

## Amendment I

The following Amendment, effective August 27, 2018, is made part of the Invitation for Bid #19-002 previously released by the Mississippi Department of Corrections for Guard Service for Outpatient Clinic Visits and Hospitalized State Prisoners.

The following sections of the RFP have been modified. All other terms and conditions shall in the original released RFP shall remain the same:

### 3.1 Insurance

#### A. 4 should read as follows:

Professional liability insurance with limits of one million dollars (**\$1,000,000**) each claim.

### 4.3.2 Contract Management should read as follows:

If the Contractor fails to adhere to the interstate transportation services schedule, or if the Contractor fails to satisfactorily provide the prescribed service to all or any service area, the Contracting Agency will inform the Contractor, and the Contractor shall complete corrective action within twenty-four (24) hours. No payment shall be made to the Contractor until all deficiencies have been corrected. If the Contractor exhibits a pattern of non-performance as shown by repeated deficiencies, the Contracting Agency may terminate the contract without further obligation to the Contractor. (Contracting Agency may elect to use the form included as **Attachment H**, Guard Services Contract Discrepancy Report.)

**Attachment A** a new Attachment A is included with this amendment.

Please acknowledge receipt of this amendment by signing and returning to [dlemley@mdoc.state.ms.us](mailto:dlemley@mdoc.state.ms.us).

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Signature

Company Name

**Attachment A**

**Bid Cover Sheet**

The MDOC is seeking to establish a contract for guard services.  
Bids are to be submitted as listed below, on or before 11:00 am, September 18, 2018.

**PLEASE MARK YOUR ENVELOPE:**

**IFB 19-002**  
**Opening Date: 11:00 am, September 18, 2018**  
**MS Department of Corrections**  
**Attention: Dell Lemley**  
**633 North State St., Jackson, MS, 39202**  
**SEALD BID – DO NOT OPEN**

Name of Company: \_\_\_\_\_

Quoted By: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Company Representative: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

<b>FEI/FIN # (if company, corporation, or partnership):</b>	
<b>SS# (if individual):</b>	

**In addition to providing the above contact information, please answer the following questions regarding your company:**

What year was your company started? \_\_\_\_\_