

CHATHAM COUNTY PURCHASING DEPARTMENT  
ADDENDUM NO. 1 TO RFP 19-0091-7

**FOR: Annual Contract to Provide Drug Screening Services**

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**PLEASE SEE THE FOLLOWING ADDITIONS, CLARIFICATIONS AND/OR CHANGES:**

1. **ADDITION:** Add to the Scope of Services, 5.3.2 – Collection Requirements I. – “Service Provider shall be required to provide random testing at a designated on-site facility and at times, various County facilities”.
2. **ADDITION:** Add to the Scope of Services, 5.3.2 – Collection Requirements J. – “Service Provider shall be required to come to the hospital or medical facility if an employee is transported due to accident/injury”.
3. **ADDITION:** Add to General Description – “Chatham County requires a 60 minutes response time for afterhours notification.
4. **ADDITION:** Add to Scope of Services, 5.4.2 Collection Requirements K. – “After hours is after 5:00 p.m. – 7:00 a.m.. Monday – Friday and on Saturday, Sundays and holidays.
5. **CHANGE:** Revised Fee Proposal Form. Use the Revised Fee Proposal Form when submitting proposal.

**THE RFP DUE DATE REMAINS 5:00 P.M., OCTOBER 15, 2019.**

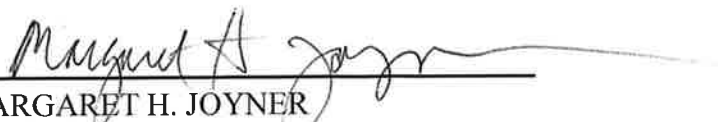
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**PROPOSER IS RESPONSIBLE FOR MAKING THE NECESSARY CHANGES.**

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October 8, 2019

DATE

  
MARGARET H. JOYNER  
PURCHASING DIRECTOR  
CHATHAM COUNTY

**REVISED FEE PROPOSAL**  
**FORM**

**REQUEST FOR PROPOSAL**  
**CHATHAM COUNTY,**  
**GEORGIA**

**RFP NO. 19-0091-7**  
**ANNUAL CONTRACT TO PROVIDE DRUG SCREENING SERVICES**

I have read and understand the requirements of this proposal, RFP No. 19-0091-7, and agree to provide the required services in accordance with this proposal, and all other attachments, exhibits, etc. I agree to furnish the Services as describe in the RFP for the fee listed below. I understand that the County will not be responsible for the reimbursement of any costs not specifically set forth in this proposal. In addition, the County reserves the right to accept any part or all of the fee schedule and to negotiate any charges contained herein unless qualified otherwise. **THIS FORM MUST BE USED WHEN SUBMITTING PROPOSAL.**

Item #	Description	*Estimated Qty.	Unit Price	Total
1	Instant 5 panel drug screens	467	\$	\$
2	Instant 10 panel drug screens	1	\$	\$
3	DOT drug screens	61	\$	\$
4	Breathalyzer Alcohol Test	70	\$	\$
5	After Hours Fee	100	\$	\$
6	Site Visit Fee	200	\$	\$
7	Expert Witness Testimony	8 hours	\$ per hour	\$
			TOTAL	\$

**\*Estimated quantities are being used for fee evaluation purposes only. The County does not guarantee the quantities that will be utilized.**

**ALL PROPOSERS MUST BE REGISTERED VENDORS ON THE COUNTY'S WEB SITE (PURCHASING.CHATHAMCOUNTY.ORG)**

FIRM NAME: \_\_\_\_\_

PROPOSER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_