



**City of New York  
Department of Health and Mental Hygiene (DOHMH)  
Request for Proposals (RFP) for the  
Training and Practice Implementation Institute  
PIN: 19SA001200R0X00  
Addendum #1**

**November 7, 2019**

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 December 5, 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(D): Proposal Due Date, Time, and Location (p. 4):

- **Date:** ~~November 20, 2019~~ **December 5, 2019**
- **Time:** ~~2:00 p.m.~~
- **Location:** **Office of the Agency Chief Contracting Officer  
Department of Health and Mental Hygiene  
42-09 28<sup>th</sup> Street, 17<sup>th</sup> Floor, CN-30A  
Long Island City, NY 11101  
Attn: Dara R. 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.



*Revised* ATTACHMENT C

ACKNOWLEDGEMENT OF ADDENDA

TRAINING AND PRACTICE IMPLEMENTATION INSTITUTE

PIN: 19SA001200R0X00

**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 November 7, 2019

Addendum # 2, Dated \_\_\_\_\_, 201\_\_

Addendum # 3, Dated \_\_\_\_\_, 201\_\_

Addendum # 4, Dated \_\_\_\_\_, 201\_\_

Addendum # 5, Dated \_\_\_\_\_, 201\_\_

Addendum # 6, Dated \_\_\_\_\_, 201\_\_

Addendum # 7, Dated \_\_\_\_\_, 201\_\_

Addendum # 8, Dated \_\_\_\_\_, 201\_\_

Addendum # 9, Dated \_\_\_\_\_, 201\_\_

Addendum #10, Dated \_\_\_\_\_, 201\_\_

**Part II**

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

**Part III**

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

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