DEPARTMENT OF MENTAL HEALTH
State of Mississippi

Diana S. Mikula - Executive Director
October 27, 2020

DEPARTMENT OF MENTAL HEALTH
AMENDMENT #1
IFB#: 3160003934
for
Comprehensive Communication Campaign for Opioid Awareness

Dear Prospective Bidders:

Reference is made to our Invitation for Bid #3160003934 for Comprehensive Communication Campaign for Opioid Awareness for the MS Department of Mental Health dated October 16, 2020. This letter will serve to acknowledge that the IFB is amended to include the highlighted changes to Attachment A Bid Cover Sheet. All other terms, conditions, and specifications of this solicitation remain unchanged.

Bid Opening Date and Time: November 17, 2020 at 10:00 a.m. CST

Issued by: Toni Johnson, Director
Bureau of Human Resources
601-359-6244

ACKNOWLEDGEMENT
This amendment must be signed and returned with your bid, or otherwise acknowledged prior to the opening date and time shown above. If you have already submitted your bid and need to make corrections, submit a corrected bid with this amendment prior to the opening date and time shown above.

Company Name

Signature

Title

Date
Attachment A

Bid Cover Sheet

The Department of Mental Health is seeking to establish a contract for a Comprehensive Communications Campaign for Opioid Awareness for the MS Department of Mental Health.

Bids are to be submitted as listed below, on or before November 17, 2020 at 9:00 a.m.

PLEASE MARK YOUR ENVELOPE:

[IFB: #3160003934:]
Opening Date: November 17, 2020 at 10:00 a.m.
MS Department of Mental Health
Attention: Toni Johnson
239 North Lamar Street
Jackson, MS 39201
SEALED BID – DO NOT OPEN

Name of Company: ________________________________________________

Quoted By: ______________________________________________________

Signature: _______________________________________________________

Address: _______________________________________________________

City/State/Zip Code: ______________________________________________

Company Representative: _________________________________________

Telephone: _____________________________________________________

Fax: ____________________________________________________________

E-Mail: _________________________________________________________

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<th>FEI/FIN # (if company, corporation, or partnership):</th>
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<td>SS# (if individual):</td>
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