This Addendum contains information relating to Site Visits.

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

Another addendum will be issued with further instructions.

____________________________________________________________________________

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

2. Site Visits: To Be Determined. The date(s) and time(s) for the site visits will be released in a subsequent Addendum. March 22, 2016, 8:30 A.M. to 1:30 P.M

The Site Visits will take place at the following three DOHMH locations only:
1) Riverside Health Center, 160 West 100th Street, New York, NY 10025 from 8:30 A.M. to 9:30 A.M.
2) Central Harlem Health Center, 2238 Fifth Avenue, New York, NY 10037 from 10:30 A.M. to 11:30 A.M.
3) Morrisania Health Center, 1309 Fulton Avenue, Bronx, NY 10456 from 12:30 P.M. to 1:30 P.M.

To attend, please register by emailing the name, title, and affiliation of each attendee to Bids@health.nyc.gov by no later than March 18, 2016. Contractors will not be granted access to any other sites for this purpose.

II. REVISED Item 3: Acknowledgement of Addenda form (Annex A): Attached is a revised Item 3: Acknowledgement of Addenda form. Bidders are directed to sign this version of the form and submit it with their bid package.
ITEM 3: ACKNOWLEDGMENT OF ADDENDA

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 IFB:

ADDENDUM # 1, DATED MARCH 8, 2016
ADDENDUM # 2, DATED______________________________ , 20__
ADDENDUM # 3, DATED______________________________ , 20__
ADDENDUM # 4, DATED______________________________ , 20__
ADDENDUM # 5, DATED______________________________ , 20__
ADDENDUM # 6, DATED______________________________ , 20__

PART II: _____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS INVITATION FOR BIDS.

PART III:
PROPOSER (NAME)________________________________________ DATE__/__/__
PROPOSER (SIGNATURE)________________________________________________