

INVITATION TO NEGOTIATE (ITN)

ADDENDUM #2

May 5, 2015

ITN Number: 10287

ITN Services: A thirty (30) bed residential program with innovations in delinquency programming and treatment services for boys, ages fourteen (14) to twenty-one (21) years old, who have been referred to a high-risk residential program. Basic Care and Custody of a residential program shall be provided in accordance with Florida Statutes, Florida Administrative Rules and Department policy meeting the minimum requirements as described in Attachment A-1. The proposed services shall also include funding for up to fifteen (15) filled slots for boys in need of Mental Health Overlay Services (MHOS) as described in Attachment A-2 and up to fifteen (15) filled slots for boys in need of Substance Abuse Treatment Overlay Services (SAOS) as described in the Attachment A-3. The program shall be located in a Department owned building located at 2330 New Beginnings Road, Kissimmee, Florida, 34744 or a Respondent owned/leased building in DJJ's Central Region.

UNSPSC Code: 93141507

Subject: This Addendum contains questions submitted by prospective Providers and the Department's answers to all questions.

Deletions are indicated by "strikethrough" or reference. Additions, updates or replacements are indicated by underscore, reference or **highlighting**.

Return of this Addendum is not mandatory; however, the Provider is responsible for its contents and is requested to sign and submit this Addendum with its response to the ITN.

SIGNED BY: _____

NAME: _____

COMPANY: _____

TITLE: _____

DATE: _____

ITN 10287

A Thirty (30) bed residential program with innovations in delinquency programming and treatment services for boys, ages fourteen (14) to twenty-one (21) years old, who have been referred to a high-risk residential program.

(Questions are presented in exact manner received.)

QUESTIONS FROM G4S Youth Services LLC – Received 4/13/2015	
Question # 1:	Can we please have a word version of Attachment O and Attachment D-Part I?
Answer #1:	Yes. You may email the procurement manager, Gwen York, at Gwen.York@djj.state.fl.us to receive these documents in Word.
Question # 2:	Also, on page 53 it references the presentation, but presentations are not scheduled on the calendar of events. Can you please clarify?
Answer # 2:	Presentations are no longer a separate meeting; therefore, they are no longer on the Calendar of Events. However, presentations are required at the beginning of round one negotiations as stated in Attachment B, section XX., E., (page 53) of the ITN.
Question # 3:	While reading through the ITN, it is my understanding that the presentation portion of the process has been eliminated? If so, are we including value added with our proposal?
Answer # 3	Presentations have been removed as a separate meeting; however, a presentation is required at the beginning of round one negotiations. Please refer to the section referenced in Answer #2 above, as well as Attachment B., IV., H. Negotiations, for further information. Responses must include all aspects of the proposed program. This ITN does not require 'Value Added' services as a separate component; therefore, if the Respondent chooses to offer a value added item to the Department, it should be reflected in the appropriate section of the proposal.
QUESTIONS FROM KIDSPEACE – Received 4/20/2015	
Question # 4:	We are trying to connect to the specified website for Attachments G, H, I and K (http://www.djj.state.fl.us/respondents/contracts/index), but we receive an error message that the "Page Is Unavailable to View". Is there a problem with the website of which you are aware?
Answer # 4:	These links in the Adobe document are not working. Either type in the web address from the solicitation document or use the below links. ¹ Available at: http://www.dms.myflorida.com/business_operations/state_purchasing/documents_forms_references_resources/purchasing_forms ² Available at: http://www.djj.state.fl.us/respondents/contracts/index.html
QUESTIONS FROM SEQUEL YOUTH AND FAMILY SERVICES – Received 4/20/2015	
Question # 5:	As you know, the Kissimmee ITN has two different per diems. How would you like this shown on the H-6 attachment as there is only one place for a Daily Per Diem Cost?

<i>Answer # 5:</i>	The question is unclear. Additional information is needed to clarify the question. The per diems listed in Exhibit 2 of ITN 10287, Residential Programs and Overlay Services Funding Overview are historical and are for reference only. The per diem should be one filled rate and an unfilled rate; however, the MHOS and SAOS should be at the Overlay Services Rate. Those calculations should be placed on separate lines in the Attachment H-Budget.
QUESTIONS FROM SEQUEL YOUTH AND FAMILY SERVICES – Received 4/22/2015	
Question # 6:	Section XX. General Instructions for Preparation of the Response D. Technical Response-Volume1, Tab 2 1. Written Narrative Response on Vender Eligibility and Qualifications Question: Are the following items included in the 70 page limit? <ul style="list-style-type: none"> • Student Activity Schedule • Evidenced Based Table, • Organization Chart ‘ • Staffing Qualification and Education Requirements Chart • Staff Training Table
<i>Answer # 6:</i>	No, the items listed above are not included in the 70 page limit.
QUESTIONS FROM KidsPeace – Received 4/22/2015	
Question # 7:	What are the projected per diem rates of service?
<i>Answer # 7:</i>	The per diem should be based upon the cost for providing the services and detailed in Attachment H-Budget.
Question # 8:	Please identify any expenses required to be paid by the respondent/contractor.
<i>Answer # 8:</i>	Please see Attachment H for expenses required to be paid by the Provider. The successful Respondent is responsible for all expenditures related to the program unless otherwise notes in the ITN.
Question # 9:	Once respondent is selected, when is the major and minor budget available?
<i>Answer # 9:</i>	The question is unclear.
Question # 10:	Is there a current major or minor budget balance? If so, how much? Is it transferable?
<i>Answer # 10:</i>	Please see Answer #9.
Question # 11:	What is the current staffing level and salaries per position?
<i>Answer # 11:</i>	The current budget is not comparable to the services needed for this ITN. See Exhibit 1 budget for the current contract.
Question # 12:	Would the department want any of the current staff retained for this new contract?
<i>Answer # 12:</i>	The Respondents are able to consider the current staff in the hiring process; however, the incoming Provider has the final decision.
Question # 13:	Are current staff allowed to keep their positions or do they all reapply?
<i>Answer # 13:</i>	Please see Answer #12.
Question # 14:	Is the program required to be a 100% restraint-free environment?

