



*Delaware Health
And Social Services*

DIVISION OF MANAGEMENT SERVICES

PROCUREMENT

DATE: MARCH 20, 2008

PSC#811

PERSONAL ATTENDANT SERVICES

FOR

DIVISION OF SERVICES FOR AGING AND
ADULTS WITH PHYSICAL DISABILITIES

Date Due: APRIL 23, 2008
11:00 AM

ADDENDUM # 2

Please Note:

THE ATTACHED SHEETS HEREBY BECOME A PART
OF THE ABOVE MENTIONED BID.

SANDRA S. SKELLEY, CPPO
PROCUREMENT ADMINISTRATOR
(302) 255-9291

MARY ELLEN SAUNDERS
(302) 255-9360

To All bidders:

Attached is a corrected copy of the **DESCRIPTION OF ALLOWABLE COSTS SHEET**.

The Mileage was incorrectly stated in the original RFP as .44 a mile. The corrected allowable cost is .40 a mile.

DESCRIPTION OF ALLOWABLE COSTS

| DESCRIPTION OF LINE ITEMS | |
|--|---|
| Salaries and Wages | Project Directors, Supervisors, Site Managers, Healthcare workers, Nutritionists, Clerks, Accountants, Bookkeepers, Janitors, Drivers, Case Managers, Outreach Workers, Secretaries, Training Instructors, Laborers, Executive Directors, Dietitians, Activity Coordinators, etc. |
| Fringe Benefits | Proportionate fringe benefits for above labor including Social Security, unemployment compensation, life insurance, worker's compensation, health insurance, pension, etc. paid by the agency. |
| Travel/Training | Include any staff training costs. Mileage reimbursement shall be a maximum of \$.40 per mile. Training may include subscriptions and association dues. |
| Contractual Services | Rent, utilities, repairs (building, vehicle, equipment, etc.), telephone, advertising, printing, transportation insurance, vehicle, communication, consultants, tax preparation, storage, audit costs, etc. |
| Supplies | Vehicle supplies (not repairs), health supplies, program supplies, office supplies, janitorial, building (not sub-contracts), educational, medical, any type of meals purchased, etc. |
| Other/Equipment Any items or lot costing \$1000.00 and a useful life of one (1) year or more. | Requests for equipment will be <u>considered</u> . A justification must be submitted for any item of equipment requested. Include in the justification: Is equipment requested a replacement for existing equipment or in addition to existing equipment. And, what is the impact on the agency's capacity to provide services to consumers or improve administrative capacity. |
| Indirect Cost | If the provider has a federal or state approved indirect cost rate, it may be used. The use of a federal or state approved rate may be negotiated with DSAAPD. |