

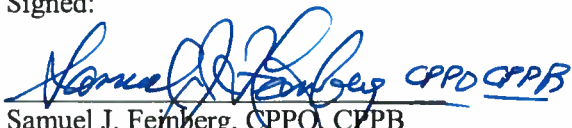


**DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH
CONTRACTS AND PROCUREMENT SERVICES**

DECEMBER 8, 2015

**REQUEST FOR PROPOSAL AMENDMENT NUMBER ONE (1) FOR:
SOLICITATION NUMBER RM-16-RFQ-032-BY4-SDS
PHARMACY AUTOMATIC DISPENSING SYSTEM TECHNICAL ASSISTANCE, MAINTENANCE
AND REPAIR**

TO ALL PROSPECTIVE OFFERORS:

Question No.	RFP Section	Question/Clarification
1	Site Visit	
A Second Mandatory Site Visit is scheduled for Friday December 11, 2015 at 10:30 AM at Saint Elizabeths Hospital, 1100 Alabama Avenue, SE, Washington DC 20020.		
2	Closing Date	
The Closing Date for this Request for Quotation is hereby extended from 10:00AM, Friday December 11, 2015; to a new Closing Date and Time. Quotations Shall be submitted no later than 10:00 AM Tuesday, December 15, 2015		
ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR QUOTE 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 quote to be submitted to the place specified for receipt of Quotations. Quotations shall be mailed or delivered in accordance with the instructions provided in the original RFQ. In the event your quote 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. This signed Amendment must be included with your submission in response to this RFQ. Failure to acknowledge receipt of Amendment One (1) for Solicitation Number <u>RM-16-RFQ-032-BY4-SDS</u> may be cause for rejection of any Quotations submitted in response to the subject RFQ. 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 Solicitation Number <u>RM-16-RFQ-032-BY4-SDS</u> .		
Signature of Authorized Representative		Date
Title of Authorized Representative		Print or Type Name of Offeror