<i>Answer # 14:</i>	It is the goal of the Department to provide a 100% restraint-free environment; yet, the Department understands that physical interventions need to be utilized to ensure safety and security and should be implemented according to the Protective Action Response (PAR) guidelines.
<i>Question # 15:</i>	Rooms are locked down; is the program expected to run with rooms locked down?
<i>Answer # 15:</i>	Please see Rule 63E-7.
<i>Question # 16:</i>	Will the bedroom doors be required to be locked at lights out? Are there motion detectors?
<i>Answer # 16:</i>	Please see Answer #15.
<i>Question # 17:</i>	Are there lease costs associated with the use of the building?
<i>Answer # 17:</i>	No, there are no lease costs associated with the use of the building.
<i>Question # 18:</i>	Should utilities be included in the respondents' budget (electrical, heat, air, water, etc.) or are they paid directly by DJJ as the owner of the facility?
<i>Answer # 18:</i>	Yes, the Respondent should include the electrical, heat, air, and water, and other expenses to the proposed budget. Please see Answer #8 as well.
<i>Question # 19:</i>	What are the current expenses for this site that we should contemplate in the budget?
<i>Answer # 19:</i>	Please see Attachment H (Budget), as well as Answers #4 and #8.
<i>Question # 20:</i>	We only saw 15 mats for kids to sleep on. Are there more available or should we include them in the budget?
<i>Answer # 20:</i>	The question is unclear; however, the Respondent may include additional mattresses as an Operating Capital Outlay (OCO) line item for one-time cost reimbursement to promote normalcy in Attachment H-2.
<i>Question # 21:</i>	What are the levels of expectation with regards to security? Will it stay a Level 8 secure program?
<i>Answer # 21:</i>	This program will remain a secure, high-risk facility at this time.
<i>Question # 22:</i>	Will the current camera system remain in place?
<i>Answer # 22:</i>	The camera system is staying on site and will become a part of the inventory for the new contract.
<i>Question # 23:</i>	Could you list the number of cameras and their locations?
<i>Answer # 23:</i>	There are three (3) DVRs (one with 25 day storage; one with 27 day storage; one with 38 day storage) and 41 cameras. These cameras cover mod hallways, dayrooms, recreation yard, large recreation yard, multi-purpose room, classrooms, lobby, sub-control and the nurse's station.

Question # 24:	If there is any unforeseen capital expense need (i.e.; major roof repair, boiler, electrical system, etc.), where does liability start and end?
Answer # 24:	Please see page 20-21 of the ITN, Attachment A-1, Section III., G., Major Maintenance and Repair Work.
Question # 25:	Is there ever any liability for provider with regards to building issues?
Answer # 25:	Please see page 20 of the ITN, Attachment A-1, Section III., F., Minor Maintenance and Repair Work.
Question # 26:	When was the generator last assessed for functionality?
Answer # 26:	The last inspection for the generator was January 5, 2015.
Question # 27:	What is the general age of building? Roof?
Answer # 27:	The building was built in 2000 and the roof was replaced in 2013.
Question # 28:	When was the last maintenance service on the air conditioning/heating units?
Answer # 28:	The last maintenance service on the air conditioning/heating units was January 6, 2015.
Question # 29:	Are any of the current maintenance agreements transferable? Which ones?
Answer # 29:	The current Provider states there are no maintenance agreements/contracts currently in place. The provider's maintenance staff conducts all required maintenance inspections.
Question # 30:	Are there any capital improvements approved and not completed?
Answer # 30:	There are no capital improvements being done at this time.
Question # 31:	Has the relationship with the school been satisfactory as it relates to both academic and vocational? Is the school district meeting the desired objectives?
Answer # 31:	The DJJ Office of Education is not aware of any problems pertaining to the educational services.
Question # 32:	It appears that the local school district was contracted for vocational training in the past. Will the provider be responsible to contract directly with the school district for vocational training? If so, will the provider be responsible for paying this contract with the school district? Will the cost for education and vocational service be included in the budgeted per diem that the state will pay the provider?
Answer # 32:	No, the Provider does not contract directly with the school district for vocational training. The Osceola School District is responsible for providing educational and vocational services. No, the Provider is not responsible for paying the local school district.

	No, the cost for education and vocational services should not be included in the budgeted per diem.
Question # 33:	What is the school district charging the current provider/state per child per day for education as well as vocational services?
Answer # 33:	The school district is the educational provider and receives 100% of Florida Education Finance Program (FEFP) funds and categorical generated by the students.
Question # 34:	What are the current annual food costs? Costs per meal?
Answer # 34:	The current annual food costs are not available at this time; however, the current Provider documented actual expenditures for food products in fiscal year 12/13 at \$94,877.08. The costs per meal is not available at this time.
Question # 35:	What are the respondent's responsibilities regarding medical costs? What medical costs are Sequel paying? Amount?
Answer # 35:	For this ITN, any Non-Routine Health Care costs in excess of \$5,000.00 per incident per youth, e.g. youth has injuries or special medical condition, not covered by other sources, may be submitted to the Department for reimbursement in excess of the per incident maximum cost. Prior approval by the Department is required except in cases of emergency. Sequel TSI is currently paying up to \$5,000.00 per incident per youth. The specific medical costs Sequel is paying for are not available at this time.
Question # 36:	What medical services are provided on site?
Answer # 36:	The medical services provided on site include nursing services, the Designated Health Authority (DHA), sick calls and medication pass. All other ancillary agreements, i.e. dentist, ophthalmologist, optometrist and any other healthcare professionals in the community to provide additional healthcare services as needed.
Question # 37:	We noticed that there are currently 15 youth in care. Is this a reflection of the market demand for the service or is there another reason?
Answer # 37:	The current population of fifteen (15) youth with sex offender needs is not what is being asked for in this ITN. Fifteen (15) youth with mental health overlay service needs and fifteen (15) youth with substance abuse overlay service needs are the services requested for this ITN. The current utilization statewide for this ITN population is over 100 percent with a waiting list.
Question # 38:	If 30 beds are used for youth with Sexual Issues then can we fill the other 70 beds with another population of kids?
Answer # 38:	No, the building can only be utilized for the purpose of providing residential services for youth in the care and custody of the Department of Juvenile Justice for the number of beds contracted.

Question # 39:	Would there be a lease cost to use other portions of the building for current programming? Or utilizing it and expanding bed capacity?
<i>Answer # 39:</i>	It is at the Department's discretion to how the beds are utilized or whether to expand the bed capacity. If the Department decides to make such changes, then there are no lease costs associated with those changes.
Question # 40:	Why were the original ITN bids rejected?
<i>Answer # 40:</i>	The Department determined it to be in the best interest of the State to rebid.
Question # 41:	What providers have met the requirements to respond to the RFP?
<i>Answer # 41:</i>	Please see page 46 of the ITN. Until the responses are received on May 18, 2015, and reviewed to ensure the mandatory requirements for the ITN have been met, the Department will not have this information.
Question # 42:	Why was a second site visit scheduled?
<i>Answer # 42:</i>	When the previous ITN 10211 final agency decision was posted to reject all bids, the Department agreed to notify all affected Respondent's when the rebid ITN was released. The Department did not notify all Respondents of the release for rebid. Therefore, it was in the best interest of the Department to conduct another site visit after the notification was provided.
Question # 43:	Can the minority business be a prospective list of options or are we required to have exact businesses selected?
<i>Answer # 43:</i>	Per Attachment B, Section XX., F., 3., located on pages 55-56 of the ITN, the CMBE Utilization Plan requires documentation for each Florida CMBE listed. Therefore, the exact businesses must be known and reflected in the Utilization Plan.
Question # 44:	Are there any financial incentives for meeting or exceeding any metrics for program outcomes?
<i>Answer # 44:</i>	There are no financial incentives for meeting or exceeding any metrics for program outcomes.
QUESTIONS FROM ECKERD – Received 4/22/2015	
Question # 45:	Has the Department has conducted a facility assessment of the DJJ owned site in Kissimmee? Will the Department share the results of the assessment? Will the Department be making all necessary improvements and repairs to the site?
<i>Answer # 45:</i>	Yes, the facility assessment was completed on May 15, 2014. The current Provider shall be responsible for these repairs or the funds will be deducted from the last invoice. Please see attached Facility Assessment, Exhibit 2 to this Addendum.
Question # 46:	What amount of funding should a respondent budget for the major repairs and maintenance fund? What is the current balance in the fund?

