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.

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 28th Street, 17th 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.
ANNEX A

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: ________________________________