adjusted to ensure that the per diem the provider is paying the sub-contractor does not exceed the per diem that DCS is paying the provider?	If a youth receiving Level 2 continuum care is deemed to need Level 3 services, a Child and Family Team Meeting (CFTM) should be convened and that level of service should be recommended. At that point, the youth should be moved from a Level 2 continuum contract to a Level 3 continuum contract. No provider should be expected to deliver services that fall outside the contract on which a particular youth has been placed.
25	RFQ Attachment A, question A.11. (p.15)	Can any further information be provided about what is excluded from the 150 page limit? Given that the audited financial statement and staff resumes are requirements of the RFQ, and those specific documents make up a significant portion of the required content, could these be included in the appendix?	The 150 page limit is for everything requested and provided in your technical response (including Attachment A, B, and C and all other requested documents and attachments) with the exception of acceptable items included in an appendix. The financial statement may be included in the appendix.
26	RFQ Attachment A, question A.11. (p.15)	Please clarify what can be included in appendix format and not count toward the 150 page limit. For example, can we include audited financial statements and credit reports in appendix form and not include those in the 150 page limit? Audited financials and credit report could be as many as 30-40 pages alone. Currently the RFQ states only that "maps , graphs and charts included in appendix will not count against page limit".	The 150 page limit is for everything requested and provided in your technical response (including Attachment A, B, and C and all other requested documents and attachments) with the exception of acceptable items included in an appendix. The financial statement may be included in the appendix.
27	RFQ Attachment A, question A.11. (p.15)	Does A.11. refer only to Technical Response page limit for section A or is it for all 3 sections- A, B and C?	The 150 page limit is for everything requested and provided in your technical response (including Attachment A, B, and C and all other requested documents and attachments) with the exception of acceptable items included in an appendix. The financial statement may be included in the appendix.

28	RFQ Attachment A, question A.11. (p.15)	Are the required Attachments included in the 150 page limit?	The 150 page limit is for everything requested and provided in your technical response (including Attachment A, B, and C and all other requested documents and attachments) with the exception of acceptable items included in an appendix. The financial statement may be included in the appendix.
29	RFQ Attachment A, question A.11. (p.15)	Please consider amending the RFQ to raise the page limit requirements in A.11.	The State has considered your request. A.11. is a mandatory requirement and is not being revised.
30	RFQ Attachment A, question A.11. (p.15)	Are the attachments considered part of the appendices, and should they be included at the end or in the body of the response?	Please reference RFQ section 3 and the instructions on Attachments A, B, and C for instructions on how to structure your response.
31	RFQ Attachment A, question A.11. (p.15)	The RFQ states "Respondent's Technical Response must not exceed 150 pages in length and all text must be at least a 12 point font (maps, graphs, and charts included as an appendix will not count against this page limit)." Does this mean that things like resumes, financial audit, etc. can be placed in an appendix after the body of the response?	The 150 page limit is for everything requested and provided in your technical response (including Attachment A, B, and C and all other requested documents and attachments) with the exception of acceptable items included in an appendix. The financial statement may be included in the appendix.
32	RFQ Attachment A, question A.11. (p.15)	What is the department's expectation of agencies to stay within the page limit for responding to the RFQ? Does that limit only relate to the narratives or is the limit for the entire technical response?	The 150 page limit is for everything requested and provided in your technical response (including Attachment A, B, and C and all other requested documents and attachments) with the exception of acceptable items included in an appendix. The financial statement may be included in the appendix.
33	RFQ Attachment A, question A.11. (p.15)	Under A. 11. a Respondent's Technical Response must not exceed 150 pages in length and all text must be at 12 point font (maps, graphs, and charts included as an appendix will not count against this page limit). The above mandatory requirement item appears to be addressing general instructions regarding the completed RFQ. Do we delete A. 11. from the item list of questions and responses?	No, please leave in all questions in Attachments A, B, and C. A.11. does provide instructions regarding completion of the RFQ, but it is a pass/fail mandatory requirement that will be evaluated by the State.
34	RFQ Attachment A, question A.2. (p.13)	What does the State consider a conflict of interest?	Please see RFQ section 4.3. (p.8) for information on conflicts of interest.
35	RFQ Attachment A, question A.3. (p.13-14)	We have a company-wide audited financial report. We intend to respond for two of our facilities which are included in the financial report, but the financial report also includes other facilities that would not be proposed in our response. Is the consolidated audit report sufficient to meet the requirement laid out in A.3.?	Yes.
36	RFQ Attachment A, question A.4. (p.14)	If our agency is currently being audited by an accreditation body (CARF) and an official form verifying our renewed accreditation is not yet available, is there alternate information that can be provided to meet RFQ question A.4.?	The most recent confirmation of accreditation would be sufficient as long as it is less than five (5) years old.

