

The School Board of Miami-Dade County, Florida
SCHOOL BOARD ADMINISTRATION BUILDING
Procurement and Materials Management
1450 N.E. 2nd Avenue, Room 352
Miami, Fl. 33132

Direct All Inquiries To
Procurement and Materials
Management
Barbara D. Jones
PHONE: (305) 995-2349
TDD PHONE: (305) 995-2400

BID/RFP ADDENDUM Date: October 11, 2005
(INFORMATION ONLY) Addendum No. 1

**BID/RFP025-EE10 BID/RFP TITLE: PROFESSIONAL CONSULTING SERVICES FOR BUSINESS PROCESS
FUNCTIONS ASSESSMENT AND ANALYSIS IN ADVANCE OF AN ERP IMPLEMENTATION**

This addendum modifies the conditions of the above referenced BID/RFP as follows, and is only for information

1. Please replace Page ii with the enclosed page. Please note the correct date for RFP opening is November 3, 3005.

purposes:.

PLEASE NOTE: If your firm has mailed a copy of this bid/proposal to another vendor, it is your responsibility to forward them a copy of this addendum.

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA
PROCUREMENT MANAGEMENT
1450 N.E. 2ND AVENUE, MIAMI, FLORIDA 33132
REQUEST FOR PROPOSALS NO. 025-FF10

PROFESSIONAL CONSULTING SERVICES FOR BUSINESS PROCESS
FUNCTIONS ASSESSMENT AND ANALYSIS IN ADVANCE OF AN ERP
IMPLEMENTATION

Sealed proposals will be accepted in Procurement Management, at the above location, until **2:00 P.M.** November 3, 2005, and may not be withdrawn for one hundred twenty (120) days from that date.

ANTI-COLLUSION STATEMENT

THE UNDERSIGNED PROPOSER HAS NOT DIVULGED TO, DISCUSSED, OR COMPARED HIS PROPOSAL WITH OTHER PROPOSERS AND HAS NOT COLLUDED WITH ANY OTHER PROPOSER OR PARTIES TO THE PROPOSAL WHATSOEVER.

PROPOSER ACKNOWLEDGES THAT ALL INFORMATION CONTAINED HEREIN IS PART OF THE PUBLIC DOMAIN AS DEFINED BY THE STATE OF FLORIDA SUNSHINE LAW.

CERTIFICATION AND IDENTIFICATION FOR PROPOSERS SUBMITTING PROPOSALS.

I certify that this proposal is made without prior understanding, agreement or connection with any corporation, firm or person submitting a proposal for the same service, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of these proposal specifications and I certify that I am authorized to sign this proposal.

(Please Type or Print Below)

LEGAL NAME OF AGENCY OR
CONTRACTOR SUBMITTING PROPOSAL: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE NUMBER: _____

BY: SIGNATURE _____

BY: TYPED _____

TITLE: _____