

State of Arkansas  
DEPARTMENT OF HUMAN SERVICES  
700 South Main Street  
P.O. Box 1437 / Slot W345  
Little Rock, AR 72203

**ADDENDUM 1**

**TO:** All Addressed Vendors  
**FROM:** Office of Procurement  
**DATE:** June 6, 2024  
**SUBJECT:** 710-24-076 Medicaid and Other Human Services Procurement Support

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The following change(s) to the above referenced RFP have been made as designated below:

- Change of specification(s)
- Additional specification(s)
- Change of bid opening date and time
- Cancellation of bid
- Other

**OTHER**

- Exhibits 1 and 2 – remove and replace with Revised Exhibits 1 and 2
- Add Attachment I – Client History Form

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The specifications by virtue of this addendum become a permanent addition to the above referenced RFP. Failure to return this signed addendum may result in rejection of your proposal.

If you have any questions, please contact: Karrie Goodnight, [DHS.OP.Solicitations@dhs.arkansas.gov](mailto:DHS.OP.Solicitations@dhs.arkansas.gov), (501) 320-3906.

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Vendor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company