



Office of the Administrative Director – Financial Services Division

THE JUDICIARY • STATE OF HAWAII • 1111 ALAKEA STREET, 6TH FLOOR • HONOLULU, HAWAII 96813-2807
TELEPHONE (808) 538-5800 • FAX (808) 538-5802

February 18, 2011

MEMORANDUM

TO WHOM IT MAY CONCERN

FROM: Janell Kim
Financial Services Administrator

SUBJECT: ADDENDUM NO. 1
REQUEST FOR PROPOSAL J12001
TO PROVIDE STATEWIDE DRUG CONFIRMATION TESTING
FOR THE JUDICIARY, STATE OF HAWAII

Transmitted herewith is a copy of Addendum No. 1 for your review. A copy of this Addendum is also available from our Judiciary web page at <http://www.courts.state.hi.us>. An amended Proposal form is included in this addendum.

Please direct questions to Ms. Joan Sakaba of the First Circuit Court at (808) 539-4510 or email Joan.L.Sakaba@courts.state.hi.us

Janell Kim
Financial Services Administrator

ADDENDUM NO. 1
 REQUEST FOR PROPOSAL J12001
 TO PROVIDE STATEWIDE DRUG CONFIRMATION TESTING
 FOR THE JUDICIARY, STATE OF HAWAII
 February 18, 2011

The items listed hereinafter are hereby made a part of Request for Proposal J12001 for the above project and shall govern the work taking precedence over previously issued specifications governing the items mentioned.

The following questions and answers are in response to questions by prospective proposers concerning Request for Proposal J12001.

1. When is the deadline to submit questions?

The deadline to submit questions is March 3, 2011

2. Who is the current vendor?

The current vendor is Technical Resource Management, Inc. dba Norchem Drug Testing

3. What is the current pricing for each item on the Priced Proposal?

Screens & Special Tests	Cost of confirmation Test/unit [urine]	Cost of confirmation Test/unit [Oral/Fluid]	Cost of Drug Screen Test/unit
Alcohol (ETG)	\$ 25.00 -\$15.00	\$	\$
Amphetamines/Methamphetamines MDA/MDEA/MDMA	\$ 25.00	\$ 40.00	\$ 5.00
Barbituates	\$ 25.00	\$ 40.00	\$ 5.00
Benzodiazpines	\$ 25.00	\$ 40.00	\$ 5.00
Cannabinoids	\$ 25.00	\$ 40.00	\$ 5.00
Cocaine	\$ 25.00	\$ 40.00	\$ 5.00
Lysergic Acid Diethylamide (LSD)	\$ 100.00	\$ na	\$
Methadone	\$ 25.00	\$ 40.00	\$ 5.00
Opiates	\$ 25.00	\$ 40.00	\$ 5.00
Phencyclidine	\$ 25.00	\$ 40.00	\$ 5.00
Steroids	\$150.00	\$ na	\$ na
Spice/K2	\$ new requirement	\$ new requirement	\$ new requirement
Special Stereo differentiation (D & L Isomer) 6 – MAM	\$ 25.00	\$ na	\$
Monoacetylmorphine (6-MAM)	\$ 25.00	\$ NA	
Inhalants	\$45.00	\$	\$

Proposed Expert Witness Fees & Rejected Specimen Fee

Rejected Specimen Fee (if applicable)	\$ 0.00
Actual Court Time (per hour)	\$ 100 /hour
Travel/Waiting time (per hour) *	\$100 /hour
Maximum Fee Per Day (per day)	\$500 /day
Litigation Packet	\$ 25

* Cost of Travel – Actual Cost of airfare, actual cost of lodging, \$45.00 per day meal allowance, actual cost of ground transportation

4. How can we get a copy of the current contract?

Upon request, a copy of the contract will be provided .

5. How many drug screens are required for the upcoming contract?

The number of drug screens required will not be more than 10 (ten) a year.

6. How many drug screens were performed in 2010?

This is a drug confirmation rfp and not a drug screen rfp -- primarily for GCMS/LCMSMS testing in a laboratory setting. Drug screens will be incidental.

7. What are the drugs for the main confirmation-testing panel?

The drugs listed in the RFP Specifications, page 2, item 2.2. B. are the drugs for the main confirmation – testing panel.

- ***Alcohol (ETG)***
- ***Amphetamines /Methamphetamines/MDA/MDEA/MDMA***
- ***Barbiturates***
- ***Benzodiazepines***
- ***Cannabinoids***
- ***Cocaine***
- ***Lysergic Acid Diethylamide (LSD)***
- ***Methadone***
- ***Opiates***
- ***Phencyclidine***
- ***Steroids***
- ***Spice/K2 (list compounds tested for)***
- ***Inhalants***

8. How many expert testimony cases are expected?

Historically, we have had not more than three expert testimony cases per year.

