

SOLICITATION ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Name/Title: Alzheimer's Disease and Related Dementias, ADRD	Solicitation No: HHS0014455
--	---------------------------------------

Solicitation Due Date: June 28, 2024	Solicitation Due Time: 10 30 a.m.	Addendum No.: 1	Addendum Date: May 24, 2024
--	---	---------------------------	---------------------------------------

PCS Contact Information

Purchasing Contact Phone: 512-406-2483	Purchasing Contact Name: Barbara Logan	Purchasing Contact Email: barbara.logan@hhs.texas.gov
--	--	---

Description of Addendum

BE ADVISED THAT THE FOLLOWING CHANGES ARE APPLICABLE TO THE ABOVE REFERENCED SOLICITATION:

The purpose for this Addendum 1 is to:

1. Post an updated Exhibits and Forms zip file replacing the Word version of Exhibit E, Evaluation Tool, with a PDF version. No changes have been made to the content of Exhibit E.
2. No other information in RFA No. HHS0014455 is changed by this Addendum 1.

**THIS ADDENDUM NOW BECOMES A PART OF THE ORIGINAL SOLICITATION
RETURN ADDENDUM ACKNOWLEDGMENT FORM AS INSTRUCTED, FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION OF
RESPONSE.**

1. Acknowledge receipt of this addendum by signing and returning this addendum with your solicitation response in accordance with the submission options outlined in the solicitation.
2. If respondent has submitted the response prior to addendum, respondent may email the signed addendum to pcsbids@hhsc.state.tx.us prior to the solicitation due date and time.

Authorized Signature 	Respondent Name 	
Date 	Phone 	Email