

ADDENDUM Q & A

Fiscal Administrative Officer

Telephone Number

E-mail Address

Fax Number

# UConn | HEALTH CENTER

## STATE OF CONNECTICUT

UNIVERSITY OF CONNECTICUT HEALTH CENTER  
Procurement Operations & Contracts  
263 Farmington Avenue, MC4036  
Farmington, CT 06032-4036

|                    |                           |                                  |                    |
|--------------------|---------------------------|----------------------------------|--------------------|
| <b>RFP NUMBER:</b> | <b>PROPOSAL DUE DATE:</b> | <b>PROPOSAL DUE TIME:</b><br>EST | <b>RFP SURETY:</b> |
| <b>RFP TITLE:</b>  |                           |                                  |                    |

**ADDENDUM NUMBER:** \_\_\_\_\_

**DATE ADDENDUM ISSUED:** \_\_\_\_\_

**FOR:** The University of Connecticut Health Center

**NOTE:**

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**This Addendum must be Signed & Returned with your proposal.**

\_\_\_\_\_  
*Authorized Signature of Proposer*

\_\_\_\_\_  
*Company Name*

**Approved By:** \_\_\_\_\_

[ \_\_\_\_\_ ]

Fiscal Administrative Officer

*(Original Signature on Document in Procurement Files)*

**\*\* SEE ATTACHED Q & A \*\***