STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES

REQUEST FOR PROPOSALS # 35910-14531 AMENDMENT # 1 FOR FAMILY VIOLENCE INTERVENTION SERVICES (TFP)

DATE: JULY 22, 2026

RFQ # 35910-14531 IS AMENDED AS FOLLOWS:

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

EVENT	TIME (central time zone)	DATE
1. RFP Issued		JUNE 29, 2026
2. Disability Accommodation Request Deadline	2:00 p.m.	JULY 2, 2026
3. Notice of Intent to Respond Deadline	2:00 p.m.	JULY 6, 2026
4. Written "Questions & Comments" Deadline	2:00 p.m.	JULY 10, 2026
5. State Response to Written "Questions & Comments"		JULY 24, 2026
6. Response Deadline	2:00 p.m.	JULY 31, 2026
7. State Completion of Technical Response Evaluations		AUGUST 7, 2026
8. State Opening & Scoring of Cost Proposals	2:00 p.m.	AUGUST 10, 2026
9. Negotiations (Optional)		AUGUST 11-12, 2026
10. State Notice of Intent to Award Released and RFP Files Opened for Public Inspection	2:00 p.m.	AUGUST 14, 2026
11. End of Protest Period		AUGUST 21, 2026
12. State sends contract to Contractor for signature		AUGUST 25, 2026
13. Contractor Signature Deadline	2:00 p.m.	AUGUST 26, 2026

2. **Delete RFQ 35910-14531 Attachments 6.3.a. through 6.3.e. in their entirety and insert the following in its place** (any sentence or paragraph containing revised or new text is highlighted)**:**

   See pages 3 – 14 of this amendment document.

3. **Delete RFQ 35910-14531 - Pro Forma section C.3. in its entirety and insert the following in its place** (any sentence or paragraph containing revised or new text is highlighted)**:**

C.3. Payment Methodology. The Contractor shall be compensated based on the payment methodology for goods or services authorized by the State in a total amount as set forth in Section C.1.

a. The Contractor's compensation shall be contingent upon the satisfactory provision of goods or services as set forth in Section A.

b. The Contractor shall be compensated based upon the following payment methodology:

Goods or Services Description	**Region**	**Amount** (per compensable increment)
Family Violence Intervention Services		$ Number / per Hour
Court Testimony		$ Number / per Hour
Unsuccessful efforts contractor may be reimbursed at 50% of hourly rate.		$ Number / per Hour

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

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.

RESPONDENT SIGNATURE:	
PRINTED NAME & TITLE:	
DATE:	

RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	**Proposed Cost**	**State Use Only**	
		Evaluation Factor	**Evaluation Cost** (cost x factor)
Region 1- Northeast Family Violence Intervention Services	**$ / per hour**	8420	
Region 1- Northeast Court Testimony	**$ / per hour**	40	
Region 1- Northeast Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	**$ /per hour**	60	
EVALUATION COST AMOUNT (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.			

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		Evaluation Factor	**Evaluation Cost** (cost x factor)
lowest evaluation cost amount from all proposals / **evaluation cost amount being evaluated**	**x 30 (maximum section score)**	**= SCORE:**	
State Use – Solicitation Coordinator Signature, Printed Name & Date:			

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Cost Item Description	**Proposed Cost**	**State Use Only**	
		Evaluation Factor	**Evaluation Cost** (cost x factor)
Region 2- East Family Violence Intervention Services	**$ / per hour**	2,114	
Region 2- East Court Testimony	**$ / per hour**	40	
Region 2- East Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	**$ /per hour**	60	
EVALUATION COST AMOUNT (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.			

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Cost Item Description	**Proposed Cost**	**State Use Only**	
		Evaluation Factor	**Evaluation Cost** (cost x factor)
Region 3 - TN Valley Family Violence Intervention Services	**$ / per hour**	1,474	
Region 3 - TN Valley Court Testimony	**$ / per hour**	40	
Region 3 - TN Valley Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	**$ /per hour**	60	
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RESPONDENT LEGAL ENTITY NAME:			
Cost Item Description	**Proposed Cost**	**State Use Only**	
		Evaluation Factor	**Evaluation Cost** (cost x factor)
Region 4 - Mid-State Family Violence Intervention Services	**$ / per hour**	187	
Region 4 - Mid-State Court Testimony	**$ / per hour**	30	
Region 4 - Mid-State Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	**$ /per hour**	45	
EVALUATION COST AMOUNT (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.			

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Cost Item Description	**Proposed Cost**	**State Use Only**	
		Evaluation Factor	**Evaluation Cost** (cost x factor)
Region 5 - Mid- West Family Violence Intervention Services	**$ / per hour**	187	
Region 5 - Mid- West Court Testimony	**$ / per hour**	30	
Region 5 - Mid- West Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	**$ /per hour**	45	
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Cost Item Description	**Proposed Cost**	**State Use Only**	
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Region 6 – West Family Violence Intervention Services	**$ Number/ per hour**	2,390	
Region 6 - West Court Testimony	**$ Number / per hour**	80	
Region 6 - West Unsuccessful Efforts contractor may be reimbursed at 50% of hourly rate.	**$ Number /per hour**	60	
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