Mississippi Emergency Management Agency  
#1 MEMA Drive  
Pearl, MS 39208

AMENDMENT/ADDENDUM NO. 1  
to the  
Request for Proposals  
to Provide  
the MEMA District 6 Regional Hazard Mitigation Plan  
DATED February 4, 2015

RFP NO. 0126-15HM

Contact Person: Edward Williams, Procurement Officer  
Phone: 601-933-6390  
Fax: 601-966-6630  
 ewilliams@mema.ms.gov

Request for Proposals to Provide  
MEMA District 6 Regional Hazard Mitigation Plan  
Page 1 of 5
ACKNOWLEDGEMENT OF AMENDMENTS OR ADDENDA
RFP NO. 0126-15HM

Amendment No. 1 to RFP No. 0126-15HM specifically amends/modifies Paragraph 14.0 to include information regarding how to submit your proposal through the Mississippi Accountability System for Government Information and Collaboration (MAGIC). The new language is as follows:

14.0 PROPOSAL ACCEPTANCE PERIOD

The original and five (5) copies of the proposal and all attachments (six (6) copies total) along with one electronic copy of the proposal saved as a .pdf file and stored on a CD shall be signed and submitted in a sealed envelope or package to Edward Williams, #1 MEMA Drive, Pearl, MS 39208 no later than 10:00 a.m. Central Standard Time on Monday, February 23, 2015. To ensure that all submitted proposals are adequately sealed and unable to be reviewed prior to the proposal opening time, no electronic of facsimile copies of proposals will be accepted. Offerors shall also submit the proposal through the State of Mississippi online financial program the Mississippi Accountability System for Government Information and Collaboration (MAGIC). Should you have questions regarding how to register as a vendor or submit your proposal please contact Edward Williams at 601-933-6390 or ewilliams@mema.ms.gov. Timely submission of the proposal is the responsibility of the offeror. Offers received after the specified time shall be rejected and returned to the offeror unopened. The envelope or package shall be marked with the proposal opening date and time and the number of the request for proposal. The time and date of receipt shall be indicated on the envelope or package by the MEMA Office of Support Services. Each page of the proposal, all attachments and the CD shall be identified with the name of the offeror.

By signing this Acknowledgement of Amendments, the offeror acknowledges receipt of this amendment and that the provisions of said amendment have been noted and that this proposal is being offered in compliance therewith.

Offeror Signature, Title __________________________     Date __________________________

Company

Request for Proposals to Provide
MEMA District 6 Regional Hazard Mitigation Plan
Page 2 of 5
REQUEST FOR PROPOSAL FORM

REQUEST FOR PROPOSAL TO PROVIDE
District 6 Regional Hazard Mitigation Plan
RFP NO. 0126-15HM

This form is to be completed by all offerors and included in their submitted proposal.

<table>
<thead>
<tr>
<th>OFFEROR:</th>
<th></th>
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<tbody>
<tr>
<td>CONTACT PERSON:</td>
<td></td>
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<tr>
<td>PHONE NUMBER:</td>
<td></td>
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<tr>
<td>EMAIL ADDRESS:</td>
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</table>

Listing of three contracts with services similar in scope, size, or discipline including at least two references for current contracts awarded in the last three years

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Address:</th>
<th>Scope:</th>
<th>Name &amp; Number of Reference:</th>
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</table>

Cost Data

<table>
<thead>
<tr>
<th>Annual Cost of the Service:</th>
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<tr>
<td>No. of Personnel to be Assigned to Contract:</td>
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<tr>
<td>Total Estimated Cost of the Labor Portion of the Contract:</td>
<td></td>
</tr>
<tr>
<td>Total Estimated Cost of the Expenses Portion of the Contract:</td>
<td></td>
</tr>
</tbody>
</table>

Attachment included showing sample staffing chart Initial here showing presence of attachment

Attachment identifying all non-labor costs and their estimated totals Initial here showing presence of attachment

ACKNOWLEDGEMENT OF AMENDMENTS
I (we) acknowledge receipt of the following amendments:

Amendment #1, dated February 4, 2015 _______ (initial here)

Further, all acknowledged amendments are included with this proposal and are signed as required in the Request for Proposal.
EMPLOYEES NOT TO BENEFIT
I (we) hereby certify that if the contract is awarded to our firm, partnership, corporation, that no employee of MEMA or members of his/her family, including spouse, parents or children has received or been promised directly or indirectly, any financial benefit by way of fee, commission, finder’s fee, political contribution or any similar form of remuneration on account of the act of awarding and/or executing this contract.

CONFLICTS OF INTEREST
The Proposer

[ ] is [ ] is not
aware of any information bearing on the existence of any potential organizational conflict of interest.

REPRESENTATION REGARDING CONTINGENT FEES
The Proposer

[ ] has [ ] has not
retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract.

REPRESENTATION REGARDING GRATUITIES
The Proposer represents that it has not violated, is not violating, and promises that it will not violate the prohibition against gratuities set forth in Section 7-204 (Gratuities) of the Mississippi Personal Service Contract Procurement Regulations.

CERTIFICATION OF INDEPENDENT PRICE DETERMINATION
The Proposer certifies that the price submitted in response to the solicitation has been arrived at independently and without – for the purpose of restricting competition – any consultation, communication, or agreement with any other offeror or competitor relating to those prices, the intention to submit an offer, or the methods or factors use to calculate the prices offered.

COLLUSION
I certify that this offer is made without prior understanding, agreement, or connection with any corporation, firm or person submitting an offer for the same services, materials, supplies or equipment, and is in all respects fair and without collusion or fraud. I understand collusive proposing or bidding is a violation of State and Federal laws and can result in fines, prison sentences, and civil damage awards.

ACCEPTANCE OF CONDITIONS
I certify that this proposal indicates whether this offer takes any exceptions to the general terms and conditions of the proposal document and to insurance, bonding, and any other requirement listed. If no exceptions are indicated in the offer, I certify that NO exceptions are taken to any of the terms and conditions of this proposal document.

Request for Proposals to Provide
MEMA District 6 Regional Hazard Mitigation Plan
Page 4 of 5
OFFEROR QUALIFIED TO TRANSACT BUSINESS
I certify that I am in compliance with Miss. Code Annotated § 79-4-15-01 regarding authorization to transact business in Mississippi. If a foreign corporation, meaning a corporation incorporated under a law other than the law of this state, I have provided a certificate of authority from the Mississippi Secretary of State.

PROPRIETARY INFORMATION
This proposal [ ] does [ ] does not contain proprietary information. If there is proprietary information contained in this quote it is clearly marked as propriety and can be found at

_____________________________________________________________.

I hereby certify that the responses to the above representations, certifications, and other statements are accurate and complete. I agree to abide by all conditions of the proposal and certify that I am authorized to sign for my company.

_________________________________   ________________________________
Signature      Date

_________________________________   ________________________________
Name (Printed)      Title