



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

**Request for Grant Application (RFGA)
Addendum Form**

**Office of Procurement & Grant Administration
2 Peachtree Street, NW – 35th Floor
Atlanta, Georgia 30303-3159**

Addendum Number: 01 Dated: August 31, 2016
Title of Grant: Patient Centered Medical Home (PCMH) Supplemental Funding Grant
Fiscal Year 2017
Requesting Agency: Georgia Department of Community Health
Initially Posted: August 31, 2016
Issuing Officer: Joanne Mitchell
Telephone: 404 651-6183 e-mail: jmitchell@dch.ga.gov
RFGA Due Date: September 23, 2016, 3:00 PM

The information provided below is made a part of this RFGA –

The language below replaces the current language in Section II., Submission Guidelines, A. Application Submission:

II. SUBMISSION GUIDELINES

A. APPLICATION SUBMISSION

Submission requires remittance of **two (2)** hard copies, bound and tabbed, with one (1) marked “Original” inclusive of original signatures and, six (6) separate electronic/digital copies submitted on flash/thumb drives, with one (1) designated as the original copy of the Grant Application. Applications may be delivered via U.S. mail, an express mail carrier, hand delivered or couriered. **COMPLETED APPLICATIONS MUST BE RECEIVED BY 3:00 PM, FRIDAY, SEPTEMBER 23, 2016.** If the application is incomplete or non-responsive to submission requirements, it will not be entered into the review process. The applicant will be notified by e-mail that the application did not meet submission requirements.

Timely and complete submissions are the responsibility of the applicant(s). The Department of Community Health (“DCH”) welcomes completed submissions prior to the **Friday, September, 23, 2016**, closing date, however all submissions are final. **In the event of a tiebreaker, the date and receipt of proposals will be the determining factor. ALL LATE APPLICATIONS WILL BE CONSIDERED NON-RESPONSIVE TO SUBMISSION REQUIREMENTS.**

Mailing Address for Application Delivery

Joanne Mitchell, Grants Manager
Georgia Department of Community Health
RE: Patient Centered Medical Home Supplemental Grant
2 Peachtree Street, NW, 35th Floor
Atlanta, Georgia 30303-3159
E-mail: jmitchell@dch.ga.gov

Deadline for Submission of Questions

Questions must be submitted in writing to Joanne Mitchell, jmitchell@dch.ga.gov by Tuesday, **September 6, 2016**. Response to questions will be posted within five (5) business days from closing date.

In addition, the following factors may affect the funding decisions:

**Availability of funds
Relevance to program priorities**

NOTE: REVIEW CAREFULLY!

In the event of a conflict between previously released information and the information contained herein, the latter shall control. A signed acknowledgment of this addendum (this page) must be attached to your RFGA response. Failure to include a signed acknowledgement of this addendum will disqualify applicant from further consideration on this grant award.

A signature on this addendum does not constitute your signature on the original RFGA document. The original RFGA response must also be signed in the proper places.

Firm Name

Signature

Typed Name and Title