37	RFQ Attachment A, question A.4. (p.14); RFQ 5.1.	If a provider has not yet received accreditation for our program, but are in the process of getting accreditation, should we submit a response to the RFQ? Or would we be disqualified since accreditation is a mandatory requirement in section A?	Respondents must meet all mandatory requirements, including providing documentation of accreditation in A.4., to be considered for award through this RFQ.
38	RFQ Attachment A, question A.5. (p.14)	In regards to A.5. which asks the Respondent to "provide official documentation of re-validation of their TennCare membership," please clarify what documentation is needed. For example, would documentation of the TennCare numbers assigned to residential services be sufficient for the question, even though those residential services are not funded by TennCare? Should the TennCare numbers only be provided for residential services specific to DCS funding that will be provided through any resulting contract with DCS?	TennCare provides a letter on their letterhead indicating an entity's application.
39	RFQ Attachment A, question A.5. (p.14)	Is the email that we received from TennCare after enrolling online considered the "Welcome Letter" verifying the account?	Yes.
40	RFQ Attachment A, question A.6. (p.14)	What type of evidence is required to show 5 years or more of experience delivering direct care services for RFQ question A.6.?	Previous contracts to provide out-of-home care would serve to meet this requirement.
41	RFQ Attachment A, question A.7. (p.14)	Does the provider have to submit a separate response under the residential treatment category, if it is intending to provide services under the continuum category?	Respondent may submit one proposal response detailing all of the locations and services being offered through the RFQ. Respondent must provide all required documentation and respond to all questions for each location and service as appropriate.
42	RFQ Attachment A, question A.7. (p.14-15)	For programs where the Respondent has not secured the physical property for the intended service, is there a time frame in which the site location and license must be established?	Anytime within the term of the contract. In this case, that would be a 36 month period beginning 07/01/17.
43	RFQ Attachment A, question A.8. (p.15)	If our agency is in the process of changing our curricula for pre and in-service training, will the State require a description of the new training structure or the former training curricula?	Each respondent must submit their <i>current</i> pre-service and in-service training curriculum.
44	RFQ Attachment B, question B.13. (p.17)	Can the provider be given a list of what DCS considers "key personnel necessary to provide services"?	Key personnel for each level of care is memorialized in the Contract Provider Policy Manual: <a href="http://www.tn.gov/dcs/topic/DCS-Contract-Provider-Manual">http://www.tn.gov/dcs/topic/DCS-Contract-Provider-Manual</a> .
45	RFQ Attachment B, question B.17. (p.18-19)	Can a customer be an individual (former client) or parent of a former client who received services similar to services sought under this RFQ (i.e. private pay clients who received foster care services via our agency)?	The reference must be an entity, or individual representing an entity, and not a private individual.