<i>Answer # 46:</i>	The formula for the Major Maintenance Fund (MMF) is the annual amount (basic care & custody per diem only) times .005 divided by 12. The current MMF balance is \$30,939.03 as of March 31, 2015.
Question # 47:	Are there any outstanding major maintenance requests? Please provide the scope of work and associated cost for the last six months of major maintenance repairs.
<i>Answer # 47:</i>	No, there are no outstanding major maintenance requests. The last work order approved was on 3/3/15 for the installation of additional surveillance cameras in the amount of \$2,280.00.
Question # 48:	How many youth are currently served at the facility and will those youth be transitioned out by the start of the new contract term? Does the Department plan to ramp up the proposed population with new referrals or transfer clients from other high risk facilities? How soon does the Department anticipate the facility will be at full capacity?
<i>Answer # 48:</i>	As of April 27, 2015, there are ten (10) youth currently in the sex offender program, all of which will be released or transferred to another program prior to contract execution. A date when the releases or transfers will be completed has not yet been determined. At this time, the plan is to admit new referrals into the program. However, if the need arises, a transferred youth may be admitted. The Department's plan is to schedule admissions at the rate of three youth per week until the program reaches capacity. An amendment is being processed to re-engineer the program and change the sex offender program beds to substance abuse, effective May 4, 2015. Since there will already be fifteen (15) SAOS youth in the program by the time the new contract is executed, it should take five (5) weeks to admit fifteen (15) MHOS youth.
Question # 49:	Page 15, item #6 and #7: Under Health Services this indicates that the provider is responsible for Health Care Costs and non-Routine Health Services Costs. Is there a cap on medical expenses for a youth in the program? Will the Department reimburse a provider for non-routine medical costs required for a youth?
<i>Answer # 49:</i>	Please see Answer #35.
Question # 50:	Please provide the annual costs related to utilities/water/sewer for the operation of the site.
<i>Answer # 50:</i>	The annual costs for the utilities/water/sewer for FY 13/14 were \$3,037.19.
Question # 51:	What type of computer system or network is currently in place?
<i>Answer # 51:</i>	The type of computer system or network currently in place are as followings: an Active directory domain environment, consisting of both Windows 7 and Windows XP clients and Windows 2003 server, providing the following services: DNS, DHCP, Active Directory, and file / print sharing.
Question # 52:	What is the cost of maintaining the camera systems?

<i>Answer # 52:</i>	The current provider has spent \$18,509.16 in FY 12/13. As for repairs and maintenance the Department has authorized, either through the use of the Major Maintenance Fund (MMF) account or what the Department has paid, the total of \$14,510.61 for repairs from the MMF. The Department spent \$21,366.68 to enhance the CCTV system in June 2013 for a total of \$33,019.77. Also, please see Answer #47.
Question # 53:	Please provide a list of organizations attending the 2 nd site visit.
<i>Answer # 53:</i>	Aspire Healthcare Partners.
Question # 54:	What is the staff vacancy rate for the program for the past year?
<i>Answer # 54:</i>	The staff vacancy rate for the past year is zero (0%) percent.
Question # 55:	The vehicles are a 2001 and 2002 vans. They appear to be in poor condition. Is the provider expected to maintain and utilize these vehicles?
<i>Answer # 55:</i>	Yes, the current inventory states that the vehicles are in good condition with a little paint chipping. The Provider is expected to maintain and utilize these vehicles.
Question # 56:	Could you please send us the word versions of Attachment D, Past Performance, Attachment O, Cross Reference Table, Exhibit 3, Delinquency Interventions Table and Exhibit 4 the Staffing Qualifications Chart?
<i>Answer # 56:</i>	Yes. You may email the procurement manager, Gwen York, at Gwen.York@djj.state.fl.us , to receive these documents in Word.
QUESTIONS FROM ASPIRE HEALTH PARTNERS – Received 4/23/2015	
Question # 57:	Since the population is mixed, adolescents and those 18 and over, can DJJ please delineate the number of youth under 18 and the number of youth over 18?
<i>Answer # 57:</i>	The beds are not divided by designated age groups. The current age range is 14-21.
Question # 58:	As the Department is moving into innovative programming, why is the program split into substance abuse and mental health in lieu of co-occurring services?
<i>Answer # 58:</i>	Please see page 28 of the ITN, Attachment A-2, Section I., B., General Service Requirements. Also, please see page 34 of the ITN, Attachment A-3, Section I., B., General Service Requirements.
Question # 59:	How would placement be determined if they are screened to have co-occurring disorders? Will they be able to receive both mental health & substance abuse treatment?
<i>Answer # 59:</i>	Please see Answer #58.
Question # 60:	Evidenced based programming and best clinical practices state adult and adolescent therapeutic practices should not be mixed for adult and adolescent populations. Could you explain the department's reasoning behind the mixed population approach of "adults", over 18 and "adolescents" 14-18? Clearly, a 14 year old and a 21 year old have different needs.
<i>Answer # 60:</i>	As a secure, high risk program, youth will be under the age of 18 at the time of admission, but may be kept up to the age of 21 (see Rule 63E-7.) The Provider will have ample space to classify youth accordingly.

Question # 61:	What is the major maintenance fund balance and will that transfer to the new provider?
Answer # 61:	Please see Answer #46. Any remaining balance will transfer to the new Provider.
Question # 62:	When were the last maintenance services done on the A/C, heating system? Are there current maintenance agreements/contracts for this?
Answer # 62:	Please see Answer's #28 and #29.
Question # 63:	Are there any non-working AC systems on site?
Answer # 63:	No.
Question # 64:	Can you please list any maintenance agreements/contracts currently in place? Will these contracts transfer to the new provider?
Answer # 64:	Please see Answer #29.
Question # 65:	Are there any capital improvement projects in progress?
Answer # 65:	Please see Answer #30.
Question # 66:	Is the camera system on site transferring to the new provider? How many cameras are working and what is the capacity of the DVR? Are all cameras working?
Answer # 66:	Please see Answers #22 and #23. Yes, all the cameras are working.
Question # 67:	Are there any current regulatory issues related to compliance of the fire system/security system?
Answer # 67:	No.
Question # 68:	Who if any vendor, currently provides dietary and food services at the facility? What were the annual food costs for the last year?
Answer # 68:	The current Provider has FTE's on site to prepare and serve food to the youth. Also, please see Answer #34.
Question # 69:	Who is currently running the educational services at the site?
Answer # 69:	Osceola County School Board.
Question # 70:	What are the current monthly utility costs?
Answer # 70:	The utility invoices are paid in arrears; therefore, the last invoice the Department received was from December 2014 in the amount of \$502.52.
Question # 71:	Are all the toilets, sinks and showers in good working order?
Answer # 71:	Yes.
Question # 72:	Is there any kitchen equipment that is not operational in the kitchen?
Answer # 72:	No.
Question # 73:	When was the last inspection of the fire sprinkler system and were there any deficiencies?
Answer # 73:	The last inspection of the fire sprinkler system was November 1, 2014. There were no deficiencies.

