DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES
64 NEW YORK AVEUNE, NE 2ND FLOOR, WASHINGTON, DC 20002
TELEPHONE NUMBER: (202) 671-3171; FAX NUMBER: (202) 671-3395

April 4, 2016

REQUEST FOR PROPOSAL (RFP)

INTENSIVE RESIDENCE FACILITY SERVICES
RM-16-RFP-063-BY4-TYM

AMENDMENT NUMBER.: 001

TO ALL PROSPECTIVE OFFERORS:

THE ABOVE REFERENCED SOLICIATION HAS BEEN AMENDED TO REFLECT THE FOLLOWING:

Question No.	RFP Section	Question/Answer
		Modifications to RFP
1		**The Date of the Optional Pre-Proposal Conference for this Request for Proposal is extended and is hereby amended to reflect the following:** **The Date of the Optional Pre-Proposal for this RFP has been extended from 2:30 PM, Wednesday, April 6, 2016 to 2:30 PM, Monday, April 11, 2016 with the Conference Room To Be Determined.**
2		**The RFP Submission Date for this Request for Proposal is extended and is hereby amended to reflect the following:** **The RFP Submission Date has been changed from "No Later Than 2:00 P.M. local time on Tuesday, April 19, 2016" to Proposals shall be submitted "No Later Than 2:00 P.M. local time on Monday, April 25, 2016."**

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR PROPOSAL 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 Proposal to be submitted to the place specified for receipt of Proposal. Proposals shall be mailed or delivered in accordance with the instructions provided in the original RFP.

This signed Amendment must be included with your submission in response to this RFP.

Failure to acknowledge receipt of Amendment No.: 001 for Solicitation Number **RM-16-RFP-063-BY4-TYM** may be cause for rejection of any quote submitted in response to the subject RFP.

Signed:

Samuel J. Feinberg, CPPO, CPPB
Cluster Health Services
Chief Contracting Officer

Amendment No.: 001 is hereby acknowledged and is considered a part of the proposal for Solicitation Number **RM-16-RFP-063-BY4-TYM.**

Signature of Authorized Representative	Date
Title of Authorized Representative	Print or Type Name of Offeror