

# REQUEST FOR PROPOSALS

## ADDENDUM # 1

ISSUED: April 5, 2012

**RFP NUMBER:** CSP907012  
**INDEX NUMBER:** DOH050

The State of Ohio, through the Department of Administrative Services, Office of Procurement Services, for the Ohio Department of Health is requesting proposals for:

### **Critical Access Hospitals meaningful Use and Financial Assessment Project**

**Reasons for Addendum:** Clarification of language for prior projects and references. Changes occur on pages 48 through 52.

**PROPOSAL DUE DATE:** April 13, 2012

**OPENING LOCATION:** Department of Administrative Services  
General Services Bid Desk  
4200 Surface Road  
Columbus, Ohio 43228-1395

ATTACHMENT FIVE B  
OFFEROR PRIOR PROJECT FORM

Customer Company Name:	Contact:	
Address:	Phone Number:	
	E-mail:	
Project Name:	Beginning Date of Project (Month/Year):	Ending Date of Project (Month/Year):
<p>The Offeror must document previous experience and expertise in providing a minimum of two (2) previous projects working, similar in size and complexity, in the previous five (5) years. These projects must be of similar size, scope and nature. Details of the similarities must be included. Attachment Five B, C, and D must be filled out completely for each of the *two (2) projects provided. The Offeror must use these forms and fill them out completely to provide the Offeror requirement information. Failure to recreate the form accurately to include all fields, may lead to the rejection of the Offeror's Proposal.</p> <p>Dollar Value of this Project: _____</p>		

\*Change the number of projects from three (3) to two (2).

ATTACHMENT FIVE C  
OFFEROR PRIOR PROJECT FORM

Customer Company Name:	Contact:	
Address:	Phone Number:	
Project Name:	Beginning Date of Project (Month/Year):	Ending Date of Project (Month/Year):
<p>The Offeror must document previous experience and expertise in providing a minimum of two (2) previous projects working, similar in size and complexity, in the previous five (5) years. These projects must be of similar size, scope and nature. Details of the similarities must be included. Attachment Five B, C, and D must be filled out completely for each of the *two (2) projects provided. The Offeror must use these forms and fill them out completely to provide the Offeror requirement information. Failure to recreate the form accurately to include all fields, may lead to the rejection of the Offeror's Proposal.</p>		
<p>Dollar Value of this Project: _____</p>		

\*Change the number of projects from three (3) to two (2).

ATTACHMENT FIVE D  
OFFEROR PRIOR PROJECT FORM

Customer Company Name:		Contact:	
Address:		Phone Number:	
		E-mail:	
Project Name:	Beginning Date of Project (Month/Year):	Ending Date of Project (Month/Year):	
<p>The Offeror must document previous experience and expertise in providing a minimum of two (2) previous projects working, similar in size and complexity, in the previous five (5) years. These projects must be of similar size, scope and nature. Details of the similarities must be included. Attachment Five B, C, and D must be filled out completely for each of the * two (2) projects provided. The Offeror must use these forms and fill them out completely to provide the Offeror requirement information. Failure to recreate the form accurately to include all fields, may lead to the rejection of the Offeror's Proposal.</p> <p>Dollar Value of this Project: _____</p>			

\*Change the number of projects from three (3) to two (2).

ATTACHMENT SIX  
OFFEROR REFERENCES

\*A minimum of two (2) professional references who have received services from the Offeror in the past five (5) years

Company Name:		Contact Name:	
Address:		Phone Number:	
		E-Mail Address:	
Project Name:	Beginning Date of Project: (Month/Year)	Ending Date of Project: (Month/Year)	
Description of project size, complexity and the Offeror's role in this project.			

Company Name:		Contact Name:	
Address:		Phone Number:	
		E-Mail Address:	
Project Name:	Beginning Date of Project: (Month/Year)	Ending Date of Project: (Month/Year)	
Description of project size, complexity and the Offeror's role in this project.			

Company Name:		Contact Name:	
Address:		Phone Number:	
		E-Mail Address:	
Project Name:	Beginning Date of Project: (Month/Year)	Ending Date of Project: (Month/Year)	
Description of project size, complexity and the Offeror's role in this project.			

\*Change from three (3) to two (2) references required.

ATTACHMENT SEVEN A  
OFFEROR'S CANDIDATE REFERENCES

Candidate's Name: \_\_\_\_\_

Candidate's Proposed Position: \_\_\_\_\_

\*A minimum of two (2) professional references who have received services from the candidate in the past three (3) years

Company Name:		Contact Name:	
Address:		Phone Number:	
Project Name:		E-mail:	Ending Date of Project:
		Beginning Date of Project: Month/Year	Month/Year
Description of project size, complexity, and the candidate's role in this project.			
Company Name:		Contact Name:	
Address:		Phone Number:	
Project Name:		E-mail:	Ending Date of Project:
		Beginning Date of Project: Month/Year	Month/Year
Description of project size, complexity, and the candidate's role in this project.			
Company Name:		Contact Name:	
Address:		Phone Number:	
Project Name:		E-mail:	Ending Date of Project:
		Beginning Date of Project: Month/Year	Month/Year
Description of project size, complexity, and the candidate's role in this project.			

\*Change from three (3) to two (2) candidates references.