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's Name: Melody Thelwell

PHONE: (305) 995- 2364

Email: Mthelwell@dadeschools.net

TDD PHONE: (305) 995-2400

BID/RFP ADDENDUM

Date: 10/14/16

Addendum No. 3

BID/RFP No. ITB-16-011-DW BID/RFP TITLE: Network Connectivity Devices

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

The attached pages provide edits to the above-referenced ITB. Also, the attached pages provide answers to the questions received for this ITB. The due date for this ITB is now Tuesday, October 25, 2016 at 2pm. All other terms and conditions in this ITB remain the same.

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.

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 3

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