



**DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH CONTRACTS AND
PROCUREMENT SERVICES**

**64 NEW YORK AVENUE, 2ND FLOOR, WASHINGTON, DC 20002
PHONE: (202) 671-3171 ♦ FAX: (202) 671-3395**

January 8, 2013

**INDEPENDENT COMMUNITY RESIDENTIAL FACILITY SERVICES
HUMAN CARE AGREEMENT (HCA)
AMENDMENT NUMBER ONE (1) – RM-13-HCA-ICRF-000-BY4-SC**

TO PROSPECTIVE OFFEROR:

The above-reference Human Care Agreement (HCA) is hereby amended as follows:

The date for submission of HCA is extended to **“FRIDAY, FEBRUARY 15, 2013 AT 3:00PM (EST)”** from **“TUESDAY, JANUARY 15, 2013.”**

In addition, the Contracting Officer’s Technical Representative has changed from **Laressa Poole** to:

E. Jacqueline Richardson, LICSW, ACSW, BCD
Residential Services Ombudsman
Room 319 – Phone (202) 671-3152 ♦ Fax (202) 673-1930
estelle.richardson@dc.gov

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED

Only one copy of this amendment is being sent to potential Offerors. Offerors shall sign below and attach a signed copy of this amendment to each proposal to be submitted to the place specified for receipt of proposals. Proposals shall be mailed or delivered in accordance with the instructions provided in the original HCA document. In the event your proposal has been previously deposited with the Department of Mental Health, Contracts and Procurement Services (DMH/CPS), submit this amendment in a sealed envelope, identified on the outside by the HCA number and submission date. This amendment together with your Proposal must be received by the DMH/CPS no later than the date and time for closing.

Failure to acknowledge receipt of Amendment One (1) for solicitation RM-13-HCA-ICRF-000-BY4-SC may be cause for rejection of any proposal submitted in response to the subject HCA.

Signed:


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

Amendment Number One (1) is hereby acknowledged and is considered a part of the Proposal for RM-13-HCA-ICRF-000-BY4-SC.

Signature of Authorized Representative

Date

Title of Authorized Representative