Deloitte.

Request for Proposal (RFP) – Amendment #2

Date: November 13, 2019

FROM: DELOITTE CONSULTING OVERSEAS PROJECTS LLC
1919 N Lynn Street, Arlington, VA 22209

Subject: Request for Proposal for Ukraine Health Reform Support Code Support Services – Amendment #1

Dear Offerors:

Deloitte under the Ukraine Health Reform Support Program, USAID Contract No. 72012118C0001 is issuing Amendment 2 in regards to the Request for Proposal for the Code Support Services issued on October 29, 2019

Thank you for your interest in this proposal. We look forward to working with your company on this opportunity.

Sincerely,

Kristan Xanders
Subcontracts Manager, Deloitte GPS Subcontracts

Deloitte.

Administrative Changes to RFP:

1) In the Request for Proposal, Annex 2 is hereby changed:

From:

Annex 2:

Sample Budget Template

Item#	Deliverable	Monthly Rate	# of Months	Total
1	6 Months Code Support Services for current eHealth system modules (Central Database) as described in Appendix 1 of the SOW	TBP*	6**	$TBP**
2	Option 1: 4 Months Additional Code Support Services for current eHealth system modules (Central Database) as described in Appendix 1 of the SOW	TBP*	4**	$TBP**
	Firm Fixed Price	**TOTAL**		$TBP**

* To Be Proposed by the Vendor
** May vary depending on date of contract award or when options are exercised

Item#	Deliverable	Cost per Lot of 10 Incidents	# of Lots***	Total
3	Option 2: Code Support Services for an addition small module, as described in Appendix 2 of the SOW, through 30 September 2020	TBP*	100	$TBP**
4	Option 3: Code Support Services for an addition medium module, as described in Appendix 2 of the SOW, through 30 September 2020	TBP*	100	$TBP**
5	Option 4: Code Support Services for an addition small module, as described in Appendix 2 of the SOW, through 30 September 2020	TBP*	100	$TBP**
	Firm Fixed Price	**TOTAL**		$TBP**

*** Options may be partially exercised

To:

Deloitte.

Annex 2:

Sample Budget Template

High-level Budget

Item#	Deliverable	Monthly Rate	# of Months	Total
1	6 Months Code Support Services for current eHealth system modules (Central Database) as described in Appendix 1 of the SOW	TBP*	6**	$TBP**
2	Option 1: 4 Months Additional Code Support Services for current eHealth system modules (Central Database) as described in Appendix 1 of the SOW	TBP*	4**	$TBP**
	Firm Fixed Price	**TOTAL**		$TBP**

* To Be Proposed by the Vendor
** May vary depending on date of contract award or when options are exercised

Item#	Deliverable	Cost per Lot of 10 Incidents	# of Lots of 10 Incidents ***	Total
3	Option 2: Code Support Services for an addition small module, as described in Appendix 2 of the SOW, through 30 September 2020	TBP*	100	$TBP**
4	Option 3: Code Support Services for an addition medium module, as described in Appendix 2 of the SOW, through 30 September 2020	TBP*	100	$TBP**
5	Option 4: Code Support Services for an addition small module, as described in Appendix 2 of the SOW, through 30 September 2020	TBP*	100	$TBP**
	Firm Fixed Price	**TOTAL**		$TBP**

*** Options may be partially exercised

Detailed Budget

Base Period

Item #	Labor Categories	LOE in Days	Direct Labor Daily Rate	Overhead %	Fee %	Fully Burdened Daily Rate	Extended
1	Name and Position Title #1	DD	$$	%%	%%	$$	$$
2	Name and Position Title #2	DD	$$	%%	%%	$$	$$

		LOE in Days	Direct Labor Daily Rate	Overhead %	Fee %	Fully Burdened Daily Rate	Extended
3	Name and Position Title #3	DD	$$	%%	%%	$$	$$
4	Name and Position Title #4	DD	$$	%%	%%	$$	$$
5	Name and Position Title #4	DD	$$	%%	%%	$$	$$
	Labor Total						**$$**
	Other Direct Costs	**Units Cost**	**Quantity**				**Extended**
1	Item or Service #1	$$	##				$$
2	Item or Service #1	$$	##				$$
	ODC Total						**$$**
						Base PeriodTotal Firm Fixed Price	**$$**

