



**STATE OF ARKANSAS**  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203

**ADDENDUM 1**

**TO:** Vendors Addressed  
**FROM:** Chorsie Burns  
**DATE:** February 22, 2019  
**SUBJECT:** 710-19-1023: Inspections of Care

The following changes to the above-referenced IFB have been made as designated below:

☐ Change of Specifications  
☒ Change of Pricing Sheet  
☐ Change of Bid Opening Time and Date  
☐ Cancellation of Bid  
☒ Other

**BID OPENING DATE AND TIME**

Bid opening date and time remain unchanged.

**CHANGE OF PRICING SHEET**

In the Quality of Care Reviews section (page 8) the following changes in the estimated annual volume is to be made:

Description	Estimated Annual Volume	Unit Price Per Review	Extended Amount
<b>Quality of Care Reviews</b>			
Division of Youth Services (DYS) Secure Residential Treatment Facilities	5	\$	\$
DYS Specialized Residential Treatment Programs	10	\$	\$

**OTHER**

In the IFB page 26, Section 3.1, Item A, **PAYMENT AND INVOICE PROVISIONS** all invoices shall be forwarded to:

[DMS.Invoices@arkansas.gov](mailto:DMS.Invoices@arkansas.gov)

Invoice procedures shall be as outlined in Attachment H Invoice Procedures.

The changes made by virtue of this addendum become a permanent addition to the above referenced IFB. Failure to return this signed addendum may result in rejection of your proposal.

If you have questions, please contact Chorsie Burns at [chorsie.burns@dhs.arkansas.gov](mailto:chorsie.burns@dhs.arkansas.gov)

Company: \_\_\_\_\_

Respondent Signature: \_\_\_\_\_

Date: \_\_\_\_\_