

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 3

DATE: April 25, 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

FINAL - Bid Response Packet

BID OPENING DATE AND TIME

Bid opening time will not change.

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 or 501-320-6511

Vendor Signature

Date

Company