ADDENDUM #1 to RFP#29-27JUL20 – School Based Services

Boone County Purchasing
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BOONE COUNTY, MISSOURI

Request for Proposal 29-27JUL20 – SCHOOL BASED SERVICES

ADDENDUM # 1 - Issued June 22, 2020

Prospective offerors are hereby notified of the following revisions to Request for Proposal 29-27JUL20:

TO CLARIFY: The Preproposal Conference is June 25, 2020 starting at 10:00 A.M. CT via ZOOM Conference.

The information in page 3 of the RFP contains a typo regarding the date – SUBSTITUTE the following:

A pre-proposal conference has been scheduled for Thursday, JUNE 25, 2020, at 10:00 A.M. Central Time via Zoom. Details provided below:

Zoom Video Conference Meeting Information:
Use this link: https://us02web.zoom.us/j/85164973251

Meeting ID: 851 6497 3251
One tap mobile
+13017158592,,85164973251# US (Germantown) 13126266799,,85164973251# US
+(Chicago)

Dial by your location
+1 301 715 8592 US (Germantown)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
+1 253 215 8782 US (Tacoma)
+1 346 248 7799 US (Houston)
+1 669 900 6833 US (San Jose)

Meeting ID: 851 6497 3251
Find your local number: https://us02web.zoom.us/u/ksCjpPpGM
This addendum is issued in accordance with the RFP paragraph 1.1(b) 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 Proposal including the Vendor Response and Pricing Pages.

By: ______________________
Liz Palazzolo, Senior Buyer
Boone County Purchasing

The OFFEROR has examined Addendum #1 to Request for Proposal #29-27JUL20 – School Based Services receipt of which is hereby acknowledged:

Company Name: ____________________________________________________________

Address: __________________________________________________________________

City & State: __________________________________________________________________

Phone Number: __________ Fax Number: ______________

E-mail: ________________________________________________________________

Authorized Representative Signature: ___________ Date: __________

Authorized Representative Printed Name: ________________________________