



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

**Request for Grant Application (RFGA)
Addendum Form**

**Office of Procurement Services
2 Peachtree Street, NW – 35th Floor
Atlanta, Georgia 30303-3159**

Addendum Number: **02** Dated: **April 17, 2020**

Title of Grant: **Emergency Department Upgrade for Behavioral Health Patients**

Requesting Agency: **Georgia Department of Community Health**

Initially Posted: **February 11, 2020**

Issuing Officer: **Joanne Mitchell**

Telephone: **404 651-6183** e-mail: **jimitchell@dch.ga.gov**

RFGA Due Date: **Tuesday, May 12, 2020 at 3pm**

The information provided below is made a part of this RFGA -

1. **Appendix G – Business Associate Agreement** – Has been added to the RFGA and must be completed, signed, and returned with the response package.
2. **DCH Application Checklist** – Has been revised to reflect the addition of Appendix G.

Please continue to access the DCH website for future updates. Thank you.

NOTE: REVIEW CAREFULLY!

In the event of a conflict between previously released information and the information contained herein, the latter shall control. A signed acknowledgment of this addendum (this page) must be attached to your RFGA response. Failure to include a signed acknowledgement of this addendum will disqualify applicant from further consideration on this grant award.

A signature on this addendum does not constitute your signature on the original RFGA document. The original RFGA response must also be signed in the proper places.

Firm Name

Signature

Typed Name and Title