ADDENDUM #1 to RFB 04-15FEB19
INMATE HYGIENE AND OTHER SUPPLIES

Boone County Purchasing
613 E. Ash Street, Room 109
Columbia, MO 65201
Liz Palazzolo, Senior Buyer
Phone: (573) 886-4392 – Fax: (573) 886-4390
Email: lpalazzolo@boonecounty.mo.org

BOONE COUNTY, MISSOURI

Request for Bid #04-15FEB19 – Inmate Hygiene and Other Supplies

ADDENDUM #1 - Issued February 5, 2019

Prospective bidders are hereby notified of the following revisions to Request for Bid 04-15FEB19:

1) Item 4.10.6 on the Vendor Response and Pricing Pages has been REVISED as follows:

4.10.6 Heavy Duty Sandal
One-piece molded PVC vinyl construction, soft and flexible for indoor and outdoor use. No air pocket in sole. Durable and long-lasting, Orange Color Only
Sizes: 6-16
Packaging: 24 pair per case
Brand Reference: ICS Jail Supplies MO 19

2) Item 4.10.14 on the Vendor Response and Pricing Pages has been REVISED as follows:

4.10.14 Toothbrush. Maximum 3.25” total length including head, “Super Shorty,” minimum 25-tuft, nylon bristles, individually sealed in clear bags
Brand reference: Bob Barker BBST25

NOTE: All changes to original RFP text made as a result of this Addendum are noted in bolded and italicized font.

This addendum is issued in accordance with the RFB paragraph 1.3.2 and is hereby incorporated into and made a part of the Request for Bid Documents. Bidders are reminded that receipt of this addendum should be acknowledged and submitted with bid response including the Vendor Response and Pricing Pages.

By: [Signature]
Liz Palazzolo, Senior Buyer
Boone County Purchasing

RFB# 04-15FEB19
2/5/19
The bidder has examined Addendum #1 to Request for Bid #04-15FEB19 – Inmate Hygiene and Other Supplies, receipt of which is hereby acknowledged:

Company Name: ________________________________

Address: ________________________________

Telephone: __________________ Fax: __________________

Federal Tax ID (or Social Security #): ________________________________

Print Name: __________________ Title: __________________

Authorized Signature: __________________Date: __________________

Contact Name and E-Mail Address to receive documents for electronic signature:

__________________________________________