

ADDENDUM NO. 1

RFP NUMBER: __182736__

RFP TITLE: ____Social Services Program Evaluator____

DEPARTMENT: ____Youth and Family Development____

DATE OF ADDENDUM: ____April 12, 2019____

RFP DUE DATE/TIME: ____April 23, 2019, 4:00 p.m., e.s.t.____

DEADLINE FOR QUESTIONS: April 8, 2019, 4:00 p.m., e.s.t.

REASON: ANSWERS TO QUESTIONS

(SIGNED): _____(DATE): _____

(COMPANY): _____

As acknowledgement of having received this information, you must sign one (1) copy of this page and return it with your proposal.

Retain a copy for your file.

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ANSWERS TO QUESTIONS

Question: Is there an estimated or any general guidance that is available on the approximate level of effort or budget range anticipated for this project?

Answer:

This is an extensive scope of work, needing a significant investment from the evaluator or team on behalf of the Office of Family Empowerment and the Department of Youth and Family Development.

Question: Is there any preference for local evaluators?

Answer: No.

END