46	RFQ Attachment B, question B.17. (p.18-19)	Is it appropriate for a supplier to get a reference from another State of Tennessee department, such as the Tennessee Department of Mental Health and Substance Abuse Services?	No, the question B.17. states that the references must be from "individuals who are <u>not</u> current or former State employees."
47	RFQ Attachment B, question B.17. (p.18-19)	Please elaborate on B.17 and the reference to "similar in size to the State." Please define what would be an acceptable substitute for references in lieu of an entity similar in size to the state. For example, if the provider only contracts with entities smaller in size than the State, such as with private individuals, would reference(s) from these entities be sufficient?	The reference must be an entity, or individual representing an entity, and not a private individual. The State has revised B.17. and removed the language "that are similar in size to the State".
48	RFQ Attachment B, question B.20. (p.20)	For question B.20. would it be appropriate to submit an overview of our risk management plan/policy?	Yes.
49	RFQ Attachment B, question B.5. (p.16)	In regards to B.5. on the number of employees, client base, and locations, should we only list those involved with the contracts associated with this RFQ?	Yes.
50	RFQ Attachment B, question B.5. (p.16) and B.19. (p.20)	Does the provider have to submit a response for each individual program site where it intends to provide services?	Respondent may submit one proposal response detailing all of the locations and services being offered through the RFQ. Respondent must provide all required documentation and respond to all questions for each location and service as appropriate.
51	RFQ Attachment C, question C.1. (p.21)	RFQ Attachment C question C.1. references the State's project schedule and the Respondent's understanding/ ability to meet it. Is a specific project schedule available as part of the RFQ? Please clarify.	This narrative should detail the respondent's ability to provide the services outlined in that respondent's proposal and the ability to begin provision of the proposed services by 07/01/17.
52	RFQ Attachment E (p.25-27)	Can the State provide a fillable file format for the reference questionnaire?	The State has provided an editable version of Attachment E as a supplemental attachment (Attachment 6 Editable Files) available with the RFQ on its website at: <a href="http://www.tn.gov/generalservices/article/request-for-proposals-rfp-opportunities">http://www.tn.gov/generalservices/article/request-for-proposals-rfp-opportunities</a> . Please note that the content in the editable versions may not be modified in any way except for areas designated in red text to be modified or areas designated for the Respondent to complete.
53	RFQ Attachment G, section C.3. (p.34-35)	The rates listed in the pro forma contract appear to be the current rates; can confirmation be provided that these rates could change in the future if providers should receive rate increases?	Please see RFQ Attachment G Pro Forma section C.2. regarding price changes. Prices may change during the term of the contract based on the rates approved under the DCS budget each fiscal year.
54	RFQ Attachment G, section C.3. (p.34-35)	Are the rates in C.3. negotiable?	No.



55	RFQ Attachment G, section C.3. (p.34-35) and section E.21. (p.49); RFQ Attachment 5 (p.6)	According to E.21. of Pro Forma Contract and RFQ Attachment A question A.5, the Contractor is required to obtain a Tennessee Medicaid ID. The Contract Provider Manual indicates that the cost of all mental health treatment services is included in the per diem rate (Section 4.5.(a)), and Section II of the Interagency Agreement Summary (RFQ Attachment 5, p.6) states that "Children who reside at [Youth Development Center] YDCs are by definition ineligible for TennCare services provided at the YDC..." Please clarify the expectation for type of TennCare Enrollment and any Contractor Medicaid billing requirements.	The ability to bill TennCare is associated with the level of care on the contract being utilized. Providers of Level 2 services are responsible for the <i>coordination</i> of routine health services, including arranging and accessing community-based, medically-necessary health services through TennCare and private insurance. The community-based provider may then bill TennCare for the service(s) provided. On the other hand, when an agency is operating a Level 3 contract, it is expected that the routine, medically-necessary health services needed would be provided as a part of the per diem. All necessary mental health treatment services will also be provided by the agency. This includes individual, group and family therapy, medication management, alcohol and drug treatment and mental health/behavioral treatment. The cost of all services is included in the per diem rate paid to the provider by DCS. Appropriate agreements with external providers will ensure that those providers will not also bill TennCare or any other insurance provider for the service as it is covered under the per diem.
56	RFQ Attachment G, section E.21. (p.49); RFQ Attachment 5 (p.6, 11-12)	Which youth who are in the custody of DCS, other than undocumented youth, are ineligible for TennCare?	Youth in a locked facility (hardware-secure) like detention or a Youth Development Center and youth whose income exceeds federal guidelines are not eligible for TennCare.
57	RFQ Attachments A, B, and C	Will the State of Tennessee please provide a copy of Attachments A, B, and C in a Word document format to be used as a guide to organize responses?	The State has provided an editable version of Attachments A, B, and C as a supplemental attachment (Attachment 6 Editable Files) available with the RFQ on its website at: <a href="http://www.tn.gov/generalservices/article/request-for-proposals-rfp-opportunities">http://www.tn.gov/generalservices/article/request-for-proposals-rfp-opportunities</a> . Please note that the content in the editable versions may not be modified in any way except for areas designated in red text to be modified or areas designated for the Respondent to complete.

3. **Delete RFQ # 35910-02029, in its entirety, and replace it with RFQ # 35910-02029, Release # 2, attached to this amendment.** Revisions of the original RFP document are emphasized within the new release. **Any sentence or paragraph containing revised or new text is highlighted.**
4. **Add the following as RFQ Attachment 6 and renumber any subsequent sections as necessary:**  
Attachment 6 – Editable Files
5. **RFQ Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFQ not expressly amended herein shall remain in full force and effect.