



Little Rock Housing Authority
100 South Arch Street
Little Rock, AR 72201
(501) 340-4821

AMENDMENT NO. 1

NSPIRE and NSPIRE-V Inspection Services Little Rock Housing Authority (LRHA)

Date of Amendment: July 6, 2026

I. Purpose of Amendment

This Amendment No. 1 updates the NSPIRE and NSPIRE-V Inspection Services Little Rock Housing Authority (LRHA) submission process, which is necessary to establish the new closing date.

II. Revised Proposal Submission Deadline

The proposal submission deadline is hereby **extended** as follows:

- **Original Proposal Due Date:** July 6, 2026, at 3:00 p.m. (CST)
- **Revised Proposal Due Date:** July 13, 2026, at 3:00 p.m. (CST)

All proposals must be received by the revised deadline. Late submissions will not be accepted.

III. Inquiries and Submissions

All questions regarding this RFP must be directed to and must have the following Subject Line:

Name: Customer Service

Email: customerservice@mhapha.org

Subject Line: RFP for LRHA Inspector Services

All submissions must be received by LRHA no later than 3:00 p.m. Central Standard Time (CST) on July 13, 2026. Proposals may be submitted in person to Little Rock Housing Authority, 100 Bruce T. Moore Way (formerly 100 South Arch Street), Little Rock, Arkansas 72201, or by email to the Customer Service email address identified above, in accordance with the submission instructions provided herein.

IV. All Other Terms Unchanged

Except as modified by this Amendment No. 2, all other terms, conditions, and requirements of the RFP remain unchanged and in full force and effect.

V. Acknowledgment of Amendment

Respondents must acknowledge receipt of this amendment in their proposal submission in accordance with the instructions provided in the RFP.

By submission of a bid, the Bidder certifies that it has received, reviewed, and incorporated into its bid all Addenda issued by the Little Rock Housing Authority and agrees to comply with all requirements, revisions, clarifications, and modifications contained in such Addenda.

Company Name: _____

Authorized Representative: _____

Signature: _____

Date: _____