Question # 74:	Is the generator operational? What systems does it currently run? When was the last inspection?
Answer # 74:	Please see Answer #26, and attached diagram of the generator panel (Exhibit 3 to this Addendum).
Question # 75:	What is the condition of the vehicles on the inventory? Are there any leaks in the roof? Are they operational? Any work needed?
Answer # 75:	Please see Answer #55. The Department is not aware of any leaks in the roof.
Question # 76:	Can you please provide a layout of the facility?
Answer # 76:	The layout of the facility will be sent via e-mail to the Respondents. You may email the procurement manager, Gwen York, at Gwen.York@djj.state.fl.us , to receive the layout.
Question # 77:	Is there a cap in medical expenses outside the normal day to day medical expenses? In the past there has been an estimated cap on those expenses. What is the cap as this was not stated in the ITN?
Answer # 77:	Please see Answer #35.
Question # 78:	Are hospital bills reimbursed through the State?
Answer # 78:	Any/all medical bills related to a youth and an incident are eligible for reimbursement once payment has been made and the negotiated costs exceed the medical cap.

NOTE: Narrative must be completed for every attachment and every listed item must have a response, even if it is N/A or \$0. Additionally, line items can be added as needed to represent costs related to the program.

ATTACHMENT H-BUDGET SHEETS

(Revised 8/15/12)

I. PROJECT BUDGET SUMMARY (ATTACHMENT H-6) INSTRUCTIONS

The project budget summary shall display program costs to be paid by the Department if the project is funded.

- A. Complete a Budget Detail Sheet, as detailed in the instructions below, for each budget category, including Consultants Costs (ATTACHMENT H-1), Operating Capital Outlay (ATTACHMENT H-2), Personnel Detail (ATTACHMENT H-5), Expenditures (Attachments H-4.1, H-4.2, and H-4.3), and Services Expenditures (Attachment H).
- B. Review the budget categories listed on the Project Budget Summary. If a particular budget category is not applicable, enter "N/A" on the respective line.
- C. After the Budget Detail Sheets are completed, enter the total amount for each Budget Detail Sheet in the respective budget category on the Project Budget Summary.

II. PROJECT MATCH FUNDS SUMMARY INSTRUCTIONS

For those projects receiving funds from sources in addition to the Department of Juvenile justice (e.g., the federal government), complete the Project Match Funds Summary column on the Project Budget Summary (ATTACHMENT H-6).

- A. Complete a separate Budget Detail Sheet for each Match Fund Expense line item.
- B. If there are no matching funds, the amount in Column 2 should equal the amount in Column 4 for the same line item in the Project Budget Summary sheet.
- C. If there are matching funds, enter the total amount of the matching funds from other sources in Column 3.
- D. To calculate Column 4, add Columns 2 and 3 for each line item.
- E. To calculate Column 5, divide Column 3 by Column 4 to calculate the match percentage match for each line item.

III. BUDGET DETAIL INSTRUCTIONS

A. CONSULTANT COSTS (ATTACHMENT H-1)

1. List the type of consultant needed for the project in Column 1.
2. In Columns 2 and 3, enter the unit cost and the unit of measurement (e.g., \$150 per hour).
3. In Column 4, enter the number of units the consultant (s) will be providing.
4. In Column 5, enter the total amount to be paid for the consultant services (Column 2 multiplied by Column 4).
5. It is presumed that Consultant Services will be paid for with Department funds. If there are Match Funds to be used, please add this as a line item expenditure.

6. If a line item is not explained in the programmatic narrative of the solicitation, provide an explanation by line item of the services to be provided by the consultants on an attached sheet to Consultant Costs Detail (ATTACHMENT H-1).

B. OPERATING CAPITAL OUTLAY (OCO) (ATTACHMENT H-2)

1. OCO includes items such as equipment and other tangible property of a non-consumable and non-expendable nature, the value or cost of which is \$1,000.00 or more, and the normal expected life of which is one year or more, and hardback books, the value or cost of which is \$250 or more.
2. List the type of equipment needed for the project in Column 1.
3. In Column 2, enter the unit cost.
4. In Column 3, enter the measurable unit to be provided.
5. In Column 4, enter the number of units to be provided.
6. In Column 5, enter the total amount to be paid for the OCO (Column 2, multiplied by Column 4).
7. If a line item is not explained in the programmatic narrative of the solicitation or if it is not self-explanatory, provide an explanation by line item on an attached sheet to the OCO detail (ATTACHMENT H-2).

NOTE: Computers, equipment and furniture under the OCO threshold (\$1,000) should be listed in the Expenditures Detail Sheet.

C. PERSONNEL DETAIL (ATTACHMENT H-3)

Complete Personnel Detail Sheets for first budget year (only). (The following year's budget will be due annually as a deliverable for the selected contract provider).

1. List the Percentage of Time the position identified will be dedicated to the proposed project/program.
2. List each type of position that will work on this project (Column 2).
3. Enter the gross monthly salary to be paid for each position type (Column 3).
4. Enter the amount for fringe benefits and the total benefits (Add Columns 4 through 8 and enter the total in Column 9).
5. Enter the annual amount of salary and fringe benefits to be paid for each position type in Column 10 (Add Column 9 and Column 3 and then multiply by 12).
6. If a line item is not explained in the programmatic narrative of the solicitation, provide an explanation by line item of the purpose of the positions on an attached sheet to the Personnel Detail (ATTACHMENT H-3). If the gross salary is significantly in excess of what the State pays for a comparable position, provide a sufficient explanation.

NOTE: For positions funded through Match Funds, please enter the

NOTE: For position funded through Match Funds, please enter the annual salary in Column 10.

D. EXPEDITURES (ATTACHMENTS H-4.1, H-4.2 & H-4.3).

1. List the type of expenses needed for the project in Column 1.
2. In Columns 2 and 3, enter the unit cost and the unit of measurement (e.g., \$50 per square foot).
3. In Column 4, enter the number of units to be provided.
4. In Column 5, enter the total amount to be paid for the expenses (Column 2 multiplied by Column 4).
5. If a line item is not explained in the programmatic narrative of the solicitation or if it is not self-explanatory, provide an explanation by line item on an attached sheet to the respective Expenditures Detail (ATTACHMENTS H-4.1, H-4.2, & H-4.3). Office supplies, utilities, rent, travel, etc. are examples of "self-explanatory" expenses, and do not require an explanation.

