

BOONE COUNTY, MISSOURI Request for Proposal #: 23-14APR09 – Emergency Sheriff's Equipment

ADDENDUM #1 - Issued April 2, 2009

This addendum is issued in accordance with the Introduction and General Information of Bidding in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal Documents. Offerors are reminded that receipt of this addendum must be acknowledged and submitted with Offeror's Proposal Propos with Offeror's Response/Pricing Page.

Specifications for the above noted Request for Proposal 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:

1. Add the attached Work Authorization Certification sheet to the bid documents:

WORK AUTHORIZATION CERTIFICATION PURSUANT TO 285.530 RSMo (FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)

County of)		
)ss State of)		
My name is	I am an authorized agent of	
(Bidder). This business	s is enrolled and participates in a federal work	
authorization program for all employees work	ring in connection with services provided to the	
County. This business does not knowingly en	nploy any person that is an unauthorized alien in	
connection with the services being provided. I	Documentation of participation in a federal work	
authorization program is attached hereto.		
Furthermore, all subcontractors working	ng on this contract shall affirmatively state in	
writing in their contracts that they are not in v	riolation of Section 285.530.1, shall not thereafter	
be in violation and submit a sworn affidavit u	nder penalty of perjury that all employees are	
lawfully present in the United States.		
Ā	Affiant Date	
Ī	Printed Name	
Subscribed and sworn to before me this d	ay of, 20	
-	Notary Public	

By: Tyson Boldan, Buyer

OFFEROR has examined copy of Addendum #1 to Request for Proposal # 23-14APR09 – Emergency Sheriff's Equipment, receipt of which is hereby acknowledged:

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