

Request for Proposals

Imperial County Asthma Community Linkages Project

RFP ADDENDUM #2

Date of Addendum: January 4, 2017

NOTICE TO RESPONDENTS

The Imperial County Asthma Community Linkages Project Request for Proposal (RFP) is modified as set forth in this Addendum. The original RFP documents remain in full force and effect, except as modified by this Addendum, which is hereby made part of this RFP. Respondent shall take this Addendum into consideration when preparing and submitting its additional information as required.

Item No. 1: ADDITIONAL INFORMATION REQUIRED SUBMITTAL DEADLINE

The Additional Information Required submittal deadline set by this Addendum is **Tuesday, January 24, 2017, by 2:00 p.m. Pacific Time.** The respondent shall submit the completed Additional Information/Clarification Request document via email to janetteangulo@co.imperial.ca.us by the due date and time specified above.

Item No. 2: RFP TIMETABLE

The RFP Timetable is changed by this Addendum to:

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|---|------------------------------------|
| • Release of RFP Guidelines | September 01, 2016 |
| • Applicant Assistance Workshop | September 15, 2016 |
| • Letter of Intent to Apply Deadline (Non-mandatory) | October 13, 2016 |
| • Request for Proposal Deadline | December 1, 2016 |
| • Evaluation and Scoring of Proposals | December 7-29, 2016 |
| • Additional Information Required Submittal Deadline | January 24, 2017 |
| • Notice of Intent to Make an Award | February 16, 2017 |
| • Protest/Appeal Period | February 17 - March 1, 2017 |
| • Award Announcements | March 2, 2017 |
| • Projected Date for Commencement of Agreements | April 1, 2017 |

Item No. 3: ACKNOWLEDGEMENT OF ADDENDUM #2

Respondent shall include a signed copy of this Addendum as acknowledgement with your submittal of the Required Additional Information document:

Acknowledgement of Addendum #2

(Please return with your Additional Information submittal)

Print or Type Company Name: _____

Print or Type Authorized Name: _____

Authorized Signature: _____

Date Signed: _____