

Addendum #1

REQUEST FOR PROPOSALS # 9600-71

For

ENTERPRISE MASTER PERSON INDEX SYSTEM

1. The following errors to the RFP Signature Page have been corrected:
 - A. ISSUE DATE: Monday, March 6, 2017 has been changed to read Wednesday, August 23, 2017
 - B. RFP TITLE: HEALTHCARE VENDOR MANAGEMENT SYSTEM has been changed to read ENTERPRISE MASTER PERSON INDEX SYSTEM
 - C. PROPOSAL DUE DATE has been changed from Friday April 14, 2017 to Friday September 22, 2017

Please use the attached revised RFP Signature Page when submitting your RFP packet by the Proposal Due Date.

A signed copy of this Addendum #1 must be submitted along with your original bid proposal package to verify receipt of this Addendum #1.

Company Representative Name

Signature

Date

RFP SIGNATURE PAGE

NATIVIDAD MEDICAL CENTER (COUNTY OF MONTEREY)
CONTRACTS DIVISION

RFP # 9600-71
ISSUE DATE: Wednesday, August 23, 2017



RFP TITLE: **ENTERPRISE MASTER PERSON INDEX SYSTEM**

PROPOSALS ARE DUE IN THE OFFICE OF THE CONTRACT MANAGER BY
3:00 P.M., LOCAL TIME, ON:
Friday September 22, 2017

MAILING ADDRESS:
NATIVIDAD MEDICAL CENTER
CONTRACTS DIVISION
1441 CONSTITUTION BLVD.
SALINAS, CA. 93906

QUESTIONS ABOUT THIS RFP SHOULD BE DIRECTED TO:
Sal Cervantes, NMC Contracts Division via email:
CervantesS@natividad.com

CONTRACTOR MUST INCLUDE THE FOLLOWING IN EACH PROPOSAL (1 original, plus 5 copies and 1 electronic copy)

ALL REQUIRED CONTENT AS DEFINED PER RFP SOLICITATION REQUIREMENTS SECTION 7 HEREIN

This Signature Page must be included with your submittal in order to validate your proposal.
Proposals submitted without this page will be deemed non-responsive.

CHECK HERE IF YOU HAVE ANY EXCEPTIONS TO THIS SOLICITATION.

BIDDERS MUST COMPLETE THE FOLLOWING TO VALIDATE PROPOSAL

I hereby agree to furnish the articles and/or services stipulated in my proposal at the price quoted, subject to the instructions and conditions in the Request for Proposal package. I further attest that I am an official officer representing my firm and authorized with signatory authority to present this proposal package.

Company Name: _____ Date: _____

Signature: _____
Phone: _____ Fax: _____

Printed Name: _____ Title: _____ E-mail: _____

Street Address/PO Box: _____ City: _____ State: _____ ZIP: _____