



STATE OF TENNESSEE
DEPARTMENT OF CHILDREN'S SERVICES

**REQUEST FOR QUALIFICATIONS # 35910-14926
AMENDMENT # 3
FOR RELATIVE CAREGIVER PROGRAM CASE
MANAGEMENT SERVICES**

DATE: MAY 29, 2026

RFQ # 35910-14926 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. RFQ Issued		MAY 6, 2026
2. Disability Accommodation Request Deadline	2:00 p.m.	MAY 11, 2026
3. Notice of Intent to Respond Deadline	2:00 p.m.	MAY 12, 2026
4. Written "Questions & Comments" Deadline	2:00 p.m.	MAY 15, 2026
5. State Response to Written "Questions & Comments"		MAY 29, 2026
6. Response Deadline	2:00 p.m.	JUNE 5, 2026
7. State Completion of Technical Response Evaluations		JUNE 15, 2026
8. State Notice of Intent to Award Released <u>and</u> RFQ Files Opened for Public Inspection		JUNE 17, 2026
9. End of Protest Period	4:30 p.m.	JUNE 24, 2026
10. State sends contract to Contractor for signature		JUNE 25, 2026
11. Contractor Signature Deadline	2:00 p.m.	JUNE 29, 2026

2. State responses to questions and comments in the table below amend and clarify this RFP.

Any restatement of RFP text in the Question/Comment column shall NOT be construed as a change in the actual wording of the RFP document.

RFP SECTION	PAGE #	QUESTION / COMMENT	STATE RESPONSE
RFQ Section 1.1	2	1. What is the expected number of children served per year in each geographic group, and how will DCS ensure referrals are distributed fairly across providers?	<p>Please refer to page 2 in the RFQ for the anticipated number of children served per fiscal year.</p> <p>If there is only 1 provider for that county, then it is not an issue. Should there be 2 providers, then we will have to monitor caseloads and slot availability by provider.</p>
		2. How will DCS determine which caregivers are eligible for the Relative Caregiver Program, and what criteria must be met before a case is assigned?	<p>Eligibility for RCP is governed by TCA 37-2-422 as mentioned in A3. Providers are expected to make initial contact, obtain the documentation, determine if criteria is met. DCS staff will do oversight and agree or disagree with the preliminary finding completed by the Provider.</p> <p>Services only criteria: 1. Child not in DCS custody. 2. Caregiver over age 21. 3. Caregiver has a Power of Attorney and/or custody order. 4. Parents do not live in the home. 5. Caregiver works with DHS for paternity or child support. 6. Degree of relationship. Stipend Specific criteria: 1. Child not in DCS Custody. 2. Caregiver over age 21. 3. Caregiver has a custody order. 4. Parent(s) do not live in the home. 5. Caregiver cooperates with DHS regarding paternity or child support. 6. Must meet degree of relationship.</p>
		3. How often are providers expected to visit each caregiver household, and what is the typical duration of case management services?	<p>According to TCA 37-2-422 – the case remains open until criteria for closure is met: Custody granted to different caregiver, Child turns 18, Child dies, Child is married, Child is reunified with their parents via court order, Caregiver withdraws, Caregiver no longer meets criteria of eligibility, caregiver is unable to continue to work with the program (After accommodations), Child in residential treatment long term..</p>

