**AMENDMENT #1**

**Human Services Department**

**Income Support Division**

**REQUEST FOR PROPOSALS (RFP)**

**Supplemental Nutrition Assistance Program Education (SNAP-Ed)**



**RFP#**

**22-630-9000-0001**

RFP Release Date: August 13, 2021

Proposal Due Date: September 3, 2021

Request for Proposal Number **22-630-9000-0001** amended as described herein:

# CHANGES ON PAGE 11

**II.B.2. Acknowledgement of Receipt**

**From:**

Potential Offerors may submit electronically thru Bonfire the Acknowledgement of Receipt Form (APPENDIX A, to have their organization placed on the procurement Distribution List. The form must be returned to Bonfire [New Mexico Human Services Department (bonfirehub.com)](https://newmexicohsd.bonfirehub.com/portal/?tab=openOpportunities) by 5:00 pm MST/ MDT on the date indicated in Section II.A, Sequence of Events

**To:**

Potential Offerors may submit electronically thru Bonfire the Acknowledgement of Receipt Form (APPENDIX A, to have their organization placed on the procurement Distribution List. The form must be returned to the Procurement Manager at [yvonner.howard@state.nm.us](mailto:yvonner.howard@state.nm.us) by 5:00 pm MST/ MDT on the date indicated in Section II.A, Sequence of Events.

# CHANGES ON PAGE 32

**V.A. EVALUATION POINT SUMMARY**

**From:**

The following is a summary of evaluation factors with point values assigned to each. These weighted factors will be used in the evaluation of individual potential Offeror proposals by sub-category.

|  |  |
| --- | --- |
| **Evaluation Factors**  *(***C***orrespond to section IV.B and IV C)* | **Points Available** |
| 1. **Technical Specifications (700 Total Points)** |  |
| B. 1. Organizational Experience | 250 |
| B. 2. Organizational References | 50 |
| B. 3. Desirable Specification | 350 |
| 1. **Business Specifications** |  |
| C.1. Letter Of Transmittal | Pass/Fail |
| C.2. Campaign Contribution Disclosure Form | Pass/Fail |
| C.3. **Cost (300 Total Points)** |  |
| C.3.a. Completed Cost Response Form | 100 |
| C.3.b. Cost Justification | 250 |
| **TOTAL POINTS AVAILABLE** | **1,000** |

**To:**

The following is a summary of evaluation factors with point values assigned to each. These weighted factors will be used in the evaluation of individual potential Offeror proposals by sub-category.

|  |  |
| --- | --- |
| **Evaluation Factors**  *(***C***orrespond to section IV.B and IV C)* | **Points Available** |
| 1. **Technical Specifications (650 Total Points)** |  |
| B. 1. Organizational Experience | 250 |
| B. 2. Organizational References | 50 |
| B. 3. Desirable Specification | 350 |
| 1. **Business Specifications** |  |
| C.1. Letter Of Transmittal | Pass/Fail |
| C.2. Campaign Contribution Disclosure Form | Pass/Fail |
| C.3. **Cost (350 Total Points)** |  |
| C.3.a. Completed Cost Response Form | 100 |
| C.3.b. Cost Justification | 250 |
| **TOTAL POINTS AVAILABLE** | **1,000** |

# CHANGES ON PAGE 36

**APPENDIX A**

**REQUEST FOR PROPOSAL**

**From:**

**APPENDIX A**

**REQUEST FOR PROPOSAL**

**Facility Rates, Payments, CMS Compliance & Reporting**

**22-630-9000-0001**

**ACKNOWLEDGEMENT OF RECEIPT FORM**

This Acknowledgement of Receipt Form should be signed and submitted no later than 5:00 pm as per schedule Section II. A., Sequence of Events Only potential Offerors who elect to return this form will receive copies of all submitted questions and the written responses to those questions, as well as any RFP amendments, if any are issued.

In acknowledgement of receipt of this Request for Proposal, the undersigned agrees that he or she has received a complete copy of the RFP, beginning with the title page, and ending with APPENDIX F.

ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_

This name and address will be used for all correspondence related to the Request for Proposal.

**Submit Acknowledgement of Receipt Form to:**

[**New Mexico Human Services Department (bonfirehub.com)**](https://newmexicohsd.bonfirehub.com/portal/?tab=openOpportunities)

**To:**

**APPENDIX A**

**REQUEST FOR PROPOSAL**

**Supplemental Nutrition Assistance Program Education (SNAP-Ed)**

**22-630-9000-0001**

**ACKNOWLEDGEMENT OF RECEIPT FORM**

This Acknowledgement of Receipt Form should be signed and submitted no later than 5:00 pm as per schedule Section II. A., Sequence of Events Only potential Offerors who elect to return this form will receive copies of all submitted questions and the written responses to those questions, as well as any RFP amendments, if any are issued.

In acknowledgement of receipt of this Request for Proposal, the undersigned agrees that he or she has received a complete copy of the RFP, beginning with the title page, and ending with APPENDIX F.

ORGANIZATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_ ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_

This name and address will be used for all correspondence related to the Request for Proposal.

**Submit Acknowledgement of Receipt Form by e-mail to the Procurement Manager:**

[**yvonner.howard@state.nm.us**](https://newmexicohsd.bonfirehub.com/portal/?tab=openOpportunities)