

SOLICITATION ADDENDUM ACKNOWLEDGEMENT FORM

Solicitation Name/Title:	Texas Veteran + Family Alliance Grant Pr	Solicitation No:	HHS0003297		
Solicitation Due Date:	03/19/2019	Solicitation Due Time:	02	00	PM
Addendum No.	3	Addendum Date:	03/14/2019		

PCS Contact Information

Purchasing Contact Phone:	512-406-2449	Purchasing Contact Name:	Michele Rivers
Purchasing Contact Email:	Michele.Rivers@hhsc.state.tx.us		

Description of Addendum

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

Adding Exhibit B HHS Uniforms Terms and Conditions- Grant form and Exhibit E HHSC Special Conditions-Grantee form to the Exhibits and Applicable Forms section.

Please note all Addendum must be sign and submitted with responses.

THIS ADDENDUM NOW BECOMES A PART OF THE ORIGINAL SOLICITATION

RETURN ADDENDUM ACKNOWLEDGMENT FORM AS INSTRUCTED, FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION ORESPONSE.

1. If respondent has submitted response prior to addendum, respondent may email the signed addendum to pcsbids@hhsc.state.tx.us prior to the solicitation due date and time.
2. Acknowledge receipt of this addendum on the face of your response, or
3. Sign and return this addendum to HHSC-PCS with the solicitation response to Procurement and Contracting Services, 1100 W. 49th Street, Austin, TX 78756; or

<input type="text"/>		<input type="text"/>	
Respondent Name		Authorized Signature	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date (MM/DD/YYYY)	Phone	Email	