



The School Board of Miami-Dade County, Florida  
 SCHOOL BOARD ADMINISTRATION BUILDING  
 Bureau of Procurement and Materials Management  
 1450 N.E. 2nd Avenue, Room 352  
 Miami, Fl. 33132

Direct All Inquiries To  
 Procurement Management Services  
 R. Johnson  
 PHONE: (305) 995-2361  
 TDD PHONE: (305) 995-2400

BID/RFP ADDENDUM

BID/RFP No.: 073-JJ03

BID/RFP TITLE: SCHOOL BEVERAGE VENDING

Date: 03/10/2009

Addendum No. 1

This addendum modifies the conditions of the above referenced BID/RFP as follows:

- 1) The Time for the Pre-bid Conference has been changed to 11:30 A.M. on the same day originally scheduled on TUESDAY, MARCH 17, 2009 at the same designated location listed in Special Conditions #2 A.
- 2) Opening Date and Time for this bid solicitation is on TUESDAY, MARCH 24, 2009 at 2:00 p.m. EDT.
- 3) Bidders are reminded to review all bid documents, including special conditions, specifications, and attachments before submitting their bid proposal. Also, bidders are reminded to monitor the M-DCPS Procurement Website for further information, including responses to Questions and Comments submitted for this bid solicitation.

The attached pages containing clarifications, additional information and requirements constitutes an integral part of the referenced bid.

1. If your bid/proposal has not been mailed, substitute the pages marked REVISED and mail your entire bid/proposal package. **REMEMBER TO SIGN THE BIDDER QUALIFICATION FORM.**

OR

2. If your bid/proposal has been mailed, sign and return this addendum form with the revised pages by the time and date indicated on the Bidder Qualification Form. **BY SIGNING THIS ADDENDUM, THE VENDOR AGREES TO THE TERMS AND CONDITIONS CONTAINED IN THE BIDDER QUALIFICATION FORM AND ALL RELATED BID DOCUMENTS.**

I acknowledge receipt of Addendum Number

PLEASE NOTE: If your firm has mailed a copy of this bid/proposal to another vendor, it is your responsibility to forward them a copy of this addendum.

(PLEASE TYPE OR PRINT BELOW)

LEGAL NAME OF BIDDER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL I.D. \_\_\_\_\_ FAX # \_\_\_\_\_

BY: SIGNATURE (Manual): \_\_\_\_\_  
 OF AUTHORIZED REPRESENTATIVE

NAME (Typed)- \_\_\_\_\_ TITLE: \_\_\_\_\_  
 OF AUTHORIZED REPRESENTATIVE