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		4. Are services voluntary for caregivers, or can DCS require participation as part of a safety or permanency plan?	This is a voluntary program in which the caregiver must agree to meet the requirements on a consistent basis. Caregivers can decline services and withdraw from the program at any time.
		5. Will providers be assigned to specific counties within their awarded group, or will referrals come from anywhere within the full regional grouping?	Providers are expected to provide services in the specific counties within their awarded group when that is the area in which the caregiver lives. Referrals can come from anywhere in the state but assignment is determined by where the caregiver & child resides.
		6. What are the expectations for coordinating with DCS caseworkers, schools, courts, and community partners involved with the child or caregiver?	Providers are the case management service provider. Providers assist with linking families to resources specific to their needs with all community partners. Kinship staff are designated to provide technical assistance as needed and case consultation.
		7. Are there required assessment tools, safety checklists, or service planning templates that providers must use, or can agencies use their own?	These will be provided as well as training necessary to ensure they are completed correctly, consistently and streamlined service provision across all agencies.
		8. Will DCS provide access to the electronic documentation system, and will training be offered before service delivery begins?	Yes training for the new system will be provided and the Kinship staff will also be part of the process to provide technical assistance. Training is slated to begin in August through the deployment of the new system in October.
		9. What are the expectations for monthly, quarterly, and annual reporting, and will DCS provide standardized reporting formats?	Reporting is monthly, utilizing a Formstack and is due on the 5 th of each month as well attachment of the services waitlist and stipend waitlist (template provided).
		10. What are the expectations for handling cases where caregivers disengage, decline services, or cannot be reached?	This requires documented attempts to engage the caregiver. If unsuccessful, the provider will discuss with their Designated Kinship staff, next steps to be determined. If it is agreed upon the caregiver is no longer meeting the requirements and termination occurs, the caregiver should be notified of the

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			termination and provided information on how to appeal that decision.
		11. Are providers expected to offer after hours or crisis response support to caregivers, and if so, what response time is required?	Yes. Each crisis should be assessed immediately, with response time determined by the severity of the situation. All crises must receive a response within 24 hours.
		12. Are providers responsible for transporting caregivers or children to appointments, and is travel time or mileage reimbursable?	Providers are not required to transport.
		13. What performance measures will DCS use to evaluate provider effectiveness, and how will outcomes be tracked?	Our monthly report allows for designation of the compliance for the number of children served, entries into the program, discharges from the program and why those cases are discharged. Quality Assurance reviews will be completed by the Kinship staff to ensure cases are reviewed for compliance. Monthly virtual meetings are held to provide new information any upcoming needs and participation in the RCP Best Practice Committee.
		14. What are the expectations for administering the RCP stipend, and will DCS provide guidance on verifying eligibility and processing payments?	Preliminary criteria for qualifications to receive the stipend begins with the provider, Annual Redeterminations are completed by the Provider. Payments are the responsibility of DCS.
		15. What costs are covered under the \$10 per child day rate, and are there any allowable add on costs or exceptions?	The rate is for actual case management. (Provider overhead costs (salaries, benefits, etc.) are considered part of that rate) There are no add on costs or exceptions allocated.
		16. Will DCS issue standardized invoice templates, and what documentation must be submitted with each monthly invoice?	We will provide the standard invoice template.
		17. How will DCS handle fluctuations in the number of children served,	There are currently waiting lists for services and for stipend. The allocation is for the area and not by county. Service

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		especially in counties with historically low or high caseloads?	allocations (non-stipend) are done in order received. Stipend allocation is on the order of the Stipend Waitlist (one child leaves the program, one child can be added in the order in which they are on the waitlist). There is no deviation for the Stipend Waitlist allowed as per TCA.
		18. Can providers request assignment to specific counties within a group, or must they serve the entire group as listed in the amendment? Will there be any projected caseload numbers added to the areas that were added in Amendment 1?	Providers must serve the entire list of counties specified. Caseloads are the providers decision if they remain within the required number of children served.
		19. Are there minimum staffing qualifications or caseload expectations for case managers and supervisors?	A minimum of Bachelor's degree in a Human Services field, or who by training or experience has the ability to determine the needs of a relative caregiver and match those needs with appropriate services. Caseload caps & supervision are at the discretion of the provider. Determining staffing is dependent upon the provider. All staff must meet the criteria in DCS Policy 4.1. "Employee background checks"
		20. Does DCS require a specific data tracking system, or can providers propose their own platform as long as it meets security and reporting requirements?	Currently a confidential Formstack is used for all monthly reports from each provider by the 5 th of the month. Future state will include the reports built into the C-First! System as well for caseloads, stipend payments and provider information.
RFQ Section B	18	21. Does Section B.5 require the Respondent to describe the number of employees, client base, and office locations for the entire agency, or only for the staff and clients associated with the proposed Relative Caregiver Program?	Only for RCP.
RFQ Section B	18-20	22. Should the Respondent address each item in Section B in a separate paragraph corresponding to each numbered requirement, or does the State prefer a single, continuous	You should prepare separate, clearly labeled responses for each numbered requirement in Section B aligned with the structure of Attachment B.

