SOLICITATION AMENDMENT 1
MAY 28, 2014
RESPONSES TO QUESTIONS AND REQUESTS FOR CLARIFICATIONS

You are invited to participate in the following State Procurement Opportunity.

Solicitation Number: 325-14-415-011
Type: Request For Proposal
Title: Production of North Dakota Medicaid Identification Cards
Issuing Agency: Human Services, Department of - Medical Services Division
Issued: 04/29/2014
Deadline for Questions: 05/23/2014 03:00 PM CT
Closes: 06/13/2014 03:00 PM CT

Procurement Officer: Cindy Sheldon
Telephone: 701-328-4626
TTY: 711
Fax: 701-328-1544
Email: cmsheldon@nd.gov

Short Description: Soliciting proposals to secure a vendor to generate, print, encode, and mail Medicaid Identification cards.

Instructions: Click the link below to view this solicitation. Contact the Procurement Officer if you have any questions or are unable to obtain the documents from the website.


If the above link does not work:
- Go to www.nd.gov/spo
- From the left menu, click Bids and Contracts - click Current Solicitations
- Recent Solicitations are listed by close date.
Question and Answer:

1: Do I need to include the cost of the card cover in my companies bid?
A: Yes.
SOLICITATION AMENDMENT

ACKNOWLEDGEMENT

SOLICITATION NUMBER AND TITLE: 325-14-415-011 Production of North Dakota Medicaid Identification Cards

AMENDMENT NUMBER: 1

By my signature below, I hereby acknowledge receipt of and compliance with this amendment to the above referenced solicitation.

NAME OF BIDDER OR OFFEROR

MAILING ADDRESS

PRINTED NAME

SIGNATURE

TITLE

DATE