

(Revised FY 2014)

SECTION B - SUPPLIES OR SERVICES AND OFFEROR'S PRICES

The United States District Court for the _____ District of _____ is soliciting a vendor to provide substance abuse, mental health, and/or sex offender treatment services. A Vendor must be capable of providing services within a geographic area encompassing _____.

As a result of this solicitation the Government intends to enter into a Blanket Purchase Agreement (BPA). For this BPA, approximately [] to [] vendors are needed to provide the required services. The Government reserves the right to award to a single vendor.

A Blanket Purchase Agreement is a “charge account” arrangement, between a buyer and a seller for recurring purchases of services. BPAs are not contracts and do not obligate government funds in any way. A contract occurs upon the placement of a call or referral from the Probation/Pretrial Services Office and the vendor’s acceptance of the referral. Referrals will be rotated among all the vendors on the BPA. BPAs are valid for a specific period of time, not to extend beyond the current fiscal year. The total duration of this BPA, including the exercise of two 12-month options, shall not exceed 36 months. BPAs will be issued to those vendors determined to be technically acceptable and offering the lowest cost to the Government, using the Evaluation Criteria established in Section M of the Request for Proposal.

Section B is generic and used nationwide to procure the particular needs of each U. S. Probation/Pretrial Services Office. For this solicitation, only those services marked by an "X" under the Required Services column are being solicited. Offerors shall propose on only the required services. Services proposed, but not marked as required, will not be evaluated or included under any resultant agreement. Offerors failing to provide offers on all required services marked, will be considered technically unacceptable.

Note: Estimated Monthly Quantities (EMQs) represent the total monthly quantities to be ordered per service item under the BPA. Each vendor placed on the BPA may receive a share of the total quantity stated. However, EMQ’s are estimates only and do not bind the government to meet these estimates.

An asterisk * indicates a requirement line item which has been modified under “Local Services.”

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
URINE COLLECTION:				
_____	1010	Urine Collection Testing & Reporting	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per specimen	
_____	1011	Urine Collection/ NIDT Device Testing	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per specimen	
_____	1012	Sweat Patch/ Application & Removal	2014 _____ 2015 _____ 2016 _____	_____ _____ _____ _____
			Unit: per patch	
_____	1504	Breathalyzer	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per administration	
CASE MANAGEMENT SERVICES (SUBSTANCE ABUSE):				
_____	2000	Case Management Services	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per 30 minute session	
INTAKE:				
_____	2011	Intake Assessment and Report	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per intake (total fee)	

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
COGNITIVE BEHAVIORAL TREATMENT:				
_____	2021	Clinical Group	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per 30 minute session	
_____	2022	Manualized Group	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per 30 minute session	
SUBSTANCE ABUSE COUNSELING:				
_____	2010	Individual Counseling	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per 30 minute session	
_____	2020	Group Counseling	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per 30 minute session	
_____	2030	Family Counseling	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per 30 minute session	
_____	2040	Group Family Counseling	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per 30 minute session (price per family)	
_____	2080	Intensive Outpatient Counseling	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
			Unit: per day (Individual and/or group)	
_____	2090	Treatment	2014 _____	_____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
		Readiness Group	2015 _____ 2016 _____	_____
			Unit: per 30 minute session	

INTEGRATED TREATMENT FOR CO-OCCURRING DISORDERS:

_____	6015	Individual Counseling	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per 30 minute session	

_____	6026	Group Counseling	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per 30 minute session	

_____	6027	Treatment Readiness Group	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per 30 minute session	

_____	6036	Family Counseling	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per 30 minute session	

PHYSICAL EXAMINATION:

_____	4010	Physical Examination and Report	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per exam	

_____	4020	Laboratory Studies and Report	2014 Unknown 2015 Unknown 2016 Unknown	Actual cost
			Unit: per test	

PSYCHOLOGICAL/PSYCHIATRIC WORK-UP, EVALUATION, AND REPORT:

