



# Village of Indiantown

## **ADDENDUM #1 TO RFP #2020-004 – Fire and EMS Services**

March 13, 2020

To All Prospective Proposers,

Please be advised that the location and start time for the mandatory pre-bid conference and site inspection for the above-referenced RFP have been changed. In addition, the number of physical hard copies required to be provided has increased. In response to these modifications, we are issuing this official Addendum.

**IMPORTANT: Please be sure to sign at the designated location at the end of this addendum, certifying receipt of this addendum, AND include a copy of the signed addendum in your proposal. Failure to include this signed confirmation of receipt may disqualify you/your firm from further consideration.**

1. On page 2, **the Mandatory Pre-Bid Conference & Site Inspection Start Time has changed to 2:10 p.m.** The date remains the same. This change is being made to accommodate more attendees.
2. On page 3, **the Mandatory Pre-Bid Conference & Site Inspection Start Time and Location have changed to Indiantown Civic Center, 15675 SW Osceola St, Indiantown, FL 34956 at 2:10 p.m.** The date remains the same. This change is being made to accommodate more attendees.
3. On Page 5, **the number of hard copies of the proposal required is being increased to six (6)** to allow for one additional Selection Committee Member.
4. On Page 21, **the number of hard copies of the proposal required is being increased to six (6)** to allow for one additional Selection Committee Member.
5. Any other mentions of the above-referenced requirements, not specified above by page, are too hereby amended as specified above.

**[Required Certification of Receipt of Addendum Form on Next Page]**

~ CERTIFICATION OF RECEIPT OF ADDENDUM ~

***(This signed addendum MUST be included in your/your firm's proposal.)***

I, the undersigned, do hereby certify that I/my firm have/has received of copy of **RFP 2020-004 Addendum #1**, issued on **March 13, 2020**, by the Village of Indiantown.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Individual/Firm Name

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Date