



# MISSISSIPPI STATE HOSPITAL

WHITFIELD, MS 39193

(601) 351-8000

WWW.MSH.STATE.MS.US

OFFICE OF ADMINISTRATION  
JAMES G. CHASTAIN, DIRECTOR

## Amendment No. 1 to IFB 09.01.2020.467 Hemodialysis Services

July 31, 2020

### All Prospective Bidders:

Reference is made to our Invitation For Bid (IFB), 09.01.2020.467, for hemodialysis services, dated July 29, 2020. This letter will acknowledge that the IFB is modified and superseded by the following change in terms, conditions and specifications:

1. Change: Paragraph #20 on page #4 of the IFB is deleted in its entirety and replaced by the following: "Award will be made to a single vendor. Factors to be considered in determining the best bid include: (1) Lowest and best billing percentage for line number one (2) Conformity to Specifications (3) Responsibility of Bidder (as defined by PSCRB rules and regulations) (4) Responsiveness of Bidder (as defined by PSCRB rules and regulations). All participating vendors will be notified of MSH's intent to award a contract. In addition, MSH will identify the selected vendor and proceed to confirm terms for a final contract. The notice of award will be made available to the public."

In the event that any provision of this first amendment conflicts in whole or in part with any of the terms, conditions, or specifications of the invitation for bid, the provisions of this first amendment will control. The effective date of this amendment is July 31, 2020.

All other terms, conditions, and specifications of this solicitation remain unchanged.

Bid Opening Date and Time: September 1, 2020 at 3:00 P.M. CST

Issued By: H.L. Lockhart/Purchasing Chief – (601) 351-8056

### Acknowledgment

This amendment must be signed and returned with your bid, or otherwise acknowledged prior to the opening date and time shown above. If you have already submitted your bid and need to make corrections, submit a corrected bid with this amendment prior to the opening date and time shown above.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

A FACILITY OF THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS