AMENDMENT #4
Numbering Correction to Section 4, Subsections 4.9 – 4.10
Request for Proposals for Facility Operator for Wilkinson County Correctional Facility
RFP Issue Date: February 10, 2026

All Prospective Offerors:

The Mississippi Department of Corrections is issuing an Amended Request for Proposal (RFP) for Facility Operator for Wilkinson County Correctional Facility, RFx 3140004482, dated March 10, 2026. Amendment #4 corrects the numbering of Section 4, Subsections 4.9 – Proposal Requirements, Contents of Management Plan and 4.10 – Insurance Requirements and is modified and superseded by the following numbering changes:

1. Subsection **4.9.1 Staff Education and Training** changed to **4.9.2.**
2. Subsection **4.8.1.1 Training Programs and Certifications** changed to **4.9.2.1.**
3. Subsection **4.9.2 - Inmate Programs & Services** changed to **4.9.3.**
4. Subsection **4.9.2.1 Program Quality Continuity & Past Performances** changed to **4.9.3.1.**
5. Subsection **4.9.3 – Policies, Compliance, & Quality Assurance** changed to **4.9.4.**
6. Subsection **4.9.3.1 – Outcome Measurement, Technology and Corrective Action** changed to **4.9.4.1.**
7. Subsection **4.9.4 – Operational Readiness & Critical Incident Management** changed to **4.9.5.**
8. Subsection **4.9.4.1 Critical Incident Response Plans** changed to **4.9.5.1.**
9. Subsection **4.9.4.2 MDOC Assumption-of-Operations Plans** changed to **4.9.5.2.**
10. Subsection **4.9.5 General Liability Insurance** changed to **4.10.1**.

Note: Pursuant to Section 3.6.1, page 2 of this amendment contains a required signature line that acknowledges the amendment and must be submitted with Offeror's response packet.

AMENDMENT #4
Acknowledgement Form
Numbering Correction to Section 4, Subsections 4.9 – 4.10
Request for Proposals for Facility Operator for Wilkinson County Correctional Facility
Amendment Issue Date: March 10, 2026

To correct numbering of Section 4, Subsections 4.9 – 4.10.

Acknowledge Receipt of Amendment #4

_____

Signature

_____   _____

Printed Name   **Date**

_____   _____

Company Name   **Title**