



June 29, 2018

CITY OF MISSION

"Home of the Grapefruit"

RE: **Addendum No. 1 / Ambulance Services**
Request for Bid No.: 18-249-07-19

Dear Prospective Bidder:

The following is to be corrected/added/changed/clarified:

- a. This addendum is being provided to all bidders. Changes are marked with a vertical line on the right hand side of the document.
- b. Please see attached Non Collusive Proposal Certification and Addenda Checklist. These two documents are to be submitted with your offer as per the Solicitation Index (Page 2).
- c. The proposal due date has not changed. The date for receipt of proposals is **Thursday, July 19, 2018 at 2:00 p.m. CST**
- d. No other changes result from this Addendum No. 1.

NOTE: This form must be completed and submitted with your bid response. WARNING: Failure of an Offeror to acknowledge receipt of this Addendum, as described herein, may result in REJECTION OF THE OFFER.

We apologize for any inconvenience this may have caused. Authorized signature is needed. Everything else shall remain the same. If you have any questions, please contact me at (956) 580-8667.

Sincerely,

Eduardo Belmarez
Director of Purchasing

_____ Acknowledge receipt of Addendum No. 1
Authorized Signature

Printed Name

Company Name

Ambulance Services RFP 18-249-07-19

City Of Mission
Vendor Acknowledgment Form - Non-Collusive Proposal Certification
Proposal Name/No.: "Ambulance Services"/ 18-249-07-19

I/We have read instructions to Proposer and specifications. My/Our Proposal conforms to all Proposal specifications, conditions, and instructions as outlined by *CITY OF MISSION*.

Signing the Acknowledgment Form confirms that our company will enter into a binding contract with CITY OF MISSION for item(s) awarded to our company. I/We have read instructions to Proposer and specifications.

The undersigned Proposer, by signing and executing this Proposal, certifies and represents to the CITY OF MISSION that Proposer has not been offered, conferred or agreed to confer any pecuniary benefit, as defined by §1.07(a)(6) of the Texas Penal Code, or any other thing of value as consideration for the receipt of information or any special treatment or advantage relating to this Proposal; the Proposer also certifies and represents that Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this Proposal; the Proposer certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent of employee of the CITY OF MISSION concerning this Proposal on the basis of any consideration not authorized by law; the Proposer also certifies and represents that Proposer has not received any information not available to other Proposer so as to give the undersigned a preferential advantage with respect to this Proposal; the Proposer further certifies and represents that Proposer has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future offer, confer, or agree to confer any pecuniary benefit or other thing of value to any officer, trustee, agent or member of the CITY OF MISSION in return for the person having exercised the person's official discretion, power or duty with respect to this Proposal; the Proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any officer, trustee, agent or member of CITY OF MISSION in connection with information regarding this Proposal, the submission of this Proposal, the award of this Proposal or the performance, delivery or sale pursuant to this Proposal.

Date: _____

Company Name: _____

Signature: _____

Title: _____

Note: This form, along with the Execution of Offer, must be filled in and submitted with the sealed Proposal.

**CITY OF MISSION
ADDENDA CHECKLIST
PROPOSAL NAME/NO: Ambulance Services / 18-249-07-19**

Proposal of: _____
(Proposer Company Name)

To: City of Mission

Ref.: "Ambulance Services":18-249-07-19

Ladies and Gentlemen:

The undersigned Proposer hereby acknowledges receipt of the following Addenda to the captioned RFP (initial if applicable).

No. 1 _____ No. 2 _____ No. 3 _____ No. 4 _____ No. 5 _____

Respectfully submitted,

Proposer: _____

By: _____

(Authorized Signature for Proposer)

Name: _____

Title: _____

Date: _____