

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203  
501-320-6511

**ADDENDUM 2**

**DATE:** April 24, 2019

**SUBJECT:** 710-19-1020 Medicaid Expansion Evaluation

The following change(s) to the above referenced Invitation for Bid for DHS has been made as designated below:

**Change of specification(s)**

\_\_\_\_\_ Additional specification(s)  
\_\_\_\_\_ Change of bid opening date and time  
\_\_\_\_\_ Cancellation of bid  
\_\_\_\_\_X\_\_\_\_\_ Other

Attachment B Written Question(s) - Updated to include all questions and answers

**BID OPENING DATE AND TIME**

Bid opening time will not change.

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BIDS WILL BE ACCEPTED UNTIL THE TIME AND DATE SPECIFIED. THE BID ENVELOPE MUST BE SEALED AND SHOULD BE PROPERLY MARKED WITH THE BID NUMBER, DATE AND HOUR OF BID OPENING AND BIDDER'S RETURN ADDRESS. IT IS NOT NECESSARY TO RETURN "NO BIDS" TO THE DEPARTMENT OF HUMAN SERVICES.

If you have questions, please contact the buyer at [nawania.williams@dhs.arkansas.gov](mailto:nawania.williams@dhs.arkansas.gov) or 501-320-6511

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company