



OFFICE OF THE SHERIFF

Chad Chronister, Sheriff
Jose Docobo, Chief Deputy
Hillsborough County, Florida

January 26, 2018

SUBJECT: Amendment No. 2 to RFP 15-17 Inmate Phones

MESSAGE: Please note and acknowledge the following change or addition to be included in the referenced section of RFP No.15-17:

1. Pages 23, 24, and 27 will be replaced in its entirety to cover the change in the Commission Structure and the Cost of Goods and Services table, see attached.

Please note that this document hereby becomes a part of RFP No. 15-17 and without this document the Proposal is considered incomplete.

Sincerely,

Christina R. Porter, CPA
Chief Financial Officer

CRP/drj

Enclosure

ACKNOWLEDGEMENT OF AMENDMENT

We do hereby acknowledge the information and/or changes to the Scope of Work described in
Amendment No. 2 to RFP No. 15-17.

PLEASE PRINT - Company Name _____

By _____

Title _____

Date _____

Signature _____

(Signed Acknowledgement must be included with your RFP/Bid Package)

Commission revenue begins to accrue when the first completed telephone call is made by an inmate. Only completed telephone calls are to be billed from the time that the end user accepts the call (positive acceptance) and conversation begins. Incomplete calls are not billable to the inmate or third party. The Contractor will not charge any inmate or any third party any fees and or charges for a call that is not positively accepted.

The Contractor shall be solely responsible for any and all billing disputes, claims, or liabilities that may arise. The HCSO shall have no responsibility or liability for any funds lost by the Contractor. Such losses shall not be deducted from the billings on which commission is paid to the HCSO.

Commissions shall be made via ACH to:

Hillsborough County Sheriff's Office
Inmate Welfare Fund

The banking information for ACH payment will be provided to the successful Proposer.

33. COMMISSION STRUCTURE

- a. Define the percentage of commission you will pay HCSO. Proposers will provide a single commission rate for all types of calls.
- b. Explain in detail the method used to calculate revenue to HCSO (e.g., gross revenue, adjusted gross revenue, net revenue)
- c. Define applicable deductions from Gross Revenue before calculating the HCSO's revenue (i.e., uncollectible calls, total calls, access line charges, etc.)
- d. Define method of reporting the calculation of the HCSO's commission payment.
 1. Provide samples of proposed reports.
- e. Describe collection procedures.
 1. What types of reports are available to HCSO to audit commission payments? Provide sample reports.
- f. Describe the procedure for billing.
 1. Describe your billing process and whether billing is internal or third party generated. If third party generated, the Proposer shall disclose the billing entity.
 2. Are handling fees charged to the HCSO?
 3. Are there any deductions from revenues?
- g. Provide proposed calling rates for local, intraLATA, interLATA, interstate, and international calls. Cost of Goods and Services, Page 27
- h. Provide additional information, if necessary, in Cost of Goods and Services, Page 27.

34. COMMISSION REPORTING

The Contractor shall provide commission payment and traffic detail reports no later than the 20th day of the month following the month of the traffic to include, at a minimum, the following detailed information.

- a. Facility name
- b. Automatic number identifier or inmate telephone on inmate telephone station.
- c. Total gross local revenue and commission per inmate telephone or inmate telephone station.
- d. Total gross intraLATA/intrastate revenue and commission per inmate telephone or inmate telephone station
- e. Total gross interLATA/intrastate revenue and commission per inmate telephone or inmate telephone station
- f. Total gross interLATA/interstate revenue and commission per inmate telephone or inmate telephone station
- g. Total gross international revenue per inmate telephone or inmate telephone station.
- h. Commission rate and total commission amount for each call type.
- i. Total minutes of use and calls per inmate telephone or inmate telephone station for each call type.

Note: Should a system failure prevent the accumulation of call data resulting in the loss of records reflecting revenue, commission revenue shall be derived based up on historical data at the election of the HCSO.

35. EXCEPTIONS TO PROPOSAL

All proposal submittals must clearly state with specific detail all deviations to the requirements imposed upon the Proposer by the General Terms and Conditions (Part A), the Special Provisions (Part B), and the Technical Specifications (Part C). Such deviations should be stated upon the Proposal Response (Part D) or appended thereto. Proposers are hereby advised that the HCSO will only consider proposals that meet the specifications and other requirements imposed upon them by this Proposal Package. In instances, where an exception is stated upon the Proposal Response (Part D), said Proposal will be subject to rejection by the HCSO in recognition of the fact that said Proposal does not meet the exact requirements imposed upon the Proposer by General Terms and Conditions (Part A), Special Provisions (Part B), and Technical Specifications (Part C).

2. COST OF GOODS AND SERVICES

Company Name: _____

The undersigned has carefully examined the Proposal Package and all conditions affecting the cost of the commodity/service required by the HCSO.

The undersigned certifies that any exceptions to the Proposal specifications are noted on the attached exceptions form. All specifications not noted thereon are as requested. The undersigned also understands that any exceptions presented after the award, may be cause for cancelation of award.

We hereby propose to furnish the goods and services described herein in accordance with the Proposal Package, except as noted on attached exceptions form.

Call Type	Collect Call Rates			Debit Call Rates		
	Surcharge	First Minute	Additional Minute	Surcharge	First Minute	Additional Minute
Local						
IntraLATA/Intrastate						
InterLATA/Intrastate						
InterLATA/Interstate						
International						
Additional charges						
HCSO Commission rate						

Additional Information: _____

Line #	Description	UOM or Qty If applicable	Price
A.	Post contract storage and access of data, if applicable	_____	\$ _____
B.	Post contract export of data, if applicable	_____	\$ _____
C.	Time to start from notice to proceed	_____	Calendar Days
D.	Time for Completion	_____	Calendar Days
E.	Completion of Exhibit A	Y/N	
F.	Include Commission Structure, P. 23	Y/N	