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PWGSC/TPSGC Acquisitions
1045 Main Street
1st Floor, Lobby C
Unit 108
Moncton, NB E1C 1H1
Bid Fax: (506) 851-6759

SOLICITATION AMENDMENT
MODIFICATION DE L'INVITATION

The referenced document is hereby revised; unless otherwise indicated, all other terms and conditions of the Solicitation remain the same.

Ce document est par la présente révisé; sauf indication contraire, les modalités de l'invitation demeurent les mêmes.

Comments - Commentaires

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NB / PEI Division - Moncton Acquisitions Office
1045 Main Street
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Unit 108
Moncton, NB E1C 1H1

Title - Sujet Online Caregiver Training Program	
Solicitation No. - N° de l'invitation 51019-152013/A	Amendment No. - N° modif. 002
Client Reference No. - N° de référence du client 51019-152013	Date 2016-03-01
GETS Reference No. - N° de référence de SEAG PW-\$MCT-014-5129	
File No. - N° de dossier MCT-5-38043 (014)	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2016-03-29	
F.O.B. - F.A.B. Plant-Usine: <input type="checkbox"/> Destination: <input checked="" type="checkbox"/> Other-Autre: <input type="checkbox"/>	
Address Enquiries to: - Adresser toutes questions à: MacDonald, Charline	Buyer Id - Id de l'acheteur mct014
Telephone No. - N° de téléphone (506) 851-6067 ()	FAX No. - N° de FAX (506) 851-6759
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Signature	Date

Title: Online Caregiver Training Program

Solicitation Amendment No. 002

This solicitation is hereby amended to provide the following questions and answers:

Q1. Reference: Annex "D" - Evaluation Criteria - Rated Requirements

Regarding the Rated Requirement R.3, we believe the information that proponents will provide in R.2 will sufficiently cover all experience developing and delivering e-learning which has demonstrated success in terms of improved health outcomes for all populations, rather than just Veterans in particular. Would it be possible to remove this highly specific requirement (R.3)?

A1. We will be removing this rated requirement.

Q2. Reference: Annex "D" - Evaluation Criteria - Rated Requirements

Regarding the Rated Requirement R.4, rather than providing our experience for developing and implementing e-learning products for a Veteran caregiver population, would it be possible to substitute a similar but equally relevant population?

A2. There will be no change to this rated requirement. With this particular Request for Proposal (RFP), we are focusing on caregivers for ill and injured Veterans, with mental and physical disabilities. If a provider already understands this caregiver population and has demonstrated success with this group, it is of additional value. The RFP outlines a number of factors that can be particular to Veteran caregivers.

Q3. Is there a specific software platform, or type of platform, required? Do you know what platform the US 'Building Better Caregivers' course uses?

A3. There is no specific software platform or type of platform required as long as it functions with the RFP requirements set out in Phase 1: Functionality Development. (Interactive program available online to eligible participants with adequate administration support, self-help, facilitation and peer support elements. Includes recruitment landing pages, consent and questionnaires, content, on-line discussion boards, reporting features, automatic system emails. Workshop available on secure Canadian server). We do not know what platform the US 'Building Better Caregivers' course uses.

Q4. What is the extent of the role provided by the 'facilitators'? Is the educational content taught via online learning courses, or by the facilitators? IE: does the facilitator actually 'teach' the content, or does the facilitator provide support for learning by answering questions, answering communications, etc.?

A4. The educational content is taught by the online learning courses and not the facilitator. The sessions are highly participative with participants interacting with each other through internal messaging and online discussion boards. The facilitator moderates this interaction, answers questions and other communication. The facilitator also monitors the daily posts for safety, appropriateness and reports issues. Facilitators will have both lived experience as informal caregivers and will be trained in effective online facilitation. The facilitators are also a support to the online alumni community which will provide ongoing social support for participants who complete the course.

Q5. The content appears to be 12-18 hours in length overall (6 weeks at 2-3 hours per week). Can you please confirm this is the total length of the training? When taking the number of topics covered into consideration, this would indicate to me that we are not going into extensive depth in the subject matter.

A5. The total length of the training is 12-18 hours over 6 weeks. Therefore, there is not sufficient time for extensive depth in the subject areas. While it is estimated that the learning takes 2-3 hours of study per week, there may be additional time logged for participation in discussions, and dialogue with the facilitator and peers, which is a significant component of the value added.

Q6. Is the 12-18 hours the maximum length? If we have additional subject matter relevant to the topic, would this be considered beneficial to this tender?

A6. While 12-18 hours is the standard length to the course, it is possible that some caregivers may spend more time learning the course material. Therefore, additional subject matter could be considered beneficial.

Q7. Why are we modeling the Canadian program on that of the US? I have taken some modules, and feel it can be improved on, plus many topics not covered.

A7. We are modeling the program on the US program because it is evidence-based and has demonstrated success with a very similar population. This program has been offered since February 2013 to caregivers of the US Veteran population. Veterans Affairs Canada wishes to procure a Canadian program based on this proven program, including any modifications for improvement to enhance the program for Canadian Veteran caregivers.