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		narrative that incorporates all required elements?	
RFQ Section A.6	32	23. The RFQ lists updated frequency requirements for support groups and other caregiver activities. In the previous contract, support groups were required monthly and all other activities quarterly. Do the frequencies listed in A.6 represent the new required schedule under this RFQ, or does the previous monthly/quarterly structure still apply?	Yes. A.6. represents the new required schedule.
RFQ Section A.7	32	24. Under the current contract, contractors are authorized to approve financial assistance requests up to \$1,000 without prior State approval. Will this approval threshold remain in effect under the new RFQ Scope of Services A.7, or has the approval process or limit changed?	No.
RFQ Section A.9	32	25. Will the State provide the required training materials referenced in this section, or is the Contractor expected to develop and supply these materials?	In home safety (provider), child development (provider), family systems (provider), service planning (provider), and DCS procedures (DCS).
RFQ Section A.9	32	26. The previous contract required monthly quality contact with caregivers via phone, text, or email. The RFQ language appears to differ. Can the State confirm whether the new requirement is monthly home visits for all families on the caseload, or whether the previous monthly contact standard still applies?	The old contract language will not apply and the pro forma will dictate the contract requirements.
RFQ Section A.10	32	27. Item #3 requires the Contractor to “document tie-breakers, multiple-child households, and regional prioritization per protocol.” Will the State provide a standardized DCS protocol or template for	The statute is very clear in regards to Stipend. It is one child comes off, one child can take the place in the stipend program, in the order of the waitlist.

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RFQ Section A.12	33	28. Item (a) states that the stipend shall be transferred to a successor caregiver who meets all eligibility and service participation requirements. Because a successor caregiver must obtain a custody court order before becoming eligible to receive the stipend, can the State clarify whether the stipend will be held for the child during the period in which the new caregiver is participating in the program as a non-stipend caregiver while securing legal custody? If so, is there a maximum length of time the stipend may be held before it is forfeited or otherwise addressed?	This is done on a case by case basis for timeframes. Some courts have shorter timeframes and availability than other courts. The original court order can also name a contingent individual which yields a change in payee, as long as they meet the criteria for relationship. If there is no contingency in the order, the process would begin as a new intake and subject to those terms & conditions.
Pro Forma Section C.5.	35	29. How should the Respondent ensure that each invoice includes a clear, accurate, and complete description of all delivered goods or services, along with any required identifying information?	Please refer to C.5. Pro Forma page 35.
Pro Forma Section C.5.	35	30. How should the Respondent document and report the number of delivered or completed units, increments, hours, or days for each invoiced good or service?	Please refer to C.5. Pro Forma page 35. These will be cross referenced with the monthly reports submitted.
RFQ Section B.13	19	31. How extensive do the resumes for each staff person need to be?	Please refer to Section B.13. for full detail of resumes contents.
RFQ Section B.15	19	32. Current Contracts with the state – Does this include ALL contracts with the state held by our agency or just the current Relative Caregiver Program contract. As a Development District/Human Resources Agency, we hold many contracts with the state.	Provide all current contracts with the State of Tennessee.
		33. The RFQ references monthly home visits. This is not the current practice (currently there is monthly contact and quarterly home visits).	Yes.

