**COUNTY OF ALAMEDA
HEALTH CARE SERVICES AGENCY (HCSA)**

ADDENDUM No. 1

to

RFP No. HCSA-900218

### for

**Mental Health Prevention and Early Intervention (PEI) Services in Sobrante Park**

**Specification Clarification/Modification and Recap of the Networking/Bidders Conferences**

**February 21 and February 22, 2018**

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| **This County of Alameda, General Services Agency (GSA), RFP/Q Addendum has been electronically issued to potential bidders via e-mail. E-mail addresses used are those in the County’s Small Local Emerging Business (SLEB) Vendor Database or from other sources. If you have registered or are certified as a SLEB, please ensure that the complete and accurate e-mail address is noted and kept updated in the SLEB Vendor Database. This RFP/Q Addendum will also be posted on the GSA Contracting Opportunities website located at** [**http://www.acgov.org/gsa/purchasing/bid\_content/ContractOpportunities.jsp**](http://www.acgov.org/gsa/purchasing/bid_content/ContractOpportunities.jsp)**.** |

Changes made to the original RFP document are in **bold** print and highlighted, and deletions made have a ~~strike through~~.

**Clarifications**

**All services proposed shall be culturally relevant and appropriate to the Sobrante Park neighborhood.**

**Bidders Conference Attendees**

The following participants attended the Bidders Conferences:

|  | **Company Name / Address** | **Representative** | **Contact Information** |
| --- | --- | --- | --- |
|  | **Building Opportunities for Self-Sufficiency (BOSS)****1918 University Avenue #2A****Berkeley, CA 94704** | **Sonja Fitz** | Phone: 510-649-1930 x1008 |
| E-Mail: sfitz@self-sufficiency.org  |
| Prime Contractor:  |
| Subcontractor:  |
| Certified SLEB:  |
|  | **La Clinica** | **Whitney Greswold** | Phone: 510-535-2973 |
| E-Mail: wgreswold@laclinica.org  |
| Prime Contractor: La Clinica |
| Subcontractor: East Oakland Boxing Association |
| Certified SLEB:  |
|  | **Roots Community Health Center** | **Jessica Travenia** | Phone: 510-424-1907 |
| E-Mail: jessica@rootsclinic.org |
| Prime Contractor: **x** |
| Subcontractor: **x** |
| Certified SLEB: **x** |
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