

BOONE COUNTY, MISSOURI Request for Bid #: 52-23OCT08 – Inmate Detention Supplies Term & Supply

ADDENDUM #1 - Issued October 8, 2008

This addendum is issued in accordance with the Cover Sheet of the Request for Bid as well as the Bid Responce and is hereby incorporated into and made a part of the Request for Bid Documents. Offerors are reminded that receipt of this addendum SHOULD be acknowledged and submitted with Offeror's *Response Form*.

Specifications for the above noted Request for Bid and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. Changes to RFB Cover Sheet as follows:

- Replace Bid Submission Day/ Date and time :
 - o Tuesday October 28, 2008
 - o 1:30 P.M. (Bids received after this time will be returned unopened)
- Replace Bid Opening Day/ Date and Time:
 - o Tuesday October 28, 2008
 - o 1:30 P.M. (Bids received after this time will be returned unopened)
 - o Sealed bids will be accepted until 1:30 P.M on Tuesday October 28, 2008, at the Boone County Purchasing Office, 601 E. Walnut, 2nd Floor, Columbia, Missouri, 65201. Bids received after the above specified time for acceptance will be returned to the sender unopened.
 - o Bids will be publicly opened after 1:30 PM on Tuesday October 28, 2008 in the Boone County Commission Chambers, Boone County Grvernment Center, 801 E. Walnut, Columbia, MO 65201.

II. Add to RFB Bid Response 2.7.8.1: Minimum discount for all product lines introduced after inception of the contract, and all existing lines not specified herein:

This addition allows us to purchas off of the winning contractors product line at a specified discount though the items may not be listed in the Bid Response.

RFB #: **52-23OCT08** 1 10/16/08

By:

Tyson Boldan, Buyer Boone County Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Bid # 52-23OCT08 – Inmate Detention Supplies Term & Supply, receipt of which is hereby acknowledged:

Company Name:		
Address:		
Phone Number:	Fax Number:	_
Authorized Representative Signature:	Date:	
Authorized Representative Printed Name:		