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		Is the in-home visit requirement changing?	
		34. What is the invoice process? Would we need to document every interaction on the invoice, or will we invoice by day, number, and names of children served and reflect interactions/visits in our documentation? If we were to serve children exceeding the 826 daily census, is there a way we would inform the department? (There could be a family exiting service, but has not yet, and another family is entering, which could temporarily increase daily service numbers.)	<p>Please refer to Section C.5 of the Pro Forma.</p> <p>A contractor can only invoice up to your maximum number of children, if that is the number of children you served. Interactions should be documented in the electronic filing system (ie: TFACTS or C-First!)</p> <p>Contractors should not bill for a child coming in, if it puts you at max allocation, until the child going out, is truly out.</p>
		35. If we are serving the maximum number of children, is there a process for waitlists?	Yes
		36. Does the 826 only include children who are receiving the stipend? If so, how do we count and/or serve non-stipend children to ensure they receive adequate services?	Families receiving the stipend must also receive services. There will be no instance of a family only receiving a stipend. .
		37. Is there a process the department advises to close current cases where the family is not receiving the stipend.	<p>If they preliminarily qualify for stipend, ensure they are on the stipend waitlist. Advise the family that program has reached the max capacity, but assure them they are on the stipend waitlist. When their slot comes available you will reach back out and they can begin the services again with finalized approval for the stipend. I would suggest that ensuring families have the list of resources for their community, to address their needs is provided and documented. Services only cases should end upon the issuance of the new contracts in the new fiscal year.</p>
		38. Does all specific assistance need to be approved by the department, regardless of amount? Currently there is an amount if under which (if	There will be no other assistance outside of the contracted daily rate.

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		an allowable expense) the agency has discretion to approve.	
		<p>39. Please clarify the following regarding the Relative Caregiver Stipend:</p> <p>a. Is the stipend separate from the \$10.00 per day per child case management rate, or must it be funded from within that rate?</p> <p>b. What is the provider's administrative role in the stipend process?</p> <p>c. Is there separate reimbursement for stipend administration?</p>	<p>a. The stipend is separate from the case management rate.</p> <p>b. Preliminary eligibility, Re-Determinations and Terminations. Assisting the families with getting their stipend started and ensure each month the verification the child remains in the home at the address listed in the W9. Should the family move, assisting the family with completing the new W9 and that it completes processing to ensure payments are issued. Coordinating with the Kinship staff when problems arise.</p> <p>c. Stipend administration is included in the \$10 rate.</p>
		40. Section C.1 references a Maximum Liability using placeholder language. Do the figures in Table 2 represent the maximum liability per county group?	Yes
		41. When does provider compensation begin under the \$10.00 per day per child rate—on the date of admission, referral, or another triggering event?	On the date of admission.
		42. Is there a required staffing ratio per client or family, or does the provider determine its own staffing model? Can the State confirm that no separate staffing budget is required and that internal budget allocation is at the provider's discretion?	Provider discretion to staffing model. There should be no separate staffing budgets required.
		<p>43. What documentation needs to be submitted with the invoice to prove:</p> <p>a. Child seen every month</p>	A & B Documentation is the official record in the electronic filing system (TFacts or C-First!). Documentation should be the face to face content of the contact, including the child is in the home, parent does not live in the home and any contact

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		<p>b. Child still in home of caregiver</p> <p>c. Description in A10 is it the PID# in TFACTS?</p>	with DHS in regards to paternity or child support. C. It is the Child's Person ID# assigned by TFACTS/C-First!
		44. Will we know how many applicants submitted a notice of intent for each group number?	This information will be available for viewing during the open file period, and can be provided upon written request.
		45. Are current stipend waitlist families already being served counted under the new contract?	The number of children that can be served, as identified in RFQ Table 2, was calculated based on available funding and is separate from current families being served or the current waitlist.
		46. Should non-stipend families be served, and should their children be counted in fee-for-service numbers?	There will only be families receiving both the stipend and services.
<p>Attachme nt A</p> <p>A.6.</p>		47. Since the RFQ does not explicitly specify whether submissions should be consolidated or separate, does the State require respondents to submit a single proposal covering multiple regions (Group IDs), or should respondents submit separate proposals for each Group ID included in their response?	<p>You will submit one proposal. Please include the Group IDs for which you are applying.</p> <p>A.6. states provide a statement for what region(s) you are proposing to serve.</p>
		48. If the State anticipates awarding a single respondent multiple Group IDs, will respondents be evaluated independently per Group ID or as a combined single contract across all Groups proposed?	The state will evaluate and award each Group ID independently.
		49. What is the official referral mechanism for RCP cases (e.g., DCS regional office, centralized queue, portal), and when does the "intake timeline clock" begin (date of referral transmission, acceptance, first contact attempt, or first contact)?	We have a specific form (CS-1230) that should be completed. Referrals can come directly from DCS, Community partners, Courts and even families themselves. Provider has 3 business days to advise the family their names will be placed on the waiting list and to complete a preliminary assessment of eligibility. Once the slot becomes open for the family to enroll, provider will have