NOTE: Depreciation is not an allowable expense.

E. SERVICE EXPENDITURES (ATTACHMENT H-5)

1. List the type of subcontracted services needed for the project in Column 1.
2. In Columns 2 and 3, enter the unit cost and the unit of measurement (e.g., \$20 per hour).
3. In Column 4, enter the number of units to be provided.
4. In Column 5, enter the total amount to be paid for the subcontracted services (Column 2 multiplied by Column 4).
5. If a line item is not explained in the programmatic narrative of the solicitation, provide an explanation by line item of the services to be provided by the subcontractor on an attached sheet to the Service Expenditures Detail (ATTACHMENT H-5).

ITN 10287 - Addendum 2
 Exhibit 1
 ATTACHMENT H-1
 CONSULTANT COSTS

Line Item #	1	2	3	4	5	6
	Budget - Annual					
	Type of Consultant	Unit Cost		Number of Units	Matching Funds	Total
Amount		Unit				
1	Designated Health Authority	\$ 150.00	Hour	280	0	42,000
2	Psychiatrist	\$ 150.00	Hour	280	0	42,000
3	Pharmacy Consultant	\$ 250.00	month	12	0	3,000
4						
5						
6						
7						
8						
9						
10						
	TOTALS					87,000

NOTE: **Contracts with non-FTE medical and/or mental health staff are to be included here.** The amount should represent the amount to be paid as per your agreement/ contract with those providers, e.g. \$250.00 and the unit is how often they are paid, e.g. hourly. However, if your contract is paid other than on an hourly basis, you must define under "Type of Consultant" the number of hours the consultant will be providing services at and/or off the site, e.g. Designated Health Authority, 2 hours per week on site; 24/7 on call, etc.

ITN _____

RESPONDENT: _____

H-1 Narrative

Examples of costs explanations would be as follows:

Always indicate a predicate or how costs computed

1. Psychiatrist - Costs to subcontract with a psychiatrist to meet the needs of the program in accordance with DJJ's requirements, based on the technical proposal submitted which is for 2 on site hours per week and 24/7 on call availability
2. Medical Doctor (DHA) Costs to subcontract with a Medical Doctor to meet the needs of the program in accordance with DJJ's requirements, based on the technical proposal submitted which is for 2 on site hours per week and 24/7 on call availability

**ATTACHMENT H-2
 OPERATING CAPITAL OUTLAY (OCO)
 or ONE-TIME ONLY REQUEST FOR FURNITURE/EQUIPMENT**

	1	2	3	4	5	6
	Budget - FIRST YEAR COSTS ONLY					
Line Item #	Operating Capital Outlay(s)	Unit Cost		Number of Units	Matching Funds	Total
		Amount	Unit			
1	none					
2						
3						
4						
5						
6						
7						
8						
9						
10						
TOTALS						

ITN _____

RESPONDENT: _____

H-2 Narrative

Examples of costs explanations would be as follows:

Always indicate a predicate or how costs computed

This page is for one-time purchases only - not to be included as annual, ongoing costs

none at this time

ATTACHMENT H-3
 PERSONNEL DETAIL
 Budget - Annual

1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Line Item #	Percent (%) of time this position is allocated to the proposed program.	Position Title (and Name of Individual if Known) Examples of staff shown	Number of FTEs	Full Time Full Time (30 or more hours per week) or Part Time (Indicate number of hours)	Monthly Salary	Monthly Fringe Benefits						Total Fringe Benefits	Matching Funds	Annual Salary and Benefits
						Retirement	FICA	Health Insurance	Life Insurance	Other*				
1	100%	Facility Administrator	1	Full Time	5,833	-	423	308	0.81	439	1,170	-	84,042	
2	100%	Business Office / HR Manager	1	Full Time	2,500	-	168	308	0.35	188	664	-	37,968	
3	100%	Clinical Director (DMHA)	1	Full Time	4,167	-	295	308	0.58	313	917	-	61,005	
4	100%	Shift Supervisor	3	Full Time	6,459	-	423	924	0.90	486	1,834	-	99,509	
5	100%	JSO Licensed Therapist	3	Full Time	8,750	-	599	924	1.22	658	2,182	-	131,182	
6	100%	Assistant Facility Administrator	1	Full Time	2,917	-	200	308	0.41	219	727	-	43,727	
7	100%	Activity Specialist	0.5	Part Time	2,083	-	159	-	0.29	157	316	-	28,796	
8	100%	Transitional Case Manager	0.5	Part Time	1,417	-	108	-	0.20	107	215	-	19,581	
9	100%	Case Managers	1	Full Time	2,000	-	129	308	0.28	150	588	-	31,057	
10	100%	Youth Care Worker	17	Full Time	30,586	-	1,939	5,236	4.26	2,300	9,479	-	480,783	
11	100%	Director of Nursing	1	Full Time	4,333	-	308	308	0.60	326	942	-	63,309	
12	100%	Nurse - LPN	1	Full Time	2,773	-	189	308	0.39	209	706	-	41,746	
13	100%	Nurse - RN - PT	0.5	Part Time	2,167	-	166	-	0.30	163	329	-	29,948	
14	100%	Kitchen Manager	1	Full Time	2,083	-	136	308	0.29	157	601	-	32,209	
15	100%	Cook	1	Full Time	1,889	-	121	308	0.26	142	571	-	29,528	
16	100%	Maintenance Manager	1	Full Time	2,333	-	155	308	0.32	175	639	-	35,665	
17	5%	Corporate VP Operations	1	Full Time	604	-	45	15	0.08	45	106	-	8,521	
18	5%	Corporate Finance/Accounting	7	Full Time	1,567	-	112	108	0.22	118	337	-	22,849	
19	5%	Corporate Human Resources	3	Full Time	833	-	60	46	0.12	63	169	-	12,030	
TOTALS			45.5		85,295	-	5,735	10,333	12	6,414	22,493	-	1,293,455	

NOTE: Corporate staff who provide direct oversight of the program need to have their percentage of salaries and benefits included on this page, e.g. Corporate Director of Operations, 5%, etc. For administrative staff who perform some functions, they can all be rolled into one line item but a description of their duties and responsibilities must be outlined on a separate page (e.g. payroll, personnel, etc.) *Other - must be defined, e.g. FICA, Overtime, etc.

ITN _____

RESPONDENT: _____

H-3 Narrative

Examples of costs explanations would be as follows:

Always indicate a predicate or how costs computed

Other costs:

		Year	Monthly
Federal and Florida Unemployment	2% of gross wages	20,471	1,706
Workers Compensation Insurance	4.18% of gross wages	42,784	3,565
Short Term and Long Term Disability	1.67% of gross wages	1,709	142
Overtime (for direct care staff)		12,000	1,000
Total Other costs		<u>76,964</u>	<u>6,414</u>

Note:

Short Term Disability: Company paid benefit covers 30% of salary for 12 weeks

Long Term Disability: Company paid benefit covers 40% of salary starting week 13.

