

## 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

## **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.

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 him/her a copy of this addendum.

## (PLEASE TYPE OR PRINT BELOW)

MAILING ADDRESS:CITY, STATE ZIP CODE:E-MAIL I.DFAX # TELEPHONE NUMBER:E-MAIL I.DFAX # BY: SIGNATURE (Manual):E-MAIL I.DFAX # OF AUTHORIZED REPRESENTATIVE NAME (Typed):TITLE:	LEGAL N	IAME OF BIDDER:			
TELEPHONE NUMBER: E-MAIL I.D FAX # BY: SIGNATURE (Manual): OF AUTHORIZED REPRESENTATIVE NAME (Typed): TITLE:	MAILING	ADDRESS:			
BY: SIGNATURE (Manual): OF AUTHORIZED REPRESENTATIVE NAME (Typed):	CITY, ST	ATE ZIP CODE:			
OF AUTHORIZED REPRESENTATIVE   NAME (Typed):	TELEPH	ONE NUMBER:	_ E-MAIL I.D	FAX #	ŧ
	BY:				
				TITLE:	