

## DISTRICT OF COLUMBIA DEPARTMENT OF MENTAL HEALTH CONTRACTS AND PROCUREMENT SERVICES 64 NEW YORK AVENUE, NE 2<sup>ND</sup> FLOOR WASHINGTON, DC 20002 TELEPHONE NUMBER: 202-671-3171; FAX NUMBER: 202-671-3395

August 23, 2013

## INVITATION FOR BIDS (IFB) FOR SECURITY ENHANCEMENTS AND UPGRADES 35 K STREET, NE WASHINGTON, DC 20002 RM-13-IFB-135-BY4-MA SOLICITATION AMENDMENT NUMBER TWO (2)

## TO PROSPECTIVE OFFERORS:

THE DEPARTMENT OF MENTAL HEALTH (DMH) INVITATION FOR BIDS (IFB) SOLICITATION RM-13-IFB-135-BY4-MA HAS BEEN AMENDED TO REFLECT THE FOLLOWING:

| Question   | RFP Section | Question/Comment           |  |  |
|--|-------------|----------------------------|--|--|
| No.  |             |                            |  |  |
| 1  |             | SUBMISSION DEADLINE UPDATE |  |  |
| DMH RESPONSE:  |             |                            |  |  |
| SUBMISSION DEADLINE CHANGED FROM THURSDAY, AUGUST 29, 2013 AT 2:00 P.M. TO |             |                            |  |  |
| MONDAY, SEPTEMBER 9, 2013 AT 2:00 P.M.                                     |             |                            |  |  |

THE DISTRICT SHALL FURNISH RESPONSES TO ANY QUESTIONS SUBMITTED IN WRITING TO ALL PROSPECTIVE OFFERORS BY ISSUING ANOTHER ADMENDMENT TO THIS SOLICITATION IF NECESSARY.

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Samuel J. Feinberg, CPPO, CPPB Director, Contracts and Procurement Agency Chief Contracting Officer

Amendment Number Two (2) is hereby acknowledged and is considered a part of the IFB for Solicitation Number: RM-13-IFB-135-BY4-MA. All Correspondence or inquiries related to this Solicitation or any modifications shall be addressed to:

Samuel J. Feinberg, CPPO, CPPB, Agency Chief Contracting Officer Director of Contracts and Procurement Services 64 New York Avenue, NE – 2<sup>nd</sup> Floor Washington, DC 20002 (202) 671-3188 Office; (202) 671-3395; Fax; Email: Samuel.Feinberg@dc.gov

|  |                                    | _ |
|--|------------------------------------|---|
| Print or Type Name of Bidder           | Title of Authorized Representative |   |
|  |                                    |   |
|  |                                    |   |
|  |                                    |   |
| Signature of Authorized Representative | Date                               |   |