



**VIA EMAIL**

DATE: July 10, 2014  
TO: Prospective Proposers  
FROM: Maureen Crystal  
Director of Contracts  
RE: Invitation for Bid (IFB) No. Q14-43  
Type of Service: Medicaid Eligibility Assistance

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**Addendum No. 2**

IFB Q14-36 is hereby amended. The IFB is amended only as set forth in this Addendum No. 2:

- Consisting of Two(2) pages including this cover page.
- THE PROPOSED FEE MUST BE A FLAT FEE
- DUE Date has been extended to July 16<sup>th</sup>, 2014

All other terms and conditions of the IFB dated June 10, 2014 remain in full force and effect.

Immediately upon receiving this Addendum No. 1, please acknowledge such receipt by providing the information requested below and returning this page only via email to [lisandra.reid@downstate.edu](mailto:lisandra.reid@downstate.edu) or fax at 718-270-3342

\_\_\_\_\_  
Vendor's Name

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Date

DMC Materials Management webpage: [www.downstate.edu/materials](http://www.downstate.edu/materials)

# Medicaid Eligibility Assistance Services # Q14-43 IFB

## Cost Proposal Grid

*(this form is available in Excel Format by request via eMail to [lisandra.redi@downstate.edu](mailto:lisandra.redi@downstate.edu))*

Date \_\_\_\_\_

Submitted by: \_\_\_\_\_

VENDOR

NAME OF VENDOR CONTACT

<b>Inpatient and Outpatient Accounts</b>	
<b>Item</b>	<b>ALL Accounts</b>
	<b>FLAT FEE</b>
M.O.S.T Services	

**SUNY-DMC reserves the right to award multiple contracts or no contract at all.**

**Vendor must adhere strictly to the format of the above cost proposal matrix, and shall not alter or modify it in any way.**

**\*\*NOTE - the final costs must be all-inclusive. Vendor's compensation under the Contract will be limited to the rates herein proposed, which rates shall remain fixed for the term of the Contract(s) (VENDOR'S SHALL NOT PROPOSE ANY ESCALATION).**