

**CITY OF NEW YORK  
DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
REQUEST FOR PROPOSALS  
FOR THE PROVISION OF CREATIVE DEVELOPMENT OF PUBLIC EDUCATION  
PLANS  
PIN: 16OE002200R0X00**

**ADDENDUM #1  
December 4, 2015**

This Addendum contains an extension to the Proposal Due Date.

Except as otherwise stated below and by any subsequent Addenda to the above-referenced RFP, the RFP remains unchanged.

Another addendum will be issued shortly containing answers to questions that were received in writing by the Questions Due Date and were received at the Pre-Proposal Conference.

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I. Revisions to the RFP: Deletions are crossed-out; new language is bolded:

a. Section I: Timetable (page 2) is hereby revised as follows:

D. Proposal Due Date and Time and Location:

Date: ~~December 18, 2015~~ **December 23, 2015**

Time: 2:00 p.m.

Place: New York City Department of Health and Mental Hygiene  
Office of the Agency Chief Contracting Officer  
42-09 28th Street, **17<sup>th</sup> Floor**, CN-30A  
Long Island City, NY 11101  
Attention: Michael Santangelo

DOHMH requires proposers to deliver proposals by hand or mail. E-mailed or faxed proposals will not be accepted by the Agency.

Proposals received at the above location after the Proposal Due Date and Time are late and shall not be accepted by the Agency, except as provided under New York City's Procurement Policy Board Rules. The Agency will consider requests made to the Authorized Agency Contact Person to extend the Proposal Due Date and Time prescribed above. However, unless the Agency issues a written addendum to the

RFP that extends the Proposal Due Date and Time for all proposers, the Proposal Due Date and Time prescribed above shall remain in effect.

- II. NOTICE: REQUEST FOR FULL OR PARTIAL WAIVER OF MWBE PARTICIPATION GOALS:** Please note that the Notice to All Prospective Contractors contained in Attachment G provides that requests for a full or partial waiver of MWBE Participation Goals “must be received no later than seven (7) calendar days prior to the date and time the bids, proposals, or Task Orders are due, in writing, to the Agency by email at [RFP@health.nyc.gov](mailto:RFP@health.nyc.gov).” (See Attachment G - Article I, Part A(10)(b), on page 5 within the Attachment). Therefore, the requests for full or partial waivers must be received by no later than December 16, 2015 at 12:00 noon.
- III. REVISED Item 3: Acknowledgement of Addenda form (See Annex A):** Attached is a revised Item 3: Acknowledgement of Addenda form. Proposers are directed to sign this version of the form and submit it with their proposals.

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**ATTACHMENT C**

**ACKNOWLEDGEMENT OF ADDENDA**

**Directions: Complete Part I or Part II, whichever is applicable, and sign your name in Part III.**

**Part I**

Listed below are the dates of issue for each Addendum received in connection with this RFP:

- Addendum # 1, Dated December 4, 2015
- Addendum # 2, Dated \_\_\_\_\_, 20\_\_
- Addendum # 3, Dated \_\_\_\_\_, 20\_\_
- Addendum # 4, Dated \_\_\_\_\_, 20\_\_
- Addendum # 5, Dated \_\_\_\_\_, 20\_\_
- Addendum # 6, Dated \_\_\_\_\_, 20\_\_
- Addendum # 7, Dated \_\_\_\_\_, 20\_\_
- Addendum # 8, Dated \_\_\_\_\_, 20\_\_
- Addendum # 9, Dated \_\_\_\_\_, 20\_\_
- Addendum #10, Dated \_\_\_\_\_, 20\_\_

**Part II**

\_\_\_\_\_ **No Addendum was received in connection with this RFP.**

**Part III**

Proposer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

