Clear Form

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: 02/22/2021

Addendum No. 3

BID/RFP# RFP-20-021-VF BID/RFP TITLE: Selected Third Party Administration of Employee Benefits

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

The attached document provides answers to questions received regarding this RFP. In addition, four (4) additional support attachments have been provided through this addendum. A future addendum will be issued to answer the remaining questions. 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