Q8. Are the topics outlined in the RFP simply examples, or can they be added to?

A8. The topics included in the RFP would be the core curriculum that needs to be covered. Additional relevant topics may be added that would be useful to the target group.

Q9. It would seem that there are several topics / modules omitted, can these be added in the proposal, e.g. Communications with someone who has Alzheimer's or Related Dementia, ethical standards, Importance of Daily Log Entries, Emergency preparedness & response, Caring for people with mid to late stage Alzheimer's, Effective Infection Control Measuring vital signs, How to Use a Mechanical Lift, Disability, Impairment & Handicapped procedures.

A9. The program is designed to be a six week general caregiver course to meet the needs of Veteran caregivers. Adding too many additional subjects or including topics that are very specific are not the focus of this program. The objective of the program is to make the most advantageous use of the caregiver's limited free time to provide the necessary education and support to assist them with their caregiving role. However, additional topics that would benefit the caregiver may be added to the proposal.

Q10. Would the provision of modular reference checklists be considered advantageous?

A10. Yes, it could be considered advantageous.

Q11. Would the provision of a reference manual, (downloadable) be considered an advantage, or must respondents stick only to requested program elements?

A11. The provision of downloadable reference material or links to appropriate reference material that supports the course content could be considered an advantage.

Q12. Would it be advantageous to state clear objectives for each module of training similar to the following example:

Training Module #1 Professional Skills Development, Part 1
At the end of this module veteran caregivers will understand,
A) The keys to making the relationship work,
B) The roles and responsibilities of each party,
C) The professional caregiver process,
D) The importance of effective communication,
E) The basics of Caregiver professional ethics.

A12. Yes, it could be advantageous to state clear learning objectives for each module.

Q13. Would presentations providing specific educational information on the caregiver's role for conditions such as Prostate or Crohn's Disease or Diabetes be desired?

A13. No. This is a general caregiver course for Veteran caregivers. The facilitator could direct participants to other particular resources as required.

Q14. Would objectives for each module be desirable, (as sample below)?

Training Module #1 Professional Skills Development, Part 1
At the end of this module veteran caregivers will understand,
A) The keys to making the relationship work,
B) The roles and responsibilities of each party,
C) The professional caregiver process,
D) The importance of effective communication,
E) The basics of Caregiver professional ethics.

A14. Yes, it could be advantageous to state clear learning objectives for each module.

Q15. Reference: Page 17 of the Request for Proposal; Annex "A" – Statement of Work
At article 2.1, Scope of Work: A website that must adhere to Government of Canada website accessibility guidelines. Please confirm that the Accessibility Guidelines require that the website to be developed will need to be available and accessible in both English and French.

A15. The accessibility guidelines from Treasury Board Secretariat (TBS) can be found at the following address:

<http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=23601>

There is more information on the W3C website:

<https://www.w3.org/WAI/WCAG20/quickref/> and <https://www.w3.org/TR/WCAG20/>

Q16. Reference: Page 20 of the Request for Proposal; Annex "B" – Basis of Payment
Preparation for implementation, Milestone No. 2 – First round of consultations complete for content customization and information summarized: Please confirm if the Government will contribute to the content in terms of specific considerations for the target population.

A16. Yes, Government will contribute to the consultations.

**Q17. Reference: Page 20 of the Request for Proposal; Annex “B” – Basis of Payment
Page 20 of the RFP – Milestones No. 2, 3 and 4: Will the Government provide/identify the
consultation group and stakeholder group?**

A17. The Government will provide input into the consultation group and the stakeholder group.

**Q18. Will Veterans Affairs provide subject matter experts due the unique consideration with the
Veteran target population, i.e. PTSD?**

A18. Yes. There will be access to the Department's subject matter experts for consultation.

**Q19. Reference: Page 25 of 27 of the Request for Proposal; Annex “D” – Evaluation Criteria
For the rated requirements, R.3 and R.4 – Will PWGSC consider experience with seniors, mental
health, or marginalized populations as equivalent to experience with the Veteran population?**

A19. We will be removing the R3 rated requirement.

There will be no change to the R4 rated requirement. With this particular RFP, we are focusing on caregivers for ill and injured Veterans, with mental and physical disabilities. If a provider already understands this caregiver population and has demonstrated success with this group, it is of additional value. The RFP outlines a number of factors that can be particular to Veteran caregivers.

Q20. Can the Government provide the proposed budget for this project?

A20. For this project, the Government has provided detailed information on the requirement and scope of the work. The Basis of Selection (Section 4.2) will include a combination of technical proposal and price and both are equally important. The responsive bid with the lowest evaluated price per point will be recommended for award of the contract.

If your bid has already been forwarded and you wish to revise same, this revision should be sent in a sealed envelope and mailed to the above address and reach the undersigned before the appropriate closing date. The solicitation number and the closing date are to be shown on the outside of the sealed envelope.

All other terms and conditions of the solicitation document remain unchanged.

All enquiries concerning this amendment are to be forwarded to:

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