

STATE OF NEW HAMPSHIRE

BUREAU OF PURCHASE AND PROPERTY
STATE HOUSE ANNEX
25 CAPITOL STREET
CONCORD, NEW HAMPSHIRE 03301-6398

ADDENDUM # 1

TO RFP# 1357-12

DEADLINE FOR PROPOSAL SUBMISSIONS: 11/18/11 2:30 PM EST

This document must be signed and returned with your proposal.

FOR: Correctional Nursing Services

Correction/Clarification:

Current: On page 24, Section 6.1, the shift scheduling table is as follows:

Type of Nursing Professional	Hours of Operation by Facility			
	NHSP-M 24hrs, 7 days/week	SPU/RTU 24hrs, 7 day/week	NHSP-W** 24hrs, 7 days/week	NCF 24hrs, 7 days/week
Director of Nursing	1 FTE Monday-Friday for all Facilities			
Advanced Practice Registered Nurse (APRN)	2 FTE Mon – Fri 8 hrs/day to include 4 hrs weekly at SPU/RTU	1 four (4) hrs weekly	1 FTE Mon-Fri	1 FTE Mon - Fri; .5 FTE – 29 hrs/week
Nurse Manager	1 FTE Mon-Fri	1 FTE Mon-Fri	1 FTE Mon-Fri	1 FTE Mon-Fri
Registered Nurse	1 FTE per shift	13 FTEs (per Laaman Consent Decree) 1990 Paragraph 31 (c)	1 FTE per shift	1 FTE per shift

Correction: On page 24, Section 6.1, the shift scheduling table should read as follows (changes in bold):

Type of Nursing Professional	Hours of Operation by Facility			
	NHSP-M 24hrs, 7 days/week	SPU/RTU 24hrs, 7 day/week	NHSP-W** 24hrs, 7 days/week	NCF 24hrs, 7 days/week
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Registered Nurse	13 FTEs (per Laaman Consent Decree) 1990 Paragraph 31 (c)	1 FTE per shift	1 FTE per shift	1 FTE per shift

NOTE: IN THE EVENT THAT YOUR PROPOSAL HAS BEEN SENT TO THIS OFFICE PRIOR TO RECEIVING THIS ADDENDUM, RETURN ADDENDUM WITHIN THE SPECIFIED TIME WITH ANY CHANGES YOU MAY WISH TO MAKE AND MARK ON THE REMITTANCE ENVELOPE PROPOSAL NUMBER AND DEADLINE DATE. RETURNED ADDENDA WILL SUPERSEDE PREVIOUSLY SUBMITTED PROPOSALS.

BIDDER _____ ADDRESS _____

BY _____
(This document must be signed)

(Please type or print name) TEL. NO. _____