



STATE OF TENNESSEE  
HEALTH FACILITIES COMMISSION

**REQUEST FOR PROPOSALS # 31607-25001  
AMENDMENT # 3  
FOR NURSE AIDE TESTING**

DATE: APRIL 23, 2024

RFP # 31607-25001 IS AMENDED AS FOLLOWS:

1. This RFP Schedule of Events updates and confirms scheduled RFP dates. Any event, time, or date containing revised or new text is highlighted.

EVENT	TIME (central time zone)	DATE
1. RFP Issued		February 12, 2024
2. Disability Accommodation Request Deadline	2:00 p.m.	February 15, 2024
3. Notice of Intent to Respond Deadline	2:00 p.m.	February 16, 2024
4. Written "Questions & Comments" Deadline	2:00 p.m.	February 23, 2024
5. State Response to Written "Questions & Comments"		March 8, 2024
6. Response Deadline	2:00 p.m.	March 15, 2024
7. State Completion of Technical Response Evaluations		April 4, 2024
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	May 28, 2024
9. Negotiation		May 29, 2024 through May 30, 2024
10. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	May 31, 2024
11. End of Open File Period		June 7, 2024
12. State sends contract to Contractor for signature		June 10, 2024
13. Contractor Signature Deadline	2:00 p.m.	June 14, 2024

2. Delete RFP Attachment 6.3 in its entirety and insert the following in its place (any sentence or paragraph containing revised or new text is highlighted):

RFP Attachment 6.3

**COST PROPOSAL & SCORING GUIDE**

**NOTICE: THIS COST PROPOSAL MUST BE COMPLETED EXACTLY AS REQUIRED**

**COST PROPOSAL SCHEDULE—** The Cost Proposal, detailed below, shall indicate the proposed price for goods or services defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma* Contract and for the entire contract period. The Cost Proposal shall remain valid for at least one hundred twenty (120) days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract resulting from this RFP. All monetary amounts shall be in U.S. currency and limited to two (2) places to the right of the decimal point.

**NOTICE:** The Evaluation Factor associated with each cost item is for evaluation purposes only. The evaluation factors do NOT and should NOT be construed as any type of volume guarantee or minimum purchase quantity. The evaluation factors shall NOT create rights, interests, or claims of entitlement in the Respondent.

Notwithstanding the cost items herein, pursuant to the second paragraph of the *Pro Forma* Contract section C.1. (refer to RFP Attachment 6.6.), the State is under no obligation to request work from the Contractor in any specific dollar amounts or to request any work at all from the Contractor during any period of this Contract.

This Cost Proposal must be signed, in the space below, by an individual empowered to bind the Respondent to the provisions of this RFP and any contract awarded pursuant to it. If said individual is not the *President* or *Chief Executive Officer*, this document must attach evidence showing the individual's authority to legally bind the Respondent.

<b>RESPONDENT SIGNATURE:</b>			
<b>PRINTED NAME &amp; TITLE:</b>			
<b>DATE:</b>			
<b>RESPONDENT LEGAL ENTITY NAME:</b>			
<b>Cost Item Description</b>	<b>Proposed Cost</b>	<b>State Use Only</b>	
		<b>Evaluation Factor</b>	<b>Evaluation Cost (cost x factor)</b>
Nurse Aide Written/Oral/Virtual Exam	\$ <b>NUMBER / Candidate</b>	16,000	
Practical Skills Demonstration Exam	\$ <b>NUMBER / Candidate</b>	16,000	
Retake for Nurse Aide Written/Oral/Virtual Exam	\$ <b>NUMBER / Candidate</b>	450	
Retake for Practical Skills Demonstration Exam	\$ <b>NUMBER / Candidate</b>	750	

<b>RESPONDENT LEGAL ENTITY NAME:</b>			
<b>Cost Item Description</b>	<b>Proposed Cost</b>	<b>State Use Only</b>	
		<b>Evaluation Factor</b>	<b>Evaluation Cost</b> (cost x factor)
Translation of exam into other languages for Written/Oral/Virtual Exams and Practical Skills Demonstration	\$ <b>NUMBER / Test Per language</b>	<b>1</b>	
Nurse Aide Reciprocity Fee (cost paid by applicant)	\$ <b>NUMBER / Candidate</b>	<b>1</b>	
Nurse Aide Recertification Fee (cost paid by applicant)	\$ <b>NUMBER / Candidate</b>	<b>1</b>	
<b>EVALUATION COST AMOUNT</b> (sum of evaluation costs above): The Solicitation Coordinator will use this sum and the formula below to calculate the Cost Proposal Score. Numbers rounded to two (2) places to the right of the decimal point will be standard for calculations.			
<b>lowest evaluation cost amount from all proposals</b> <hr/> <b>evaluation cost amount being evaluated</b>		<b>x 30</b> <b>(maximum section score)</b>	<b>=</b> <b>SCORE:</b>
<i>State Use – Solicitation Coordinator Signature, Printed Name &amp; Date:</i>			

3. **RFP Amendment Effective Date.** The revisions set forth herein shall be effective upon release. All other terms and conditions of this RFP not expressly amended herein shall remain in full force and effect.