



THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
 SCHOOL BOARD ADMINISTRATION BUILDING
 Procurement Management Services
 1450 N.E. 2nd Avenue, Room 650
 Miami, Fl. 33132

Direct All Inquiries To
 Procurement Management Services
 Buyer Name: Vanessa Flores
 PHONE: (305) 995- 2646
 Email: vflores@dadeschools.net
 TDD PHONE: (305) 995-2400

BID/RFP ADDENDUM

Date: 06/16/2020

Addendum No. 1

BID/RFP# RFP-19-011-CM BID/RFP TITLE: Transparency Tools for M-DCPS Healthcare Plan

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

The date for the Pre-Proposal Conference has been rescheduled to Monday, June 29, 2020 @ 10 a.m.

The Deadline for Questions has been rescheduled to Wednesday, July 1, 2020 @ 5 p.m.

All other terms and conditions of the RFP will remain the same.

All information, specifications terms, and conditions for the above referenced BID/RFP, is included on the document posted on the Procurement Management website at <http://procurement.dadeschools.net>

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 submitted, 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 submitted, 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 forwarded 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