

COUNTY of KANE  
PURCHASING DEPARTMENT  
KANE COUNTY GOVERNMENT CENTER

Theresa Dobersztyn, C.P.M., CPPB  
Director of Purchasing



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**ADDENDUM 1**

February 19, 2016

**Request for Proposal #11-016**

**Title: Multi-Systemic Therapy (MST) Provider**

The attention of all vendors is called to the following questions regarding the subject Request for Proposal. Answers are below in **bold**:

1. Page 1 says the Certificate of Insurance must be provided in the submittal. This is in conflict with Section B.16, which states it must be provided prior to beginning work. Please clarify which requirement we should meet. **Please provide us a certificate indicating proof of insurance. Upon award you will be asked to provide a certificate of insurance listed Kane County as additionally insured (see note below regarding COI change).**
2. Are there geographical distance barriers anticipated in providing services to youth and families where youth are in an out-of-home placement? **The intervention would occur in the home upon discharge from the Placement. The minor and family would be a resident of Kane County.**
3. What is Kane County and DeKalb County's anticipated shared cost of training that includes both pre-services and ongoing in-service training and consultation? **This will be determined during contract negotiation with the chosen vendor.**
4. What is the anticipated amount of services that will be delivered in this non-scheduled, on-call manner? **Please refer to page 20 item number 4. "Have MST Therapists available to the client/family 24 hours per day, seven days a week".**
5. What forms of consultation are acceptable, for example: phone, report, e-mail? **That requirement is based upon the MST implementation model and not Court Services. MST Services of Charleston, South Carolina can be contacted via contact number on page 18.**
6. What frequency of attendance for court hearings is expected? **Frequency is based upon the presenting issues with the family, whether the minor is in violation status and or detained. It is not possible to provide a definite answer as it would**

- be based upon the individual therapist caseload and presenting need of client.**
7. Is the 24 hour response applicable to referrals received on Fridays, or does it take into consideration typical days of business operation? **Attempts to meet the 24 hour deadline should be made. However, if that is not possible the 24-72 hour deadline in the same paragraph is expected.**
  8. How much transportation is anticipated in the delivery of the MST services for the purposes of this specific RFP? **Transportation is based upon the need of the family.**
  9. Do the Counties have a standard template they wish to use for the progress report? **Court Services has minimal information that is necessary. The MST consultant also has requirement based upon the model.**
  10. Will the contractor be provided a lump sum operational budget available monthly or is this a fee for services contract? **Please provide your cost proposal via the narrative program outline as requested in the RFP.**
  11. Are facility, administrative, and IT/infrastructure expenses considered reimbursable? **No.**
  12. What are the reimbursable expenses for clients (e.g. food, transportation) and what expenses will be needed that are not reimbursable? **Court Services does not have the capacity to reimburse for expenses for clients such as food or transportation.**
  13. What is the expected contract start date? **June 1, 2016.**

**Please Note: The due date for this RFP has been extended from 02/23/16 to 02/26/16. The due time of 2:00 p.m. remains the same.**

**Also note that the Certificate of Insurance provided was incorrect. The correct Certificate of Insurance for professional services is attached.**

Please acknowledge receipt of this addendum in the space provided on Page 2 of the proposal document. Thank you for your interest in the Kane County procurement process.

Sincerely,

*Maria C. Calamia*

Maria C. Calamia, CPPB  
Assistant Purchasing Director



AGENCY CUSTOMER ID: \_\_\_\_\_

LOC #: \_\_\_\_\_



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY XYZ Insurance Company		NAMED INSURED ABC Company	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

### ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE