This Addendum extends the due date and time for proposals.

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

**The Proposal Due Date has been moved to March 18, 2019 at 2:00 PM.**

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**I. Changes to RFP:**

The following section of the RFP has been revised and replaced as follows. Language that is crossed-out has been deleted; language in bold type has been added.

A. RFP Section I(E): Proposal Due Date, Time, and Location (p. 3):

- **Date:** March 4, 2019  March 18, 2019
- **Time:** 2:00 p.m.
- **Location:** Office of the Agency Chief Contracting Officer
  Department of Health and Mental Hygiene
  42-09 28th Street, 17th Floor, CN-30A
  Long Island City, NY 11101
  Attn: Dara Lebwohl

B. Attached as Annex A is a revised Acknowledgement of Addenda (Attachment C) form. Proposers are directed to complete and include this form in their proposal submission.
ANNEX A

Revised ATTACHMENT C

ACKNOWLEDGEMENT OF ADDENDA

THE PROVISION OF AGENCY-WIDE ARCHITECTURAL AND ENGINEERING SERVICES

PIN: 19BS013100R0X00

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 February 14, 2019
Addendum # 2, Dated ____________________________, 2019
Addendum # 3, Dated ____________________________, 2019
Addendum # 4, Dated ____________________________, 2019
Addendum # 5, Dated ____________________________, 2019
Addendum # 6, Dated ____________________________, 2019
Addendum # 7, Dated ____________________________, 2019
Addendum # 8, Dated ____________________________, 2019
Addendum # 9, Dated ____________________________, 2019
Addendum #10, Dated ____________________________, 2019

Part II
__________ No Addendum was received in connection with this RFP.

Part III
Proposer's Name: ________________________________ Date: ________________
Signature of Authorized Representative: ______________________________