

ADDENDUM NUMBER: TWO

HILLSBOROUGH COUNTY HEALTH CARE SERVICES DEPARTMENT
601 EAST KENNEDY BLVD, 16th FLOOR
TAMPA, FLORIDA 33602

DATE: **October 27, 2022**

TO APPLICANT: This Addendum is an integral part of the RFA Package under consideration by you as an Applicant in connection with the subject matter herein below identified. Hillsborough County deems all sealed Applications to have been proffered in recognition and consideration of the entire RFA package – including all issued addenda. For purposes of clarification, receipt of this present Addendum by an Applicant should be evidenced by returning it (signed) as part of the Applicant’s electronically submitted Application.

ADDENDUM TO: **THE HEALTH EDUCATION RISK REDUCTION, HOUSING AND SUBSTANCE ABUSE, FOR INDIVIDUALS WITH HIV DISEASE**

RFA NUMBER: **RW1-22**

RFA SUBMISSION DEADLINE DATE AND TIME: **Tuesday, November 15, 2022, 5:00 PM, EST.**

PLACE: Health Care Services Department, arnolda@HCFLGov.net

REASON FOR ISSUANCE OF THIS ADDENDUM: THE INFORMATION INCLUDED HEREIN IS HEREBY INCORPORATED INTO THE CONTRACT DOCUMENTS OF THIS PRESENT RFA MATTER AND SUPERSEDES ANY CONFLICTING CONTRACT DOCUMENTS OR PORTION THEREOF PREVIOUSLY ISSUED:

1. “Thanks again for these forms, I can’t find the “Condition of Award Budget” form, it is referenced as Att XIII: Budgets.”

All of the budget forms were combined into one...the Budget Narrative.

Receipt of this Addendum is hereby acknowledged by the undersigned Applicant.

ATTEST:

Authorized Signature (Applicant)

Witness

Title of Person Signing Above

Typed Name of Firm, Corporation,
Business or Individual

Address

Telephone Number

(The remainder of page intentionally left blank.)