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| Oklahoma Pinwheel Logo |  | Amendment of Solicitation |

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| **Date of Issuance:** | | | 11/06/2020 | | | **Solicitation No.** | | | | | | | 8070001235 | | | | | | | | |
| **Requisition No.** | | | 8070001235 | | | **Amendment No.** | | | | | | | | 3 | | | | | | | | |
| Hour and date specified for receipt of offers is changed: | | | | | | | No | | | Yes, to: | | |  | | |  | | |  | CST | | |
| Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.  Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:  (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,  (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email. | | | | | | | | | | | | | | | | | | | | |
| **ISSUED FROM:** | | | | | | | | | | | | | | | | | | | | | |
|  | Sheila Killingsworth | | |  |  | | | |  | | procurement@okhca.org | | | | | | |
|  | Contracting Officer | | |  |  | | |  | | | | E-Mail Address | | |
|  |  | | |  | | | | | | | | | | | | | | | | | |
|  | **RETURN TO:** | procurement@okhca.org | | | | | | | | | | | | | | |
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| **Description of Amendment:** | | | | | | | | | | | | | | | | | | | | | |
| a. This is to incorporate the following: | | | | | | | | | | | | | | | | | | | | | | |
| Changes to Solicitation 8070001235 include Questions and Answers in separate PDF Document.  Form D Excel Spreadsheet is replaced with:  **Form D Bidder Representations and Certifications. Excel Spreadsheet (Updated 11 6 2020).**  Form D Word Document is replaced with:  **Form D Bidder Representations and Certifications. Word Document (Updated 11 6 2020).**  Form F Word Document is replaces with:  **Form F Other Medicaid Experience (Updated 11 6 2020)** | | | | | | | | | | | | | | | | | | | |
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| b. All other terms and conditions remain unchanged. | | | | | |
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| Supplier Company Name (**PRINT**) | | |  | Date |
|  |  |  |  |  |
| Authorized Representative Name (**PRINT**) |  | Title |  | Authorized Representative Signature |