



MARYLAND Department of Health

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Office of Procurement and Support Services

Dana Dembrow, Director

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**Invitation for Bid
Peer Review Services for the Maryland Board of Physicians
MDH/OPAS#20-18646
eMM # BPM018233**

**Addendum #5
Issued: April 8, 2020**

All persons who are known by the Issuing Office to have received the above-referenced RFP are hereby advised of the following revisions:

Item 1.)

On April 8 ,2020 an updated Excel Price Form has been added to replace the Excel Price Form posted on March 13,2020 to reflect the Contract Duration stated on Key Information Summery Sheet.

Item 2.)

Key Information Summery Sheet of Peer Review Services for the Maryland Board of Physicians IFB now read:

Bid Due (Closing) Date and Time:	April 9, 2020 @ 2:00 p.m. Local Time Bidders are reminded that a completed Feedback Form is requested if a no-bid decision is made (see page iv).
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Key Information Summery Sheet of the Peer Review Services for the Maryland Board of Physicians IFB has been REVISED to read:

Bid Due (Closing) Date and Time:	April 13, 2020 @ 2:00 p.m. Local Time
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	Bidders are reminded that a completed Feedback Form is requested if a no-bid decision is made (see page iv).
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All other terms and conditions remain unchanged.

This Addendum is issued under the authority of State Procurement Regulations, COMAR 21.05.02.08 and with the approval of the Director, OPASS, MDH.

4/8 /2020
Date

Dana Dembrow
Dana Dembrow

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Addendum #3
MDH/OPASS#20-18646

Please include the addendum acknowledgement with your bid submission to:

Calvin T. Johnson
Contract Officer
Office of Procurement and Support Services
201 W. Preston Street, Room 416
Baltimore, MD 21201
Phone Number: (410) 767-8216
Fax Number: (410) 333-5958
E-mail: calvin.johnson@maryland.gov

ADDENDUM ACKNOWLEDGEMENT

I acknowledge receipt of Addendum #3 to IFB MDH/OPASS#20-18646 title “Peer Review Services for the Maryland Board of Physicians IFB” MDH/OPASS#20-18646 dated March 13, 2020

Vendor’s Name

Authorized Signatory – (Print/Type)

Signature

Date