_____	5010	Psychological Evaluation and	2014 _____ 2015 _____	_____
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REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____		Report	2016 _____ Unit: per report (total price)	_____
_____	5011	Mental Health Intake Assessment and Report	2014 _____ 2015 _____ 2016 _____ Unit: per report	_____
_____	5012	Sex Offense Specific Evaluation and Report	2014 _____ 2015 _____ 2016 _____ Unit: per report	_____
_____	5020	Psychological Testing and Report	2014 _____ 2015 _____ 2016 _____ Unit: NTE per report	_____
_____	5030	Psychiatric Evaluation and Report	2014 _____ 2015 _____ 2016 _____ Unit: per report	_____
CASE MANAGEMENT SERVICES (MENTAL HEALTH):				
_____	6000	Case Management Services	2014 _____ 2015 _____ 2016 _____ Unit: per 30 minute session	_____
MENTAL HEALTH COUNSELING:				
_____	6010	Individual Counseling	2014 _____ 2015 _____ 2016 _____ Unit: per 30 minute session	_____
_____	6020	Group Counseling	2014 _____ 2015 _____ 2016 _____ Unit: per 30 minute session	_____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
_____	6021	Education Group	2014	_____	_____
			2015	_____	_____
			2016	_____	_____
			Unit: per 30 minute session		
_____	6028	Cognitive-Behavioral Group	2014	_____	_____
			2015	_____	_____
			2016	_____	_____
			Unit: per 30 minute session		
_____	6030	Family Counseling	2014	_____	_____
			2015	_____	_____
			2016	_____	_____
			Unit: per 30 minute session		
_____	6040	Psychotropic Medication	2014	Unknown	Actual
			2015	Unknown	cost
			2016	Unknown	
			Unit: per dose		
_____	6041	Administrative Fee Psychotropic Medication	2014	Unknown	5% of
			2015	Unknown	actual funds
			2016	Unknown	expended
			Unit: per dose expended		
_____	6050	Charge for Administering Medications	2014	Unknown	_____
			2015	Unknown	_____
			2016	Unknown	_____
			Unit: per visit		
_____	6051	Medication Monitoring	2014	_____	_____
			2015	_____	_____
			2016	_____	_____
			Unit: per visit		
_____	6080	Intensive Outpatient Counseling	2014	_____	_____
			2015	_____	_____
			2016	_____	_____
			Unit: per day (Individual and/or group)		

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
SEX OFFENSE- SPECIFIC TREATMENT FOR POST CONVICTION				
_____	6012	Individual Counseling	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per 30 minute session	
_____	6022	Group Counseling	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per 30 minute session	
_____	6032	Family Counseling	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per 30 minute session	
_____	6090	Treatment Readiness Group	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per 30 minute session	
_____	6091	Chaperone Training and Support	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per 30 minute session	
PHYSIOLOGICAL MEASUREMENTS				
_____	5021	Penile Plethysmograph and Report	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per examination	
_____	5022	Clinical Polygraph Examination and Report	2014 _____ 2015 _____ 2016 _____	_____
			Unit: per examination	
_____	5023	Maintenance/	2014 _____	_____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY	UNIT PRICE
_____	5025	Monitoring Test	2015 _____ 2016 _____ Unit: per test	_____ _____ _____
_____	5025	Visual Reaction Time (VRT) Measure of Sexual Interest and Report	2014 _____ 2015 _____ 2016 _____ Unit: per report	_____ _____ _____ _____

SPECIALIZED TREATMENT FOR PRETRIAL DEFENDANTS CHARGED WITH A SEX-OFFENSE

_____	7013	Individual Treatment	2014 _____ 2015 _____ 2016 _____ Unit: per 30 minute session	_____ _____ _____
_____	7023	Group Treatment	2014 _____ 2015 _____ 2016 _____ Unit: per 30 minute session	_____ _____ _____

