**Date:** April 4, 2024

**Title:** RFQ/RFP #20241221575

**Subject:** Extending RFP Questions Deadline and Submission Due Date; Exhibit Modification

1. **Extension of RFQ/RFP Questions Deadline**

ATTENTION VENDORS: THE DEADLINE TO SUBMIT QUESTIONS FOR RFP#20241221575 – MEDICAL ADMINISTRATIVE SERVICES AND EPO NETWORK HAS BEEN EXTENDED TO APRIL 15, 2024, AT 2:00 PM RESPECTIVELY

1. **Extension of RFQ/RFP Submission Due Date**

THE DEADLINE FOR THE RFP SUBMISSION FOR RFP#20241221575 – MEDICAL ADMINISTRATIVE SERVICES AND EPO NETWORK HAS BEEN EXTENDED TO MAY 6, 2024, AT 2:00 PM RESPECTIVELY

1. **Modification of Section K.**

Section K. of the RFQ/RFP #20241221575 has been amended in its entirety as follows:

| **EVALUATION CRITERIA** | **Possible Points** | **Vendor**  **Score** |
| --- | --- | --- |
| * + 1. Price – Best Value   Pricing will be scored according to the pricing formula: (Lowest Responsive Price / Price of Respondent Being Evaluated) x Possible Points = Vendor Score | **30** |  |
| **THIS SECTION WILL BE SCORED BY THE EVALUATION COMMITTEE** | | |
| * + 1. The extent to which the goods and/or services meet the District’s needs. | **30** |  |
| * + 1. Quality of Respondent’s goods and/or services. | **25** |  |
| * + 1. The reputation of the Respondent and the Respondent’s goods and/or services. | **15** |  |
| **MWVBE PARTICIPATION** | | |
| Minority, Woman, and Veteran-Owned Business Enterprise Participation.  **This Section is evaluated but not weighted or scored**: | | |
| Is the Respondent a certified MWVBE? | **Y** | **N** |
| **MAXIMUM TOTAL POSSIBLE POINTS** | **100** |  |
| **Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **Evaluator ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| **RFP #20241221575 MEDICAL ADMINISTRATIVE SERVICES AND EPO NETWORK** | | |

All corrections, changes, additions, revisions, and/or clarifications in this Addendum #3 to the

RFP are hereby made a part of the RFQ/RFP #20241221575.

All Respondents to the RFQ/RFP shall acknowledge receipt and acceptance of this Addendum #3 by

signing in the space provided and submitting the signed Addendum #3 with the RFQ/RFP.

Proposals submitted without an executed copy of this Addendum #3 attached may be considered

informal and may be rejected.

Received, acknowledged, and conditions agreed to on this \_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_, 202\_, by:

Respondent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there are questions pertaining to this addendum please contact Tami Jackman @ [Bid\_submissions@jpshealth.org](mailto:Bid_submissions@jpshealth.org).