This Addendum extends the proposal due date and time.

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 and Time has been changed to February 14, 2020 at 2:00 P.M.**

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I. **Revisions to RFP Language (deletions are crossed-out; new language is in bold-face type):**

   **RFP Section I (D) – Page 2**

   **D. Proposal Due Date and Time and Location**

   - **Date:** February 11, 2020  **February 14, 2020**
   - **Time:** 2:00 PM, EST
   - **Location:** Office of the Agency Chief Contracting Officer  
     Department of Health and Mental Hygiene  
     42-09 28th Street, CN-30A  
     Long Island City, NY 11101  
     Attn: Ian Yap

II. **Changes to RFP Attachments:**

   **Attachment C: Acknowledgment of Addenda** has been revised to reflect the issuance of this Addendum. Please see Annex A to this Addendum. **Proposers are required to use the new forms/sections in their proposal packages, or their proposal may be found non-responsive.**
ANNEX A

ATTACHMENT C
ACKNOWLEDGMENT OF ADDENDA
MASTER CONTRACTOR FOR DISEASE CONTROL
PIN: 20AE000500R0X00

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 January 31, 2020
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 RFP.

PART III
PROPOSER’S NAME: ______________________ DATE: __________
SIGNATURE OF AUTHORIZED REPRESENTATIVE: ______________________