OUTPATIENT DETOXIFICATION/ANTAGONIST TREATMENT:

_____	7020	Outpatient Take Home Medication Unit: per Visit or Take Home		
_____		Trexan	2014 _____ 2015 _____ 2016 _____	TAKE HOME PRICE _____ _____ _____
_____		Methodone	2014 _____ 2015 _____ 2016 _____	_____ _____ _____
_____		Antabuse	2014 _____	_____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
			2015	2016	
_____		Buprenorphine	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
_____		Naltrexone	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
_____		Other	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____

INPATIENT DETOXIFICATION:

_____	8010	Medical Detoxification	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
			Unit: per day		
_____	8050	Non-Medical Detoxification	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
			Unit: per day		
_____	8030	Inpatient Detoxification Medication			
_____		Trexan	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
_____		Methadone	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
_____		Antabuse	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
_____		Buprenorphine	2014 _____	_____	_____

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
			2015	2016	
_____		Naltrexone	2014 _____	2015 _____	_____
			2015 _____	2016 _____	_____
_____		Other	2014 _____	2015 _____	_____
			2015 _____	2016 _____	_____
			Unit: per dose		

METHADONE MAINTENANCE AND DETOXIFICATION:

_____	9020	Methadone Maintenance Unit: per Visit or Take Home (all services)			<u>TAKE HOME PRICE</u>
				<u>VISIT</u>	
			2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____

_____	9021	Methadone Detoxification Unit: per Visit or Take Home (all services)			<u>TAKE HOME PRICE</u>
				<u>VISIT</u>	
			2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
_____		Medication/Other	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____

RESIDENTIAL PLACEMENT:

_____	1001	Therapeutic Community Treatment	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
			Unit: Per day		

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
_____	2001	Short-Term Residential Treatment	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
			Unit: per day		
_____	2002	Long-Term Residential Treatment	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
			Unit: per day		
_____	1503	Confined Treatment Alternative	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
			Unit: per day		
_____	6001	Short-Term Residential for Co-Occurring Disorders	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
			Unit: per day		
_____	6002	Long-Term Residential for Co-Occurring Disorders	2014 _____	_____	_____
			2015 _____	_____	_____
			2016 _____	_____	_____
			Unit: per day		
TRANSPORTATION FOR CLIENTS:					
_____	1201	Administrative Fee	2014 unknown	_____	5% of amount distributed under PC 1202
			2015 unknown	_____	
			2016 unknown	_____	
_____	1202	Client Transportation Expenses	2014 unknown	_____	JTR*
			2015 unknown	_____	
			2016 unknown	_____	
EMERGENCY FINANCIAL ASSISTANCE FOR CLIENTS:					
_____	1301	Administrative Fee	2014 unknown	_____	5% of amount distributed
			2015 unknown	_____	
			2016 unknown	_____	

REQUIRED SERVICES	PROJECT CODE	SERVICES	ESTIMATED MONTHLY QUANTITY		UNIT PRICE
					under PC 1302
_____	1302	Emergency Financial Assistance	2014 2015 2016	unknown unknown unknown	Actual cost
CONTRACTOR'S LOCAL TRAVEL:					
_____	1401	Contractor's Local Travel by Vehicle	2014 2015 2016	Unknown Unknown Unknown	JTR*
_____	1402	Contractor's Local Travel by Common Carrier	2014 2015 2016	Unknown Unknown Unknown	JTR**
CLIENT REIMBURSEMENT/COPAYMENT:					
_____	1501	Administrative Fee	2014 2015 2016	Unknown Unknown Unknown	5% of fees collected by Vendor

***Unit: Per mile reimbursed at prevailing rate established by Judiciary Travel Regulations for employees of the Judicial Branch of the Government.**

****Unit: Reimbursement is at actual price as established in Judiciary Travel Regulations. Any such travel must first be authorized by the USPO/USPSO to include the type, train or bus, and it must be at the lowest fare possible.**