



**State of Oklahoma
Oklahoma State Department of Health**

Amendment of Solicitation

Date of Issuance: 6/13/14

Solicitation No. 34000051214

Requisition No. N/A

Amendment No. 2

Hour and date specified for receipt of offers is changed: No Yes, to: _____ CST

Pursuant to OAC 580:16-7-30(d), this document shall serve as official notice of amendment to the Solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

- (1) Sign and return a copy of this amendment with the solicitation response being submitted; or,
- (2) If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date printed clearly on the front of the envelope.

ISSUED BY and RETURN TO:

U.S. Postal Delivery:

Oklahoma State Department of Health
Procurement Service - RM 309
1000 NE 10TH Street

Angela Andrews

Contracting Officer

(405) - 271 - 4043

Phone Number

angelama@health.ok.gov

E-Mail Address

OK, OK 73117 -

or

Personal or Common Carrier Delivery:

Oklahoma State Department of Health
Procurement Service - RM 309
1000 NE 10TH Street

OK, OK 73117 -

Description of Amendment:

a. This is to incorporate the following:

RFI Question:

I saw the employee count of 2100---- do you have an estimate of users for the financial system (finance departments, various department directors etc...)? Is there an HR/Payroll module requirement that all 2100 would need some level of access?

RFI Answer:

"OSDH is considering replacing its timekeeping system as part of this project; in that case the users would be all employees. If timekeeping is not involved, the users would be about 400, including various management, support, and financial staff."

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**)

Date

Authorized Representative Name (**PRINT**) Title

Authorized Representative Signature