Modifications to SECTION ONE – INTRODUCTION

The following item of this section shall be amended to read:

1.2. SIGNIFICANT DATES

The significant dates for this project are as follows:

DEADLINE FOR QUESTIONS:	MARCH 3, 2011
RESPONSE TO WRITTEN QUESTIONS:	MARCH 10, 2011
PROPOSALS DUE:	BY March 17, 2011, 4:00 p.m. HST
CONTRACT TO BE AWARDED:	JUNE 1, 2011
COMMENCEMENT OF WORK:	JULY 1, 2011

Modifications to **SECTION FOUR – PROPOSAL FORM**

The following item of this section shall be amended to read:

II. Supplemental/ Additional Costs & Fees

Screens & Special Tests	Cost of confirmation Test/unit [urine]	Cost of confirmation Test/unit [Oral/Fluid]	Cost of Drug Screen Test/unit
Alcohol (ETG)	\$	\$	\$
Amphetamines/Methamphetamines MDA/MDEA/MDMA	\$	\$	\$
Barbituates	\$	\$	\$
Benzodiazpines	\$	\$	\$
Cannabinoids	\$	\$	\$
Cocaine	\$	\$	\$
Lysergic Acid Diethylamide (LSD)	\$	\$	\$
Methadone	\$	\$	\$
Opiates	\$	\$	\$
Phencyclidine	\$	\$	\$
Steroids	\$	\$	\$
Spice/K2	\$	\$	\$
Special Stereo differentiation (D & L Isomer) 6 – MAM	\$	\$	\$
Monoacetylmorphine (6-MAM)	\$	\$	
Inhalant (new requirement)	\$	\$	\$

SECTION FOUR PROPOSAL FORM

Amended 2/18/11

REQUEST FOR PROPOSAL J12001

TO PROVIDE STATEWIDE DRUG CONFIRMATION TESTING FOR
ADULT CLIENT SERVICES BRANCH OF THE JUDICIARY
THE JUDICIARY, STATE OF HAWAII

PROPOSER: _____

City & State _____

_____, 2011

Financial Services Administrator
The Judiciary, State of Hawaii
1111 Alakea Street, 6th Floor
Honolulu, Hawaii 96813

Dear Financial Services Administrator:

The following proposal is made to provide the service indicated in the following proposal schedule to the Judiciary, State of Hawaii, at the location(s) required in the specifications, all according to the true intent and meaning of the specifications hereinafter contained.

The undersigned states that he has carefully read and understands the proposal and the specifications for this contract, and that the Financial Services Administrator reserves the right to reject any or all bids and to waive any defects when in his opinion such rejection or waiver will be for the best interest of the Judiciary.

The undersigned hereby proposes to PROVIDE STATEWIDE DRUG CONFIRMATION TESTING FOR ADULT CLIENT SERVICES BRANCH OF THE JUDICIARY, in strict compliance with the Agreement, Specifications, Special Provisions, General Conditions and Procedural Requirements attached hereto and made a part hereof for the Total Amount of:

_____ Dollars(\$ _____).

The undersigned represents: **(Check \surd one only)**

A **Hawaii Business** incorporated or organized under the State of Hawaii; **OR**

A **Compliant Non-Hawaii business** not incorporated or organized under the laws of the State of Hawaii, but registered at the State of Hawaii Department of Commerce and Consumer Affairs Business Registration Division to do business in the State of Hawaii and has a separate branch or division in the State that is capable of fully performing under the contract.

State of incorporation

Proposer is: Sole Proprietor Partnership Corporation Joint Venture

Other _____

If Proposer is a "dba" or a "division" of a corporation, please furnish the exact legal name of the corporation under which the contract, if awarded, will be executed:

Federal I.D. No. _____

Hawaii General Excise Tax License I.D. No. _____

Payment address (other than street address below): _-_____

City, State, Zip Code _____

Business address (**street address**): _____

City, State, Zip Code _____

Date: _____

Respectfully submitted,

Telephone No.: _____

(x) _____
Authorized Original Signature

Fax No.: _____

Name and Title (Please Type or Print)

Email Address: _____

TECHNICAL PROPOSAL

REQUEST FOR PROPOSAL J12001
TO PROVIDE STATEWIDE DRUG CONFIRMATION TESTING FOR
ADULT CLIENT SERVICES BRANCH OF THE JUDICIARY
THE JUDICIARY, STATE OF HAWAII

Name & Address of Laboratory

Contact:

Phone/FAX:

Email:

