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**DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH  
CONTRACTS AND PROCUREMENT SERVICES  
64 NEW YORK AVE, N.E, 2ND FLOOR, WASHINGTON, DC 20002  
PHONE: 202 671-3171 ♦ FAX: 202 671-3395**

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September 5, 2014

INVITATION FOR BID AMENDMENT NUMBER ONE (1) FOR:

IFB NUMBER RM-14-IFB-156-BY4-MTD  
MEDICAL SUPPLIES AND SPECIALIZED PATIENT MEDICAL EQUIPMENT

**Amendment One (1)**

**TO ALL PROSPECTIVE CONTRACTORS:**

IFB Solicitation Number RM-14-IFB-156-BY4-MTD for Medical Supplies and Specialized Patient Medical Equipment is hereby amended as follows:

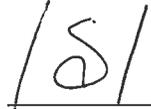
- 1) The Closing Date and Time for submission of bids is extended from Monday, September 8, 2014, by 12:00 Noon (EST) to Thursday, September 11, 2014 by 12:00 Noon (EST).
- 2) The Public Bid Opening is extended from Monday, September 8, 2014, 12:30 PM (EST) to Thursday, September 11, 2014, 12:30 PM (EST).

**ALL OTHER TERMS AND CONDITIONS OF THE INVITATION FOR BID 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 bid. Bids shall be mailed or delivered in accordance with the instructions provided in the original IFB. In the event your bid has been previously deposited with the Department of Behavioral Health, Contracts and Procurement Services (DBH/CPS), submit this signed Amendment in a sealed envelope or electronically identified by the IFB number and submission date.

This signed Amendment must be included with your submission in response to this IFB. Failure to acknowledge receipt of Amendment One (1) for Solicitation Number **RM-14-IFB-156-BY4-MD** may be cause for rejection of any bid submitted in response to the subject IFB.

Signed:



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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 Bid for Solicitation Number **RM-14-IFB-156-BY4-MTD**.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Print or Type Name of Contractor