Employees have the option to purchase additional disability insurance as well as additional life insurance

**ATTACHMENT 4.1
 EXPENDITURES
 Budget - Annual**

Line Item #	1	2	3	4	5	6
	Budget - Annual					
	Type of Expense	Unit Cost		Number of Units	Matching Funds	Total
Amount		Unit				
1	Rent, Mortgage or Lease payments					-
2	Utilities (electricity, water, sewage, garbage, natural gas/propane)	10,000	avg/mo	12		120,000.00
3	Copier Machines Lease Payments	450	month	12		5,400.00
4	Postage Machine Lease Payments					-
5	Building Maintenance Equipment Rental/ Leases					-
6	Vehicle/Lease Payments (identify how many and type of vehicles)					-
7	Vehicle Maintenance, Repair, Operation (identify how many and type of vehicles, to include fuel)	233	avg/mo	12		2,800.00
8	Food (if catered, this cost needs to be shown on H-5)	6.50	student day	12045		78,292.50
9	Kitchen Supplies (hairnets, gloves, utensils, plastic and aluminum wrap, etc.)	0.30	avg/mo	12045		3,613.50
10	Kitchen Equipment (pots, pans, thermometers, etc.)	50	month	12		600.00
11	Personal Care (youth personal hygiene items)	0.44	student day	12045		5,292.00
12	Clothing/Uniforms (youth)	0.45	student day	12045		5,420.25
13	Housekeeping (sheets, blankets, pillows, towels, etc.) (if a linen service is used, e.g. AlSCO, move this expense to H-5)	0.18	student day	12045		2,168.10
14	Janitorial and Household Supplies (all cleaning supplies, paper towels, floor was, detergents, brooms, etc.)	0.30	avg/mo	12045		3,613.50
15	Building Maintenance and Repair (for repairs done internally, so costs would be for parts only)	500	avg/mo	12		6,000.00
16	Major Maintenance Fund (this is for state owned buildings only for repairs at \$1,000 or more per incident). Monthly costs are calculated as annual care and custody per diem costs x .005 / 12	801	month	12	0	9,615.52
	TOTALS					242,815.37

ITN: _____

RESPONDENT: _____

H-4.1 Narrative

Examples of costs explanations would be as follows:

Always indicate a predicate or how costs computed

Explanation of purchases can be shown in the line item (see Attachment H-4.1) or here

Copiers Leases and Maintenance: Monthly costs to lease equipment to include maintenance and usage fees for copies

Postage Leases and Maintenance: Monthly costs to lease equipment to include maintenance

Building Maintenance Leases Rental of other facility equipment such as floor cleaning equipment, pressure washers and any other non-owned products needed for a short term period

Personal care: All items for youth such as soap, shampoo, toothpaste, hair clippers, hair products, toothbrushes, and haircuts.

Per Month

Haircuts	231	33 haircuts x \$7 per month
Hygiene supplies	210	soap, shampoo, toothpaste, deodorant, etc.
Total	441	

Vehicles: 1 vehicles owned by DJJ

ATTACHMENT 4.2
EXPENDITURES
Budget - Annual

Line Item #	1	2	3	4	5	6
	Budget - First Year					
	Type of Expense	Unit Cost		Number of Units	Matching Funds	Total
	Amount	Unit				
17	Medical Equipment and Supplies (Non-Medicaid covered)					
18	Medications (non-Medicaid covered) to include Over the Counter medications	4.78	student day	12045		57,600
19	Educational Equipment - replacement only					
20	Educational and Vocational Supplies	0.10	student day	12045		1,205
21	Educational and Vocational Books					
22	Furniture (common area) - replacement only					
23	Furniture (youth room) - replacement only					
24	Electronics (TV, VCR, music, etc.) - replacement only					
25	Recreation Supplies	0.17	student day	12045		2,100
26	Recreation Equipment	0.08	student day	12045		964
27	Youth Incentives	0.17	student day	12045		2,100
28	Staff Expenses	353	avg/mo	12		4,235
29	Staff Training	313	avg/mo	12		3,760
	TOTALS					71,963

ITN _____

RESPONDENT: _____

H-4.2 Narrative

Examples of costs explanations would be as follows:

Always indicate a predicate or how costs computed

Medical Equipment and Supplies (Non-Medicaid covered):

Medications: Over the counter medications (Antacids, cotton balls, etc.)

Youth Incentives: Canteen, Behavior Mod related items, costs for Family Day activities, etc.

Staff Expenses: staff uniforms (2 shirts per year; employee physicals, drug testing and background checks. **NOTE: bonuses nor rewards/ awards to staff are not allowed with the use of state funds**

Staff Training: First Aid and CPR Training, Life skills, etc.;	\$2,500	
Skill Pro	\$1,260	
Total Staff Training	<u>\$3,760</u>	36 employees x \$35 each

ATTACHMENT 4.3
EXPENDITURES
Budget - Annual

Line Item #	1	2	3	4	5	6
	Type of Expense	Unit Cost		Number of Units	Matching Funds	Total
		Amount	Unit			
30	Staff Travel	275	avg/mo	12		3,300
31	Communications (telephones, cable, internet, cell phones, pagers)	825	avg/mo	12		9,900
32	Two way radios (purchase of equipment only)					-
33	Advertising (recruitment)	100	avg/mo	12		1,200
34	Auditing Fees	5000	Annual			5,000
35	Insurance (comprehensive, liability)	875	avg/mo	12		10,500
36	Insurance (vehicle)	250	avg/mo	12		3,000
37	Licensure (ACA, other - Describe)	1,000	Annual	1		1,000
38	Office Supplies	333	avg/mo	12		4,000
39	Administrative Equipment (Under \$1000)					-
40	General & Administrative Costs	283	avg/mo	12		3,400
41	Corporate Overhead					134,591
	TOTALS					175,891

H-4.3 Narrative

Examples of costs explanations would be as follows:

Always indicate a predicate or how costs computed

Staff Travel: QI travel, meetings and trainings, etc. **NOTE: This will include the corporate staff's travel who are responsible for the oversight of this program and travel related to that oversight**

Mileage and Gas:	\$	900.00
Lodging:	\$	1,200.00
Meals:	\$	1,200.00
Total	\$	3,300.00

Communications: to include monthly telephone, internet, cell phone and pager services. Indicate the number of telephone lines, cell phones and pagers and monthly costs for each

Telephone and Internet	\$	8,925.00
cell phone (1)	\$	975.00
Total	\$	9,900.00

Insurance:

Property	\$	2,000.00
GL/PL	\$	5,000.00
Umbrella	\$	1,500.00
Executive Risk	\$	2,000.00
Auto	\$	3,000.00
Total	\$	13,500.00

Administrative Equipment: flash drives, network equipment, etc. **Covered by SYFS corporate**

