This Addendum contains an extension to the Bid Due Date and Time.

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

I. Revisions to the IFB, Section I, Timetable: The Bid Due Date has been extended. The new Bid Due Date is April 13, 2016 at 12:00 P.M. Please see below and note deletions are crossed-out; new language is bolded:

5. Bid Due Date and Time, Public Bid Opening Location are as follows:
   Date: April 7, 2016 - April 13, 2016
   Time: 11:00 A.M.** 12:00 P.M.**
   Place: New York City Department of Health and Mental Hygiene
   Office of the Agency Chief Contracting Officer
   42-09 28th Street, Room 17-40
   Attention: Michael Santangelo, Esq., Contract Manager

   If mailing your bid, please address as follows:

   New York City Department of Health and Mental Hygiene
   Office of the Agency Chief Contracting Officer
   42-09 28th Street, 17th Floor, CN-30A
   Attention: Michael Santangelo, Esq., Contract Manager

   ** NOTE: Any bids received after 11:00 A.M. 12:00 P.M. on the Bid Due Date will be considered late and will not be accepted.

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 MARCH 30, 2016
ADDENDUM # 3, DATED APRIL 5, 2016
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)______________________________________________