

**State of North Dakota  
Department of Human Services  
Medical Services Division  
600 E Blvd Ave, Dept 325  
Bismarck, ND 58505-0250**

**SOLICITATION AMENDMENT 2  
July 29, 2014  
RESPONSES TO QUESTIONS AND REQUESTS FOR CLARIFICATIONS**

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

Solicitation Number: 325-14-415-023

Type: Request For Proposal

Title: Optometric Materials for North Dakota Medicaid Recipients

Issuing Agency: Human Services, Department of-Medical Services Division

Issued: 06/12/2014

Deadline for Questions: 06/20/2014 03:00 PM CT

Closes: 07/11/2014 03:00 PM CT

Procurement Officer: Cindy Sheldon

Telephone: 701-328-4626

TTY: 711

Fax: 701-328-1544

Email: [cmsheldon@nd.gov](mailto:cmsheldon@nd.gov)

Short Description: Soliciting proposals from entities interested in furnishing optometric materials to North Dakota Medicaid recipients.

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.

<https://apps.nd.gov/csd/spo/services/bidder/displaySolicitation.htm?solNo=325-14-415-023>

If the above link does not work:

-Go to [www.nd.gov/spo](http://www.nd.gov/spo)

-From the left menu, click Bids and Contracts - click Current Solicitations

-Recent Solicitations are listed by close date.

The following section is amended:

Section 1.03

<b>RFP Schedule</b>	<b>Dates</b>	<b>Time (CT)</b>
RFP Issue Date	June 12, 2014	
Deadline for Submission of Questions and Requests for Clarifications	June 20, 2014	3:00 pm
Approximate issue date of amendment for responses to questions and request for clarifications, if applicable	June 25, 2014	
Deadline for Receipt of Proposals	July 11, 2014	3:00 pm
Approximate issue date of notice of intent to award (AMENDED)	August 8, 2014	
Contract Start Date (AMENDED)	TO BE DETERMINED	

**SOLICITATION AMENDMENT**

**ACKNOWLEDGEMENT**

**SOLICITATION NUMBER AND TITLE:** 325-14-415-023; Optometric Materials for North Dakota Medicaid Recipients

**AMENDMENT NUMBER:** 2

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***