

**Comprehensive Correctional Healthcare Services**  
**Amendment #4: Questions and Answers**  
RFx/RFP #3120002800

To include a clarification of section 4.4.5 to confirm that the purpose of the facility tour is for the **Mississippi Department of Corrections leadership team** to provide an overview of any specialized services, programs, equipment at the facility.

**Signature and Submission of Amendment 4 are required with your Proposal.**

**Receipt for Amendment #4 Acknowledged: (signature)**

\_\_\_\_\_

**Name (Print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company:** \_\_\_\_\_ **Title:** \_\_\_\_\_