

ADDENDUM NO. 1

NAME: TNH056-2024-Social Work Services

DATE: February 1, 2024

TO: All Prospective Proposers

1. Can one consultant work at multiple locations? Can there be overlap?

Please refer to the “Statement of Work” on page 4

2. Is there a maximum on how many consultants we can hire for this?

Please refer to the “Statement of Work” on page 4

3. What are the days of the week required for the work? (4 days, 2 days, 1 day). Are they the days same every week?

Please refer to Attachment “A” on page 12

4. Do you provide badges so we can access the facilities?

To be determined

The “ADDENDUM NO. 1 RECEIPT ACKNOWLEDGEMENT FORM” on the last page of this Addendum NO. 1 must be signed and dated in the spaces provided and submitted with your Proposal. All Proposers must submit this form with its Proposal regardless of the content contained in each Addendum

ADDENDUM NO. 1 RECEIPT ACKNOWLEDGEMENT FORM

TNH056-2024-Social Work Services

By signing this Acknowledgement and submitting same with its Proposal submission, the undersigned Proposer acknowledges receipt of this Addendum No. 1. Proposer further acknowledges that it has read and reviewed the information contained herein, understands same, and that its questions, if any presented, have been answered satisfactorily. Proposer agrees that it shall incorporate/consider the information contained in this Addendum No. 1 in preparing and providing its proposal price. In addition, this Addendum No.1 Receipt Acknowledgement Form must be signed and dated and attached to the proposal submittal.

Signature: _____

Company Name: _____

Proposer Acknowledgement Date: _____

Print & Sign Company Principal Name & Title: _____