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			3 business days to initiate contact and schedule their initial home visit.
		50. Please confirm the State’s process for requesting consideration of modifications to the Pro Forma Contract terms during the solicitation period (e.g., via Q&A only), and whether any approved modifications would be issued as a formal amendment applicable to all respondents, especially related to the Section B.17 requirement on Pro Forma Contract Section D.32.	<p>The State confirms that any requests for consideration of modifications to the Pro Forma Contract during the solicitation period must be submitted exclusively through the RFQ Questions & Comments process, as outlined in RFQ Section 4.4, Respondent Required Review & Waiver of Objections. Only questions submitted by the Written Questions & Comments Deadline will be reviewed for possible clarification or modification.</p> <p>If the State determines that any change to the Pro Forma Contract is warranted, the State will issue an official written amendment to the RFQ, in accordance with RFQ Section 4.7, RFQ Amendments & Cancellation. Any such amendment would be publicly posted and would apply equally to all potential respondents.</p>
		51. The RFQ identifies both (1) a maximum number of children to be served per year by region and (2) a per-child reimbursement rate of \$10 per day, subject to a stated contract maximum liability. If the actual number of children served during the contract term exceeds the maximum annual number identified in the RFQ due to referral volume, will the contract maximum liability still apply, or will reimbursement continue at the \$10 per day, per child rate regardless of the annual maximum? Please clarify which provision is intended to govern reimbursement in the event these thresholds are exceeded.	<p>(1) The maximum number of children to be served is on a per day basis.</p> <p>(2) Providers may not exceed the stated maximum liability.</p>
		52. If a respondent’s actual active caseload exceeds the estimated number of children identified in the RFQ for a particular Group ID due to referral demand or other factors, what is the State’s process for	Respondent's caseload may not exceed the maximum liability. Referrals exceeding the approved caseload will be waitlisted.

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		addressing service delivery beyond the contract's maximum liability? Please clarify whether contract amendments, funding adjustments, or other mechanisms may be considered in this circumstance.	Instances of an RCP family moving from one provider's area to another will be dealt with on a case-by-case basis with DCS staff.
		53. If Title IV-E funding becomes available to a respondent during the contract period, either now or in the future, as a result of implementing an evidence-informed model eligible under the Family First Prevention Services Act (FFPSA), how would this impact the contract's maximum liability?	If funding becomes available, contracts will be amended to increase the maximum liability. If a provider becomes FFPSA Clearinghouse approved, there will be no rate change or maximum liability.
		54. Can you please confirm whether contractors are required to provide full case management services to all eligible families, even when those families are not receiving a stipend (e.g., due to funding limitations)?	Only families receiving a stipend are able to receive services.
		55. Please confirm that no per day reimbursement is available for cases in which a stipend is not in place, including but not limited to situations where the stipend is paused, pending approval or processing, the child is determined ineligible, or the family elects to receive services without the stipend.	Only families receiving a stipend are able to receive services. DCS will only pay providers for families that are actively enrolled in RCP stipend and services program.
		56. Please clarify whether there are any alternative funding mechanisms, adjustments, or allowances available to support service delivery for unstipended families.	Only families receiving a stipend are able to receive services.
		57. the number of children per group decreases each year, as well as maximum liabilities. Does this mean that no new children will be enrolled into the stipend program? Does the decreasing number indicate children aging out at 18?	Currently, the number of children aging out of RCP is slightly outpacing the increase in the stipend rate, ensuring that a small number of families on the waitlist are able to receive services each year. The decreasing number of children able to be served is due to an increase in the Foster Care Board rate each year, and

