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:** Chorsie Burns, Buyer

DATE: March 2, 2020 SUBJECT: 710-20-0026 LIVE SCAN FINGERPRINT CONFIGURATION	
The following change(s) to the above referen	nced IFB have been made as designated below:
X Change of specification(s) Additional specification(s) Change of bid opening date and time Cancellation of bid Other-	
CHANGE OF SPECIFICATION	
Delete item 2.6 (A) 15 which reads as follows 15. The Fingerprint Configuration must I time of fingerprint capture.	s: have the ability to bill any fees directly to DHS or require payment at
The specifications by virtue of this addendum to return this signed addendum may result in	n become a permanent addition to the above referenced IFB. Failure rejection of your proposal.
If you have any questions, please contact Ch	norsie Burns at <u>chorsie.burns@dhs.arkansas.gov</u> or (501) 682-6327.
Vendor Signature	 Date
Company	