Licensure:

Substance Abuse Licenses	\$	500.00
Other Licensing/ permits	\$	500.00
Total	\$	1,000.00

General and Administrative Costs:

Postage	\$	3,400.00
Total	\$	3,400.00

Corporate Overhead: Salaries of corporate staff responsible for the oversight of the program are to be listed, by position, on Attachment H-3. Other costs can include, but not be limited to: Auditing fees, purchasing, financial analysis, IT support, HR Administration, training, employee benefits administration, profit/ loss. Costs must be broken out and we are looking for a total combined percentage of G/A costs and Corporate Overhead to be 10% or less

Overhead	\$	65,201.08	3.39%	
Profit/ Loss	\$	69,390.00	3.61%	
	\$	134,591.08	loss to be funded by matching funds	7.00%

Overhead Detail:

Administration:

Insurance	1,238
Office Supplies	3,060
Telephone	4,860
Administration Travel	7,500
Office Condo Fees	2,021
Postage & Shipping	900
Property Taxes	6,635
IT Services	20,363
Recruiting	599

Facility & Maintenance:

Building upkeep/repairs	2,160
Rent / Mortgage	39,376
Office Cleaning	1,800
Utilities	10,413
Office Equipment	2,340
Vehicle expenses	1,230

Total Overhead 104,495

**ATTACHMENT H-5
 SERVICE EXPENDITURES**

Line Item #	Budget - Annual					
	Type of Services	Unit Cost		Number of Units	Matching Funds	Total
		Amount	Unit			
1	Building Repair* (A/C, lift station, generator, plumbing, CCTV system, Fire Alarm, Fire Sprinkler, etc.); maintenance agreements, etc.	1692	avg/mo	12		20,300
2	Food (Catered)					-
3	Dietitian	225	qtr	4		900
4	Grounds Maintenance	250.00	avg/mo	12		3,000
5	Pest Control	75.00	avg/mo	12		900
6	Fire Alarm Inspection	225	qtr	4		900
8	Boiler Inspection					-
7	Administrative equipment repairs, two way radio repairs, etc.					-
9	Medical Waste	50	month	12		600
10	Medical Services (Dental, lab, eye doctor, emergency rm, etc)	1.83	student day	12045		22,000
11	Payroll Processing	130	pay per	26		3,380
TOTALS						51,980

NOTE: For state owned buildings, these costs for repair services conducted by an outside vendor under \$1,000. For provider owned/ leased buildings it will be all repair services regardless of amount conducted by an outside vendor.

ITN _____

RESPONDENT: _____

H-5 Narrative

Examples of costs explanations would be as follows:

Always indicate a predicate or how costs computed

Food: Costs catered with _____ (insert name of company) at a daily cost of \$11.20/day per youth to include 3 meals and 2 snacks. Dietitian services are included in these

NOTE: Staff meals are only allowed as long as the staff pays for the meals at a costs equal to the food costs

Repair Costs: to contract with an outside vendor to provide preventive maintenance, inspections and repairs

AC Repairs under \$1000	\$5,000.00
Kitchen Hood	\$2,300.00
Plumbing Repairs	\$1,500.00
Fire Alarm Maintenance	\$5,000.00
Fire Sprinkler Maintenance	\$2,500.00
Generator Maintenance	\$4,000.00
Total Repair Costs	\$20,300.00

Medical Services: includes estimated cost of outside medical costs such as dental visits, eye doctor, emergency room visits, lab work, x-rays, and hospitalization up to \$5000 per stud

**ATTACHMENT H-6
 BUDGET SUMMARY
 BUDGET - ANNUAL**

1	2	3	4	5
Budget Categories	Program	Matching Funds ¹	Percent of Total for Match	Total
Attachment H-1: Consultants Cost	87,000	-	0%	87,000
Attachment H-2: Operating Capital Outlay	-	-	0%	-
Attachment H-3: Personnel Detail	1,293,455	-	0%	1,293,455
Attachment H-4: Expenditures (includes Attachment H-4.1, H-4.2, & H-4.3)	490,670	-	0%	490,670
Attachment H-5: Services Expenditures	51,980	-	0%	51,980
TOTALS	1,923,105	-	0%	1,923,105

NOTE: 1 = Attach a narrative explaining source of matching funds or additional contributions.

Respondent shall print information below and also submit a signed copy of this one page

COMPANY: Sequel TSI of Florida, LLC

DESIGNATED REPRESENTATIVE NAME: Kenny Roberts

TITLE: VP of Operations

SIGNATURE: _____

DATE: _____

E-MAIL ADDRESS: _____

TELEPHONE NUMBER (include ac): _____

Number of beds 33

Daily Per Diem Cost \$159.66

Unfilled Bed Rate Daily Costs 154.66

MHOS/SAOS Daily Cost (cannot exceed \$35.00/ day per service) 0

Other Services (if applicable, describe services e.g. BDD services) and the daily per diem cost

Vocational rate (if applicable). Note: days cannot exceed 250/year 0

H-6 Narrative

Always indicate a predicate or how costs computed

If there are going to be matching funds, the source of those funds and the amount must be listed here

Ex: Fundraising \$ -
National School Lunch Program \$ -

Calculation of Funds:

(33 beds x \$159.66 x 365 days) 12,045

	Residential	Total
Number of Beds	33	
Daily Per Diem Cost	\$159.66	
Days	365	
Total	\$1,923,104.70	\$1,923,104.70

ITN 10287 Addendum 2
 Exhibit 2
 Kissimmee JCF
 2330 New Beginnings Rd. Kissimmee Florida

CURRENT CONDITION BUILDING ASSESSMENT

ESTIMATED COST OF REPAIR

DESCRIPTION	ESTIMATED COST OF REPAIR	PHOTO #
Office Common area		
Replace stained carpet 300 sq. ft. @ 1.00 per sq. ft.	\$300.00	1
Office Hall carpet		
Replace carpet, not Matching 150 sq. ft. @ 1.00 per sq. ft.	\$150.00	2
Office Manager		
Replace stained and ripping carpet 200 sq. ft. @ 1.00 per sq. ft.	\$200.00	3
Education Hallway		
Strip, clean and wax floors 360 sq.ft. @ 1.00 per sq. ft.	\$360.00	4,5
Clean vinyl base 100 ln. ft. @ 1.00 per ln. ft.	\$100.00	4,5
Intake Hallway		
Strip, clean and wax VCT floors 200 sq. ft. @ 1.00 per sq. ft.	\$200.00	6,7
Clean vinyl base 75 ln. ft. @ 1.00 per ln. ft.	\$75.00	6,7
Replace door stop 1hr @ 25.00	\$25.00	8
Clean and paint vent 1 hr @ 25.00	\$25.00	9
Intake break room		
Clean and paint vent 1 hr @ 25.00	\$25.00	10

ITN 10287 Addendum 2
Exhibit 2

Intake bathroom

Strip paint 4 hrs @ 25.00	\$100.00	11
Clean walls 3 hrs @ 25.00	\$75.00	11
Paint walls 150 sq. ft. @ 1.00	\$150.00	11
Clean metal frame 1 hr @ 25.00	\$25.00	12
Sand and paint 6 hr @ 25.00	\$150.00	12

Intake bathroom

clean, sand, fill and paint door jamb 6 hr @ 25.00	\$150.00	13
---	----------	----

Intake medical

Replace VCT tile 83 sq.ft. @ 3.00 per Sq. ft.	\$249.00	14
Replace vinyl base 40 ln. ft @ 1.50 per ln. ft.	\$60.00	14
Patch and paint walls 200 sq. ft. @ 1.00 per sq. ft.	\$200.00	14

Intake laundry

Replace VCT tile 90 sq. ft. @ 3 per sq. ft.	\$270.00	15
Replace Vinyl Base 44 ln. ft. @ 1.50 per ln. ft.	\$66.00	15
Clean vent 1 hr @ 25.00	\$25.00	16

Intake

Patch and paint walls 125 sq. ft. @ 2.00 per sq. ft.	\$250.00	17, 18
---	----------	--------

Kitchen Office

Seal and paint ceiling 100 sq. ft. @ 3.00 per sq. ft.	\$300.00	19
Patch and paint walls 100 sq. ft. @ 2.00 per sq. ft.	\$200.00	20

Kitchen

Patch cracks in ceiling 3 hrs @ 50.00	\$150.00	21, 22
Paint ceilings 350 sq. ft. @ 1.00 per sq. ft.	\$350.00	21, 22

ITN 10287 Addendum 2

Exhibit 2

Kitchen bathroom

Install ADA soap dispenser	\$30.00	23
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Main hallway

Patch cracks	\$100.00	24
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4 hrs @ 25.00		
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Paint walls	\$400.00	24
-------------	----------	----

400 sq. ft. @ 1.00 per sq. ft.		
--------------------------------	--	--

Replace 2 ceiling tiles	\$32.00	25
-------------------------	---------	----

16.00 each		
------------	--	--

F-Mod floor

Complete painting of floor	\$200.00	26
----------------------------	----------	----

8 hrs @ 25.00		
---------------	--	--

F-Mod bathroom

Replace broken base tile	\$80.00	27
--------------------------	---------	----

F-Mod room 36

Repalce sprinkler collar	\$75.00	28
--------------------------	---------	----

Replace vent	\$50.00	28
--------------	---------	----

Multi-purpose room

Replace 8 ceiling tiles	\$128.00	29
-------------------------	----------	----

16.00 each		
------------	--	--

Paint walls	\$300.00	30
-------------	----------	----

300 sq. ft @ 1.00 per sq. ft.		
-------------------------------	--	--

Clean vinyl base	\$150.00	30
------------------	----------	----

150 ln. ft. @ 1.00 per ln. ft.		
--------------------------------	--	--

Replace camera cover	\$125.00	31
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Supervisor office

Install threshold	\$45.00	32
-------------------	---------	----

Replace 3 ceiling tiles	\$48.00	33
-------------------------	---------	----

16.00 each		
------------	--	--

Clean vent	\$25.00	33
------------	---------	----

1 hr @ 25.00		
--------------	--	--

Dolphin classroom

Paint walls	\$450.00	34, 35, 36, 37
-------------	----------	----------------

225 sq. ft @ 2.00 per sq. ft		
------------------------------	--	--

Replace vinyl base	\$99.00	34, 35, 36, 37
--------------------	---------	----------------

66 ln. ft. @ 1.50 per ln. ft.		
-------------------------------	--	--

Strip, clean and wax VCT floors	\$225.00	34, 35, 36, 37
---------------------------------	----------	----------------

225 sq.ft. @ 1.00 per sq. ft.		
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ITN 10287 Addendum 2
Exhibit 2

Clean 2 vents 2 hrs @ 25.00	\$50.00	34, 35, 36, 37
Repalce 4 ceiling tiles 16.00 each	\$64.00	34, 35, 36, 37
Dolphin Therapist office		
Patch cracks in 2 corners 4 hrs @ 25.00	\$100.00	38, 39
Paint walls 80 sq. ft. @ 2.00 per sq. ft	\$160.00	38, 39
Replace vinyl base 38 ln. ft. @ 1.50 per ln. ft	\$57.00	38, 39
Strip, clean and wax VCT tile 80 sq. ft. @ 1.00 per sq. ft.	\$160.00	38, 39
Dolphin shower		
Clean and paint shower walls 100 sq. ft. @ 3.00 per Sq. ft.	\$300.00	40
Clean plumbing fixtures 2 hrs @ 25.00	\$50.00	40
Scrape and paint ceiling 100 sq. ft @ 1.00	\$100.00	41
Eagle classroom		
Paint walls 225 sq ft. @ 1.00 per sq. ft.	\$225.00	42, 43, 44, 45
Patch cracks 2 hrs @ 25.00	\$50.00	42, 43, 44, 45
Replace 8 ceiling tiles 16.00 each	\$128.00	42, 43, 44, 45
Strip, clean and wax VCT tile 225 sq. ft. @ 1.00 per sq. ft.	\$225.00	42, 43, 44, 45
Replace vinyl base 66 ln. ft. @ 1.50 per ln. ft.	\$99.00	42, 43, 44, 45
Eagle Therapist office		
Clean 2 grills 2 hrs @ 25.00	\$50.00	46, 47, 48
Replace 4 ceiling tiles 16.00 each	\$64.00	46, 47, 48
Patch and paint walls 80 sq. ft. @ 2.00 per sq. ft.	\$160.00	46, 47, 48
Master control		
Replace VCT tile	\$600.00	49, 50

ITN 10287 – Addendum 2

Exhibit 3

Question #74 Generator Panel

PANEL EM			
1	Booster Pump		Freezer Cond. 2
3	Booster Pump		Freezer Cond. 4
5	Booster Pump		Freezer Cond. 6
7	Parking Lot Lights		Cooler Cond 8
9	Parking Lot Lights		Cooler Cond 10
11	Parking Lot Lights		Cooler Cond 12
13	E-3 <i>EMERGENCY PANEL EXP.</i>		Site Lights 14
15	E-3 " " "		Site Lights 16
17	E-3 " " "		Site Lights 18
19	RTU-1		RTU-2 20
21	RTU-1		RTU-2 22
23	RTU-1		RTU-2 24
25	E-1		RTU-3 26
27	E-1		RTU-3 28
29	E-1		RTU-3 30
31	Lift Station <i>SPACE</i>		Comminutor 32
33	Lift Station <i>RANGE</i>		Comminutor 34
35	Lift Station <i>RANGE</i>		Comminutor 36
37	Space <i>RANGE</i>		Space RANGE <i>LIFT station</i> 38
39	Space <i>RANGE</i>		Space RANGE <i>LIFT station</i> 40
41	Space <i>SPACE</i>		Space RANGE <i>LIFT station</i> 42