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			for those children turning 12 in which the rate changes.
		58. Does the Individualized Service Plan take the place of the currently used In-Home Service Plan? The Individualized Service Plan appears to be more comprehensive in nature.	We will continue to use the In Home Services plan as currently indicated.
		59. Does "Quality Assurance" mean internal or external? If internal, is this person separate from case managers?	Quality assurance reviews will be completed the DCS Kinship staff reviewing the child and caregiver records.
		60. Currently contractors are unable to log in to see the RCP manual.	For those that have been involved in the Best Practice Committee, the proposed newer version of the Manual is currently under Central Office review and has not yet been approved. It will be shared with providers upon final approval.
		61. When the comment says "Accept all families eligible for services", will there still be the option for wait list.	Yes. Waitlists are attached to monthly reports.
		62. Is there an amount that will require approval from DCS Kinship Leadership Specialists? Or is it for any amount of money? Will caregivers that receive the RCP stipend be able to have financial support from the program?	The rate of the contract covers all expenses DCS will cover. There will be no extraordinary coverage as in the past. Kinship staff and the DCS resource linkage staff are available to discuss unusual or emergent circumstances and any additional resources available to families.
Pro Forma Section A.9.		63. [This section states] Ensure staff conduct a minimum of one home visit per month per family. Has this requirement changed? Current requirements are one home visit per quarter per family.	Yes it has changed.
Pro Forma Section A.10.a.		64. What does "fully participate in" mean? How will this be measured? What does "RCP Services Obligations" include?	Caregiver must cooperate with the in home visits, ability to see children, participate in quarterly support groups, notify providers of changes in circumstances in addresses, location of parents, cooperation with DHS for child

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			support/paternity or status of the child in relation to custody changes.
Pro Forma Section A.10.b.4.		65. Is the monthly required documentation the current "report" completed on FormStack?	Documentation in the electronic filing system (TFacts or C-First!) and the monthly report on Formstack.
Pro Forma Section A.10.b.5.		66. What is included in quarterly reassessments?	Custody order still valid, does parents live in the home, has there been any contact with the birth parents and their locations, has there been any contact with DHS in regards to paternity/child support, any changes in the household composition, are there any new concerns or issues that need to be addressed.
Pro Forma Section A.12.a.		67. What qualifies as a Successor Caregiver? Is the stipend following the child to any other relative caregiver that meets eligibility requirements?	Does the court order specifically name a joint caregiver (ie: husband/wife/other relative). The stipend can only follow the child for that successor if named in the court order.
Pro Forma Section C.4.		68. Current program requirements require travel to multiple counties. Will travel / mileage reimbursement not be included for case management in order to complete home visits? Current staff utilize their personal vehicles and must be reimbursed for work related mileage/travel expense.	Travel will not be reimbursed separately and should be factored into the \$10/child/day rate.
		69. [This section states] that the respondent must select which group (singular) they are applying for. Are respondents allowed to apply for multiple groups? Is that allowed in a single response or should they submit multiple applications for multiple groups?	Respondents may submit a response to 1 or more of the groups they are able to provide service for. This can be detailed in a single Technical Response submission. The submission of multiple Technical Responses is not permitted.
		70. " A Respondent must submit their response as specified in one of the two formats below." 3.3.2.1 Digital Media Submission and 3.3.3, " A Respondent must separate, seal, package, and label the documents and copies ..."	Please see item number 3 below.

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		71. [Does this mean] the 2 nd method of submission " a traditional mailed -in hard copies "?	Yes.
		72. If [the method detailed in RFP section] 3.3.3 is selected, one must contact the Solicitation Coordinator if not submitting digitally?	<p>It is not a requirement to notify the Solicitation Coordinator of your method of submission.</p> <p>If the traditional non-emailed option is chose; and a respondent is wanting to ensure it is received, that is permissible.</p>
		73. Are previously expired , Awarded Contract Public Records? Is so, how can I retrieve the outdated, expired Contracts for this requested Services?	<p>This information can be obtained by submitting a FOIA request via the link below::</p> <p>https://www.tn.gov/generalservices/about-dgs/public-records-requests.html</p> <p>When accessing the portal; and not currently have an ArkCase account you will be required to register in order to proceed.</p>
		74. Can you please clarify if payment will be \$10.00/day, per child as part of this RFQ, as shown on page 35 of the RFQ? If not, can you please provide additional clarity on payment and/or billing structure?	Yes. \$10.00 per day, per child. Vendors will be compensated solely according to this rate.

3. **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.