- I. Chain of Custody Procedure
- II. Specify/List Type of Screening Test(s) to be used
- III. Specify/List type of Confirmation and/or Specialty Test(s) to be used
- IV. List the limit(s) of quantitation for confirmatory testing
- V. Detail Procedures of validity testing if abnormalities are indicated
- VI. Provide verification of Certification(s) and current review of laboratory
- VII. All proposers who submit an offer will be required to complete a minimum of five (5) random confirmation tests. The cost of the confirmation tests will be charged to the Judiciary. The proposers will be required to:
 - Provide sample transport materials
 - Chain of custody forms
 - Conduct confirmation testing as requested
 - Allow and Coordinate limited web-based reporting system for specimen submitted
 - Provide email and/or faxed report on submitted specimen to Joan Sakaba at 808-539-4559, email: Joan.L.Sakaba@courts.state.hi.us
 - Allow transfer of specimen to alternate laboratory for further testing if necessary.
 - Billing format & information

PRICED PROPOSAL
Amended 2/18/2001
 REQUEST FOR PROPOSAL J12001
 TO PROVIDE STATEWIDE DRUG CONFIRMATION TESTING FOR
 ADULT CLIENT SERVICES BRANCH OF THE JUDICIARY
 THE JUDICIARY, STATE OF HAWAII

The following proposal is hereby submitted for the twenty four (24) month period from July 1, 2011 to June 30, 2013.

I. Proposal prices

		Estimated # of Tests(A)	Estimated price (B)	Estimated Price (A x B) = (C)
1	July 1, 2011 to June 30, 2012	2,500		
2	July 1, 2012 to June 30, 2013	2,500		
	Estimated Total Amount (C1 + C2)			

NOTE: Estimated price amounts shall include all applicable taxes and expenses (including all shipping and related transportation costs through delivery of results. TOTAL 24 MONTH AMOUNT should agree with Amount shown on page 1 of the Proposal. Be advised that all contracts are subject to the availability of funds. The Proposer must meet criteria of Phase I, Technical Proposal to be awarded the contract.

II. Supplemental/ Additional Costs & Fees

Screens & Special Tests	Cost of confirmation Test/unit [urine]	Cost of confirmation Test/unit [Oral/Fluid]	Cost of Drug Screen Test/unit
Alcohol (ETG)	\$	\$	\$
Amphetamines/Methamphetamines MDA/MDEA/MDMA	\$	\$	\$
Barbituates	\$	\$	\$
Benzodiazpines	\$	\$	\$
Cannabinoids	\$	\$	\$
Cocaine	\$	\$	\$
Lysergic Acid Diethylamide (LSD)	\$	\$	\$
Methadone	\$	\$	\$

Opiates	\$	\$	\$
Phencyclidine	\$	\$	\$
Steroids	\$	\$	\$
Spice/K2	\$	\$	\$
Special Stereo differentiation (D & L Isomer) 6 – MAM	\$	\$	
Monoacetylmorphine (6-MAM)	\$	\$	
Inhalants (new requirement)	\$	\$	\$

Proposed Expert Witness Fees & Rejected Specimen Fee

Rejected Specimen Fee (if applicable)	\$
Actual Court Time (per hour)	\$ /hour
Travel/Waiting time (per hour)	\$ /hour
Maximum Fee Per Day (per day)	\$ /day
Litigation Packet	\$

III. Contractor Information

FAILURE TO COMPLETE ANY OF THE FOLLOWING ITEMS MAY RESULT IN THE DISQUALIFICATION OF THE SUBMITTED PROPOSAL.

A. Laboratory & Contact Information

Laboratory Address	
Contact	Phone No.
email	Fax

B. Other proposed procedures in lieu of testimony in person:

C. Joint Contractors/Subcontractors

The Proposer certifies that the following is a complete list of all contractors and subcontractors who will be engaged by the Proposer on the project to perform the nature and scope of work indicated. The Proposer further understands that only those joint contractors and subcontractors listed shall be allowed to perform work on this project and that all other work necessary shall be performed by the Proposer with his own employees. If no joint contractor or subcontractor is listed, it shall be construed that all of the work shall be performed by the Proposer with his own employees.

Provide the complete firm name, address and phone number of the joint or subcontractor.

Subcontractor Name	Address	Phone/Fax/email

D. References. Provide the names and addresses of companies other than the Judiciary or government agencies for which the undersigned has provided or is currently providing drug confirmation testing. Refer to the Qualification section, of the enclosed Special Provisions

Company Name &/or Contact Person	Address/Phone No./Fax/email

E. Copies of Accreditations and Licenses that qualify Proposer to conduct toxicology testing:

Attached Not attached

If copies are NOT attached, please explain why they have been omitted.

F. Insurance coverage will be provided by the following provider/policy number.
Refer to Insurance requirements section of the Special Provisions.

	Insurance Provider	Policy No.
General Liability		
Automobile		
Worker's Compensation		
Prepaid Health Care		
Unemployment Insurance: State of Hawaii I.D. No.		

G. By submitting this bid, our company acknowledges that we meet all of the requirements in this bid proposal (Special Provisions and Specifications), Chapter 329B, HRS and the Department of Health Administrative Rules, Title 11, Chapter 113, Regarding Substance Abuse Testing.

There are no exceptions

The following is our list of deficiencies:
