

**DISTRICT OF COLUMBIA OFFICE OF CONTRACTS AND PROCUREMENT  
DEPARTMENT OF BEHAVIORAL HEALTH  
CONTRACTS AND PROCUREMENT SERVICES**

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**64 NEW YORK AVENUE, NE SUITE 200 WASHINGTON, DC 20002  
PHONE: (202) 671-3174 \* FAX: (202) 671-3395**

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April 12, 2016

**AMENDMENT ONE (1) for REQUEST FOR QUOTES (RFQ)  
NO. RM-16-RFQ-061-BY4-DJW CATHOLIC CHAPLAIN**

**TO ALL PROSPECTIVE OFFERORS:**

**PART I** Administrative Revisions and Additions to the Solicitation

**PART I**

The above referenced Request for Quotes is hereby amended as follows:

- 1) **THE CLOSING DATE HAS BEEN REVISED FROM APRIL 14, 2016 TO THE  
NEW CLOSING DATE OF MONDAY, APRIL 25, 2016.**

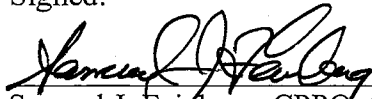
**ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR QUOTES (RFQ)  
SHALL REMAIN UNCHANGED.**

Only one copy of this amendment is being sent to prospective Offerors. Offerors 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 Behavioral Health, Contracts and Procurement Services (DBH/CPS), submit this signed Amendment in a sealed envelope, identified on the outside by the RFQ number and submission date.

RM-16-RFQ-061-BY4-DJW  
Catholic Chaplain  
Amendment One (1)

This signed Amendment must be received by the DBH/CPS on or before **Monday, April 25, 2016 at 2:00 PM EST** the date and time for closing. **Failure to acknowledge receipt of Amendment One (1) for Solicitation Number RM-16-RFQ-061-BY4-DJW may be cause for rejection of any Bid submitted in response to the subject RFQ.**

Signed:

  
\_\_\_\_\_  
Samuel J. Feinberg, CPPC, CPPB  
Cluster Health Services Chief Contracting Officer

4/12/16  
\_\_\_\_\_  
Date

Amendment Number One (1) is hereby acknowledged and is considered a part of the Bid **RM-16-RFQ-061-BY4-DJW**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Print or Type Name of Offeror