

Addendum #: 2

Issued: October 9, 2026

Request for Proposals (RFP): DMHAS-SWS-HOUSING-H2H-2026

The State of Connecticut Department of Mental Health and Addiction Services issuing Addendum 2 to the **Homeless to Housing Request for Proposals**.

Addendum 2 contains:

Changes to the Request for Proposal Legal Notice – Please note that a change has been made to page 6, Section I.B.7 “Minimum Qualifications of Proposers” and Page 34, Section D. “Cover Sheet”.

1. **Section I.B.7 “Minimum Qualifications of Proposers”** is hereby deleted and replaced with the following:

Minimum Qualifications of Proposers. To qualify for proposal evaluation, the lead agency and all subcontractors must have a minimum of five (5) years of demonstrated experience in each of the following:

- a. Direct service delivery: Case management and /or outreach and engagement and/or delivery of clinical services to persons experiencing homelessness, unsheltered, sheltered or in permanent housing AND;
- b. Collaboration with: the coordinated access network housing match, the existing homeless outreach teams, permanent supportive housing scattered site programs, the State Operated and/or Private Non-Profit Local Mental Health Authorities (LMHA) in your respective DMHAS region including housing coordination, mental health and/or substance use services.

Failure to meet the minimum qualifications in accordance with the requirements set forth herein shall result in disqualification from further consideration.

2. **Page 34, Section D. “Cover Sheet”** is hereby deleted and replaced with the form below.

DMHAS-SWS-HOUSING-H2H-2026

Department of Mental Health and Addiction Services

Due Date: 11/19/2026 3:00 PM EST

Primary Business Name

FEIN # & UEI#

Business Address

Telephone Number

Town, State

Zip Code

Contact Person: *(Individual other than Authorized Official who can provide additional information about the proposal or who has immediate responsibility for the proposal)*

Name

Title

Street Address

Town, State, Zip Code

Telephone Number

Facsimile Number

E-mail Address

Authorized Official: *(Individual empowered to enter into and amend contractual instruments in the name and on behalf of the Contractor)*

Name

Title

Street Address

Town, State, Zip Code

Telephone Number

Facsimile Number

E-mail Address

Signature

Total Amount of Proposal: \$ _____

Identify CAN Applying For: _____