
AMENDMENT OF SOLICITATION

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1. SOLICITATION NO. THERAPEUTIC RFP # 694-0-0852	2. AMENDMENT NO. A-001	3. EFFECTIVE DATE June 30, 2010
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4. ISSUED BY

Texas Youth Commission
Central Office Building
Contracts Group – Barbara Kelley, Contract Specialist III
4900 North Lamar
Austin, Texas 78751

5. NAME AND ADDRESS OF CONTRACTOR

6. The above numbered solicitation is amended as set forth in Item 7. The hour and date specified for receipt of Offers is extended, is not extended.

Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods:

(a) By completing Items 5 and 8, and returning 1 copy of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

7. DESCRIPTION OF AMENDMENT

The comments listed below revise and modify RFP # 694-0-0852. Acknowledgement of receipt of this amendment should be indicated by enclosing a copy of the Amendment with your proposal.

1. Page 12 of 87, VIII. STATEMENT OF WORK, PROGRAM REQUIREMENTS AND NARRATIVE, H. Health Care, Delete item #1 and Item # 9 in their entirety.

2. Page 12 of 87, VIII. STATEMENT OF WORK, PROGRAM REQUIREMENTS AND NARRATIVE, H. Health Care,

Insert the following Item #1 and Item #9:

1. Enroll eligible youth in Medicaid or other assistance programs for health care.

2. For youth not eligible for Medicaid or other assistance programs for health care, obtain authorization and secure an encumbrance number from TYC prior to incurring expenses. These requirements do not apply in the case of a bona fide emergency, in which case notification will be given no later than the next working day after the emergency. Private insurance and governmental assistance programs will be utilized for health care when possible. Promptly send bills to the TYC District Office no later than five (5) days after receipt of the invoice. Costs incurred that do not meet these requirements are the responsibility of the Service Provider.

8a. NAME AND TITLE OF SIGNER (Type or Print)

8b. OFFEROR

(Signature of Person Authorized to Sign)

Date Signed