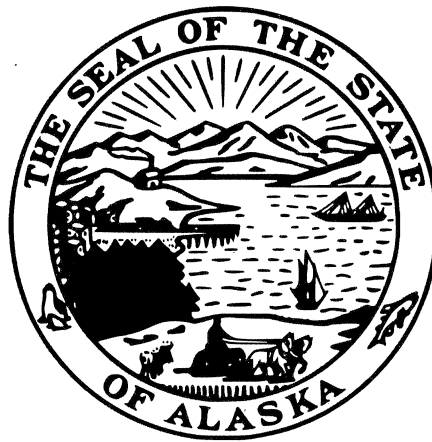


STATE OF ALASKA

Department of Corrections

Division of Health & Rehabilitation Svcs



Pharmacist Relief Svcs

RFP# 2023-2000-5190

Amendment # 1

May 25, 2022

This amendment is being issued to address errors in the RFP as follows.

1. Section 3.02 begins by stating the contract period begins 7/1/19... but below is shown as 7/1/22 as expected.

RESPONSE: Yes, this is an error and should read 7/1/2022 through 6/30/2023, with optional renewals up to 6/30/2025.

2. The RFP Receipt Acknowledgment say "Optometric Services" as does the Attachment 4 under "Title:..."

RESPONSE: The Attachment #3 "RFP Receipt Acknowledgement Form" is incorrect and has been changed to reflect the correct title information and attached to this amendment, as has Attachment #4, "Offeror Information and Assurance Form".

Important Note to Offerors: You must sign and return this page of the amendment document with your proposal. Failure to do so may result in the rejection of your proposal. Only the RFP terms and conditions referenced in this amendment are being changed. All other terms and conditions of the RFP remain the same.

Gary Bailey

Title Procurement Spec 5

Phone: (907) 269-7344

Email: gary.bailey@alaska.gov

COMPANY SUBMITTING PROPOSAL

AUTHORIZED SIGNATURE

DATE

RFP RECEIPT ACKNOWLEDGMENT FORM

(Return to Procurement Officer listed in the RFP as soon as possible)

Pharmacist Relief Services

RFP #2023-2000-5190

ISSUED

May 11, 2022

I have received the above specified RFP and

DO INTEND TO RESPOND WITH A PROPOSAL _____

DO NOT INTEND TO RESPOND WITH A PROPOSAL _____

* * * * *

AGENCY/ORGANIZATION/INDIVIDUAL

ADDRESS

SIGNATURE

DATE

OFFEROR INFORMATION AND ASSURANCE FORM

Request for Proposals # **2023-2000-5190**
Department of Corrections

Title: Pharmacist Relief Services
Location of Project: Anchorage
Contract Projected to Begin: July 1, 2022
Contract Projected to End: June 30, 2025

A. Offeror's (Agency or Individual) Name: _____

B. Offeror's Address: _____

Telephone Number: _____ Fax: _____ E-Mail: _____

C. Status: For Profit: _____ Non-Profit: _____ Other: _____

D. Alaska Business License Number: _____

E. Internal Revenue or Social Security Number: _____

F. Professional Registration Number (if applicable): _____

G. Recipient Contact Person: _____

H. Authorized Representative: _____

I. **TERMS AND CONDITIONS:** By signature on this page, the Offeror certifies that it is complying with all terms and conditions set out in this RFP.

J. The Offeror(s), by execution of the **Offeror Information & Assurance Form**, agrees to be bound by the terms of the RFP and proposal for a period of not less than ninety (90) days after the proposal due date.

Offeror's Authorized Signature and Title*
(Must be sworn before a notary public.)

Date (Month, Day, and Year)

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC
My commission expires: