

**State of North Dakota
North Dakota Department of Human Services
Lake Region Human Service Center
PO Box 650
200 Highway 2 SW
Devils Lake, ND 58301**

**SOLICITATION AMENDMENT 1
JUNE 20, 2014
RESPONSES TO QUESTIONS AND ANSWERS FOR CLARIFICATION**

You are invited to participate in the following State Procurement Opportunity.

Solicitation Number: 325-14-930-020

Type: Request For Proposal

Title: 8-Bed Transitional Living Facility

Issuing Agency: Human Services, Department of – Lake Region Human Service Center

Issued: 05/30/2014

Deadline for Questions: 06/16/2014 04:00 PM CT

Closes: 07/18/2014 04:00 PM CT

Procurement Officer: Clinton J. DeVier

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Short Description: Requesting proposals for one entity to establish and operate an 8-bed transitional living facility in Devils Lake, North Dakota, for adult clients diagnosed with a serious and persistent mental illness.

Instructions: Click the link below to view this solicitation. Contact the Procurement Officer if you have any questions or are unable to obtain the documents from the website.

<https://apps.nd.gov/csd/spo/services/bidder/displaySolicitation.htm?solNo=325-14-930-020>

If the above link does not work:

-Go to www.nd.gov/spo

-From the left menu, click Bids and Contracts - click Current Solicitations

-Recent Solicitations are listed by close date.

Questions and Answers:

1. I know it is up to the offeror to collect the room and board costs from the client but is the state going to make sure the client has a way to pay for the services?

A: All clients who reside in the Transitional Living Facility will need to have the means to pay the full cost of the room and board to the successful offeror. Most clients who need this level of service should be Social Security and Medicaid eligible.

2. What is a firm fixed price contract?

A: A firm fixed price contract means the offeror shall provide a price that is fixed and not subject to any adjustments once the contract has been negotiated and finalized.

**SOLICITATION AMENDMENT
ACKNOWLEDGEMENT**

SOLICITATION NUMBER AND TITLE: 325-14-930-020, 8-Bed Transitional Living Facility.

AMENDMENT NUMBER: 1

By my signature below, I hereby acknowledge receipt of and compliance with this amendment to the above referenced solicitation.

NAME OF BIDDER OR OFFEROR

MAILING ADDRESS

PRINTED NAME

SIGNATURE

TITLE

DATE