



**State of Rhode Island  
Department of Administration / Division of Purchases  
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Tel: (401) 574-8100 Fax: (401) 574-8387**

**February 4, 2016**

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| <b>ADDENDUM # 1</b> |
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**RFP: 7550199**

**Title: Recruitment Contractor – Hospital Executives (BHDDH)**

**Bid Closing Date & Time: February 26, 2016 at 10:00 AM (Eastern Time)**

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**Notice to Vendors**

**Be advised that Section V-Cost Proposal of the original RFP 7550199 is hereby replaced with the following language, see attached.**

**Also, Attachment B- Cost Proposal form and Attachment C Cost Proposal Summary form are hereby replaced with the attached Cost forms B 1 and B 2, see attached (also-electronically attached).**

**David J. Francis  
Interdepartmental Project Manager**

*Interested parties should monitor this website, on a regular basis, for any additional information that may be posted.*

## SECTION V. COST PROPOSAL

### **Detailed Budget and Budget Narrative**

The vendor must prepare a separate, signed and sealed Cost Proposal. Attachments B1 and B2 are provided as guidance for this proposal and are recommended for use. All submitted budget narratives must be descriptive and complete.

When formulating the cost proposal vendors should please fully and completely identify and explain the basis and rationale of your fee structure and address all issues and cost factors as identified within the RFP, to include those identified within Sections V & VI, as well as those identified on the suggested Attachments B1 and B2 provided herewith.

**Vendor cost proposals based on a flat fee per placement candidate or contingency fee based on placement candidate's salary that shall become due and payable upon the successful placement of a candidate with minimal upfront costs are preferred and will be weighted with a preference.**

**Vendors must identify what if any guarantee and/or costs there will be in the event a candidate accepts a position with the department and departs from employment (for any reason including but not limited to a voluntary quit or involuntary termination) in a period less than 18 months from a start date. To the extent there would be costs associated with a new candidate search in this event vendors should identify the associated costs and/or schedule of costs which may vary depending on length of time the new hire remained in the position (i.e. 9 months or less, 9-12 months, 12-18 months).**

### **Allowable Expenses**

Applicants are advised that BHDDH is not responsible for any expenses incurred by the Applicant prior to the issuance of a resulting contract award and Purchase Order.

### **Duplication of Services/Cost Avoidance**

Applicants must be certain to assure BHDDH that the funds to be utilized associated with this scope of work are not duplicated in other areas of their agency. These funds are specific to the agreed upon scope of work via this contract and therefore should be utilized to meet the deliverables articulated in the RFP.

## Attachment B-1: Cost Proposal

Include in the separately sealed cost proposal

**Vendor Name:**

**Authorized Agent Signature:**

**Placement Fee Costs**

| Identify Fee/ Fee Methodology Proposed (contingent or flat fee)                                                                                                  |                      |                 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|
| Identify/List Position being Recruited                                                                                                                           | Contingency Fee Rate | Flat Fee Rate   |
| E.g. Position Title                                                                                                                                              | %                    | \$              |
| E.g. Position Title                                                                                                                                              | %                    | \$              |
| Etc.....                                                                                                                                                         |                      |                 |
|                                                                                                                                                                  |                      |                 |
|                                                                                                                                                                  |                      |                 |
| Provide Schedule of Total Fees / Costs as Due                                                                                                                    |                      |                 |
| Schedule (Date Due)                                                                                                                                              | Amount               |                 |
|                                                                                                                                                                  |                      |                 |
|                                                                                                                                                                  |                      |                 |
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|                                                                                                                                                                  |                      |                 |
| Identify Additional Costs/Fees (IF ANY) in the event Candidate vacates position <18 months;<br>(e.g. <9months; 9-12, and 12-18 months - time intervals may vary) |                      |                 |
| E.g. Renew recruitment process < 9 months                                                                                                                        | Additional costs     | Additional Fees |
| E.g. Renew recruitment process 9 – 12 months                                                                                                                     |                      |                 |
| Etc.....                                                                                                                                                         |                      |                 |
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**Attachment B-2: Cost Proposal**  
 Include in the separately sealed cost proposal

**Vendor Name:**  
**Authorized Agent Signature:**

| Additional Costs (if any) not reflected in Schedule B- 1 |              |                          |  |    |
|----------------------------------------------------------|--------------|--------------------------|--|----|
|                                                          | Cost Amounts | Schedule of Payments Due |  |    |
| Other Direct Costs                                       | \$           |                          |  | \$ |
| Subcontractor Costs                                      | \$           |                          |  | \$ |
| Other Fees/costs                                         | \$           |                          |  | \$ |
| <b>Total</b>                                             | \$           |                          |  | \$ |