Option 1

Item #	Labor Categories	LOE in Days	Direct Labor Daily Rate	Overhead %	Fee %	Fully Burdened Daily Rate	Extended
1	Name and Position Title #1	DD	$$	%%	%%	$$	$$
2	Name and Position Title #2	DD	$$	%%	%%	$$	$$
3	Name and Position Title #3	DD	$$	%%	%%	$$	$$
4	Name and Position Title #4	DD	$$	%%	%%	$$	$$
5	Name and Position Title #4	DD	$$	%%	%%	$$	$$
	Labor Total						**$$**
	Other Direct Costs	**Units Cost**	**Quantity**				**Extended**
1	Item or Service #1	$$	##				$$
2	Item or Service #1	$$	##				$$
	ODC Total						**$$**
						Option Period Total Firm Fixed Price	**$$**

Option 2 (Estimate for 10 Incidents)

Item #	Labor Categories	LOE in Days	Direct Labor Daily Rate	Overhead %	Fee %	Fully Burdened Daily Rate	Extended
1	Name and Position Title #1	DD	$$	%%	%%	$$	$$

Item #	Labor Categories	LOE in Days	Direct Labor Daily Rate	Overhead %	Fee %	Fully Burdened Daily Rate	Extended
2	Name and Position Title #2	DD	$$	%%	%%	$$	$$
3	Name and Position Title #3	DD	$$	%%	%%	$$	$$
4	Name and Position Title #4	DD	$$	%%	%%	$$	$$
5	Name and Position Title #4	DD	$$	%%	%%	$$	$$
	Labor Total						$$
	Other Direct Costs	**Units Cost**	**Quantity**				**Extended**
1	Item or Service #1	$$	##				$$
2	Item or Service #1	$$	##				$$
	ODC Total						$$
						Option Period Total Firm Fixed Price	$$

Option 3 (Estimate for 10 Incidents)

Item #	Labor Categories	LOE in Days	Direct Labor Daily Rate	Overhead %	Fee %	Fully Burdened Daily Rate	Extended
1	Name and Position Title #1	DD	$$	%%	%%	$$	$$
2	Name and Position Title #2	DD	$$	%%	%%	$$	$$
3	Name and Position Title #3	DD	$$	%%	%%	$$	$$
4	Name and Position Title #4	DD	$$	%%	%%	$$	$$
5	Name and Position Title #4	DD	$$	%%	%%	$$	$$
	Labor Total						$$
	Other Direct Costs	**Units Cost**	**Quantity**				**Extended**
1	Item or Service #1	$$	##				$$
2	Item or Service #1	$$	##				$$
	ODC Total						$$
						Option Period Total Firm Fixed Price	$$

Option 4 (Estimate for 10 Incidents)

Item #	Labor Categories	LOE in Days	Direct Labor Daily Rate	Overhead %	Fee %	Fully Burdened Daily Rate	Extended
1	Name and Position Title #1	DD	$$	%%	%%	$$	$$
2	Name and Position Title #2	DD	$$	%%	%%	$$	$$

Item #	Labor Categories	LOE in Days	Direct Labor Daily Rate	Overhead %	Fee %	Fully Burdened Daily Rate	Extended
3	Name and Position Title #3	DD	$$	%%	%%	$$	$$
4	Name and Position Title #4	DD	$$	%%	%%	$$	$$
5	Name and Position Title #4	DD	$$	%%	%%	$$	$$
	Labor Total						$$
	Other Direct Costs	**Units Cost**	**Quantity**				**Extended**
1	Item or Service #1	$$	##				$$
2	Item or Service #1	$$	##				$$
	ODC Total						$$
						Option Period Total Firm Fixed Price	$$

Option 5 (Estimate for 10 Incidents)

Item #	Labor Categories	LOE in Days	Direct Labor Daily Rate	Overhead %	Fee %	Fully Burdened Daily Rate	Extended
1	Name and Position Title #1	DD	$$	%%	%%	$$	$$
2	Name and Position Title #2	DD	$$	%%	%%	$$	$$
3	Name and Position Title #3	DD	$$	%%	%%	$$	$$
4	Name and Position Title #4	DD	$$	%%	%%	$$	$$
5	Name and Position Title #4	DD	$$	%%	%%	$$	$$
	Labor Total						$$
	Other Direct Costs	**Units Cost**	**Quantity**				**Extended**
1	Item or Service #1	$$	##				$$
2	Item or Service #1	$$	##				$$
	ODC Total						$$
						Option Period Total Firm Fixed Price	$$

Total Base Plus Option Period			$$