MARYLAND STATE TREASURER'S OFFICE

Louis L. Goldstein Treasury Building 80 Calvert Street, Room 109 Annapolis, Maryland 21401

DATE:	February 21, 2024
TO:	All Prospective Proposers
FROM:	Kris Chewlin Procurement and Compliance Manager
RE:	Amendment 1: Statewide Alternative Banking Services

RFP #SABS-01262024

The following amends the above referenced RFP documents. Receipt of this Amendment is to be acknowledged by completing the enclosed "Acknowledgement of Receipt of Amendment/Addenda Form" and including it in the proposal. The Solicitation Schedule is subject to further change modification, as required by the Office.

• Attachment E. Contract - LIMITATIONS OF LIABILITY – Section 9.1 (c) (located on Page 64 of the RFP) - is hereby deleted and replaced with the following language:

For all other claims, damages, loss, costs, expenses, suits or actions in any way related to this Contract, including but not limited to Contractor's breach, negligence and/or willful actions or omissions, Contractor's liability shall be unlimited for all actual damages, plus for all indirect and consequential damages, Contractor shall be liable to an amount of 50% of the average yearly balance of deposits and transactions of all monies in State accounts. In any event, the Contractor and State agree that neither party shall be liable for punitive damages or attorney's fees.

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ACKNOWLEDGEMENT OF RECEIPT OF AMENDMENT/ ADDENDA FORM

RFP NO.: SABS-01262024

TECHNICAL AND FEE PROPOSAL DUE DATE: March 7th, 2024 on or before 2:00 PM ET

RFP FOR: STATEWIDE ALTERNATIVE BANKING SERVICES

NAME OF OFFEROR:

ACKNOWLEDGEMENT OF RECEIPT OF AMENDMENT/ADDENDA

The undersigned, hereby acknowledges the receipt of the following Amendment/Addenda:

Amendment/Addendum No. 1 dated <u>February 21, 2024</u>.

Amendment/Addendum No._____ dated_____

Amendment/Addendum No._____ dated_____

Amendment/Addendum No._____ dated_____

This form is to be included in the Transmittal Letter of our Technical Proposal

Signature: _____

Printed Name:

Title: _____

Date: _____

END OF FORM