



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's Name: _____ PHONE: (305) 995-_____ Email: _____ TDD PHONE: (305) 995-2400
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**BID/RFP ADDENDUM**

Date: \_\_\_\_\_

Addendum No. \_\_\_\_\_

BID/RFP No. \_\_\_\_\_ BID/RFP TITLE: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

*The attached pages containing clarifications, additional information and requirements constitute an integral part of the referenced bid. If your bid/proposal has not been submitted, substitute the pages marked REVISED and mail your entire bid/proposal package.*

**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 him/her 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

Meeting ID: 947 1664 4671

Dial by your location

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