

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

Direct All Inquiries To
The Bureau of Procurement and Materials
Management –
L.Leasburg-Kramer C.P.M.
Email: Ileasburg-kramer@dadeschools.net
PHONE: (305) 995-1364

TDD PHONE: (305) 995-2400

BID/RFP ADDENDUM

Date: 11/3/05

Addendum No. 1

BID/RFP No.: 021-FF04

BID/RFP TITLE: Network Connectivity Devices

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

- 1) Change opening date to: November 14, 2005
- 2) VIS sheet

The attached pages containing clarifications, additional information and requirements constitutes an integral part of the referenced bid.

If your bid/proposal has not been mailed, 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 mailed, 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 mailed 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)

LEGA	L NAME OF BIDDER:				
MAILII	NG ADDRESS:				
CITY,	STATE ZIP CODE:				
TELEF	PHONE NUMBER:	E-MAIL I.D		FAX #	
BY:	SIGNATURE (Manual): OF AUTHORIZED REPRESENTA VE				
	NAME (Typed)OF AUTHORIZID REPRESENTA VE		TITLE:		



Name (Typed or Printed)

Of Authorized Representative

THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA SCHOOL BOARD ADMINISTRATION BUILDING 1450 Northeast Second Avenue

Miami, FL 33132

	_			Direct all inquiries to Procurement Management Services:		
BID	DER Q	QUALIFICATION FORM	I	BUYER NAME:		
BID	NO					
				E-MAIL ADDRESS:		
<u>۔۔</u>				PHONE: (305)		
				FAX NUMBER TDD PHONE (305) 995-2400		
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Aven	ue, Miami,			om 351, School Board Administration building, 1450 NE 2nd may not be withdrawn for days after opening.		
MIAN CON	MI-DADE (ISTITUTE)	COUNTY, FLORIDA, AND SU	JBSEQUENT PURCHASE ONTRACT. UNLESS OT	ND AWARD OF THE BID BY THE SCHOOL BOARD OF E ORDERS ISSUED AGAINST SAID AWARD SHALL THERWISE STIPULATED IN THE BID DOCUMENTS, NO		
I.	A.	BIDDER CERTIFICATION AND	D IDENTIFICATION			
		I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid; and I certify that I am authorized to sign this bid for the bidder.				
	B.	Vendor certifies that it satisfies Miami-Dade County, Florida.	s all necessary legal requir	rements as an entity to do business with the School Board of		
II.	INDE	MNIFICATION				
	damag court of the pe due to of the	ge, injury, liability, cost or expense costs arising out of bodily injury to erformance of this Contract (includ or caused in part by the negligen	e of whatsoever kind or nature persons, including death, ding goods and services pronce or other culpability of the	nities (as hereinafter defined) against any claim, action, loss, ure including, but not by way of limitation, attorney's fees and or damage to tangible property arising out of or incidental to ovided thereto) by or on behalf of the Bidder, whether or not be indemnity, excluding only the sole negligence or culpability s: The School Board of Miami-Dade County, Florida and its		
III.	PERF	FORMANCE SECURITY, is require	ed on this bid. YES	NO NO		
	Refer	Refer to INSTRUCTIONS TO BIDDERS, para. VII., and VI.				
	IF PE	RFORMANCE SECURITY IS REC	QUIRED, PLEASE INDICAT	TE THE TYPE TO BE FURNISHED:		
		Performance Bond Check (Cashier's, Certified, or equal)				
			gnature is required on idder is requested to u (Do not use pend	· · · · · · · · · · · · · · · · · · ·		
L	egal Nar	ne of Vendor				
М	lailing A	ddress				
C	ity		State	Zip Code		
Te	elephon	e No.	E-mail address _	·		
	-	ature (Original)	_			
		ized Representative		Date		
		•				

Date _

Vendor Information Sheet



1A.	Telephone/Fax/Contact Person
Federal Employer Identification Number	
Or	Telephone number
Owner's Social Security Number	
1B.	Fax number
Name of Firm, Individual(s), Partners or Corporation	
	Contact Person
Street Address	
City State Zip Code	E-mail address

3. Ownership Disclosure

If the contract or business transaction is with a corporation, partnership, sole proprietorship, or joint venture, the full legal name and business address shall be provided for the chief **officer**, director, or owner who holds, directly or indirectly the majority of the stock or ownership. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. **Post Office addresses are not acceptable**.

Name	Title	Address	Gender	Race- ethnicity	Stock Ownership

NOTE: The information provided by the vendor on this form should be consistent with that provided on the "Vendor's Application". All vendors must have a current vendor's application on file with M-DCPS, and have provided information and/or be familiar with M-DCPS' policy regarding the following: (a) Employment Disclosure, (b) Drug Free Workplace, (c) Family Leave Policy, (d) Code of Business Ethics, (e) Conflict of Interest, (f) Perception, (g) Gratuities, and (h) Business Meals. Failure to provide M-DCPS a current vendor application may cause the vendor not to be awarded any new business with M-DCPS. Vendor applications can be downloaded at: http://procurement.dadeschools.net