

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

SEPTEMBER 18, 2014

REQUEST FOR QUOTATION AMENDMENT NUMBER ONE (1) FOR:

RFQ NUMBER RM-15-RFQ-027-BY4-JCC UNIFORMS FOR SAINT ELIZABETHS HOSPITAL

Amendment One (1)

TO ALL PROSPECTIVE CONTRACTORS:

Question	RFQ Section	Question	
No.	_	-	
1	C.2.2	It mentions custom emblems and personalized embroidery. We need to see a sample of the emblem and what the personalized embroidery will be. Is DBH going to provide a sample?	
DBH RESPONSE:			
Delete Section C.2.2 in its entirety. The Contractor does not need to personalize the uniforms.			
2		How shall the purchases be made? By bulk ordering a few times a year or DBH shall purchase by employee on a continual basis?	
DBH RESPONSE:			
DBH shall purchase by employee on a continual basis.			

ALL OTHER TERMS AND CONDITIONS OF THE REQUEST FOR QUOTATIONS (RFQ) 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 quotation to be submitted to the place specified for receipt of quotation. Quotations shall be emailed, mailed or delivered in accordance with the instructions provided in the original RFQ. In the event your quotation 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 RFQ number and submission date.

This signed Amendment must be included with your submission acknowledge receipt of Amendment One (1) for Solicitation N may be cause for rejection of any quotation submitted in response	Tumber RM-15-RFQ-027-BY4-JCC			
Signed: Samuel J. Peinberg, CPVO, CPPB Director, Contracts and Procurement Agency Chief Contracting Officer				
Amendment Number One (1) is hereby acknowledged and is considered a part of the quotation for Solicitation Number <u>RM-15-RFQ-027-BY4-JCC</u> .				
Signature of Authorized Representative	Date			
Title of Authorized Representative	Print or Type Name of Contractor			