



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES
609 H STREET, NE 4TH FLOOR, WASHINGTON, DC 20002
P: 202 671-3171 ♦ F: 202 671-3395**

November 2, 2012

AMENDMENT ONE (1) FOR REQUEST FOR QUOTATION (RFQ)

RM-13-RFQ-009-BY4-TLW

FOR COPIER PAPER SUPPLY AND DELIVERY SERVICES

TO ALL PROSPECTIVE BIDDERS:

THE ABOVE REFERENCED REQUEST FOR QUOTATION (RFQ) IS HEREBY AMENDED AS FOLLOWS:

1. THE CLOSING DATE HAS BEEN EXTENDED AS FOLLOWS.

THE NEW CLOSING DATE AND TIME SHALL BE TUESDAY, NOVEMBER 12, 2012 AT 2:00 PM EST.

2. THE LOCATION FOR DELIVERY OF RESPONSES TO THIS REQUEST FOR QUOTATION HAS CHANGED AS FOLLOWS.

***FROM:* 64 NEW YORK AVENUE, NE – 2ND FLOOR
WASHINGTON, DC 20002**

***TO:* 609 H STREET, NE, 4th FLOOR
WASHINGTON, DC 20012**

ALL OTHER TERMS AND CONDITIONS OF THIS REQUEST FOR QUOTATION (RFQ) REMAIN UNCHANGED.

Only one copy of this Amendment is being sent to prospective Bidders. Bidders shall sign below and attach a signed copy of this Amendment to each Bid to be submitted to the place specified for receipt of Bids. Bids shall be mailed or delivered in accordance with the instructions provided in the original RFQ. In the event your Bid has been previously deposited with the Department of Mental Health, Contracts and Procurement Services (DMH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFQ Number and submission date. **This signed Amendment must be received by the DMH/CPS on or before Tuesday, November 12, 2012 at 2:00 PM EST, the date and time for the closing of this solicitation. Failure to acknowledge receipt of Amendment One (1) for Solicitation Number RM-13-RFQ-009-BY4-TLW may be cause for rejection of any Bid submitted in response to the subject RFP.**

Signed:

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Samuel J. Feinberg, CPPO, CPPB
Director, Contracts and Procurement Services
Agency Chief Contracting Officer

Amendment Number One (1) is hereby acknowledged and is considered a part of the Bid for Solicitation Number RM-13-RFQ-009-BY4-TLW.

Signature of Authorized Representative

Date

Title of Authorized Representative

Print or Type Name of Firm