

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

Direct All Inquiries To
Procurement Management -
Barbara D. Jones, CPPB
PHONE: (305) 995-2348
TDD PHONE: (305) 995-2400

BID/RFP ADDENDUM

Date: July 28, 2010
Addendum No. 1

RFP TITLE: 073-KK10 – TITLE I SUPPLEMENTAL EDUCATIONAL SERVICES STANDARDIZED ASSESSMENT OF STUDENT PROFICIENCY AND LEARNING GAINS

This addendum modifies the terms and conditions of the above referenced RFP as follows:

Revises Section III. Instructions for Submission of Proposals, as follows:

It is anticipated that a proposal(s) will be presented to the School Board for acceptance on or about September 7, 2010. If accepted, notification to the successful proposer(s) will be on or after September 7, 2010.

Revises Section V. (C) - Required Information to be Submitted by Proposer, as follows:

C. Proposer must have an office in the Miami-Dade, Broward, or Palm Beach County area. The office must be operational prior to the commencement of services. Proposer must identify the proposed location of the office in the proposal submittal.

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.**

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 PROPOSER AGREES TO THE TERMS AND CONDITIONS CONTAINED IN THE BIDDER QUALIFICATION FORM AND ALL RELATED BID DOCUMENTS.**

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

FM-4354 Rev. (07-98)