

BOONE COUNTY, MISSOURI Request for Proposal #: 30-08MAY09 - Inmate Uniform Term and Supply

ADDENDUM #1 - Issued May 6, 2009

This addendum is issued in accordance with the Bid Data Sheet 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 SHOULD be acknowledged and submitted with Offeror's Response/ Pricing Page.

1. Replace the Bid Data Sheet with the following Revised Bid Data Sheet:

Boone County Purchasing 601 E. Walnut, Room 209 Columbia, MO 65201

Request for Bid (Bid)

Tyson Boldan, Buyer

Phone: (573) 886-4392 Fax: (573) 886-4390 Email: tboldan@boonecountymo.org

Bid Data

Bid Number: 30-08MAY09

Commodity Title: Inmate Uniforms Term & Supply

DIRECT BID FORMAT OR SUBMISSION QUESTIONS TO THE PURCHASING DEPARTMENT

Bid Submission Address and Deadline

Day / Date: MONDAY, MAY 11, 2009

1:30 P.M. (Bids received after this time will be returned unopened) Time:

Location / Mail Address: Boone County Purchasing Department

Boone County Johnson Building 601 E. Walnut, Room 208 Columbia, MO 65201

Directions: The Johnson Building is located on the Northeast corner at 6th

St. and Walnut St. Enter the building from the East Side. Wheel chair accessible entrance is available on the West side

of the building.

Bid Opening

Day / Date: MONDAY, MAY 11, 2009

Time: 1:30 P.M. (Bids received after this time will be returned unopened)

Location / Address: Boone County Johnson Building Conference Room

601 E. Walnut, Room 213 Columbia, MO 65201

Bid Contents

- 1.0: Introduction and General Conditions of Bidding
- 2.0: Primary Specifications
- 3.0: Response Presentation and Review
- 4.0: Response Form

Attachment A

Work Authorization Certification

Debarment Form

Certification of Individual Bidder Individual Bidder Affidavit **Standard Terms and Conditions**

By: Tyson Boldan, Buyer

OFFEROR has examined copy of Addendum #1 to Request for Proposal # 30-08MAY09, receipt of which is hereby acknowledged:

Company Name:

Address:

Phone Number:

Fax Number:

Authorized Representative Signature:

Date:

Authorized Representative Printed Name: