

ADDENDUM NO. 2

RFP NUMBER: __182736__

RFP TITLE: ____Social Services Program Evaluator____

DEPARTMENT: __Youth and Family Development____

DATE OF ADDENDUM: ____April 24, 2019____

DEADLINE FOR QUESTIONS: __April 8, 2019, 4:00 p.m., e.s.t.____

ORIGINAL RFP DUE DATE/TIME: ____April 23, 2019, 4:00 p.m., e.s.t.____

REVISED RFP DUE DATE/TIME: ____May 7, 2019, 4:00 p.m., e.s.t.____

REASON: DEADLINE IS EXTENDED DUE TO HAVING RECEIVED ONLY ONE PROPOSAL

(SIGNED): _____(DATE): _____

(COMPANY): _____

As acknowledgement of having received this information, you must sign one (1) copy of this page and return it with your proposal.

Retain a copy for your file.