

**ADDENDUM NUMBER 1
BID NUMBER IFB 22-012**

DAIRY VENDOR (2022-2023 SCHOOL YEAR)

Nutritional Services Department

ISSUED: April 27, 2022

**PURCHASING DEPARTMENT
UNIFIED SCHOOL DISTRICT 500
2010 N. 59th STREET, ROOM 370
KANSAS CITY, KANSAS 66104
(913) 551-3200**

Note the following changes to the above-mentioned bid. This information is to be taken into consideration when responding to the original bid document.

1. Change to Bid Schedule:

The due date for bids under this solicitation is hereby extended to **May 3, 2022, at 10:30 AM** at which time bids received will be publicly opened and read, all in accordance with bid instructions, specifications and/or bid conditions

2. Delete and Replace:

The Bid Form (Pages 2 & 3 of 25) is hereby deleted in its entirety and replaced with Addendum 1 – Attachment A – Bid Form, attached hereto. This is to correct an error related to Item 2 on the original solicitation. "1% Milk, Chocolate" should have been specified. Bids submitted should utilize the bid for attached hereto.

3. No Other Changes:

No other changes or modification are intended by this Addendum. All other terms and conditions of the solicitation remain in effect.

WE HEREBY ACKNOWLEDGE AND UNDERSTAND THE ABOVE NOTED CHANGES TO THE ORIGINAL BID DOCUMENT AND AGREE TO FURNISH THE ITEMS ON WHICH PRICES ARE QUOTED IN ACCORDANCE WITH ALL TERMS AND CONDITIONS PREVIOUSLY LISTED AND ANY ATTACHED SPECIFICATIONS AND AMENDMENTS.

BY: _____ DATE: _____
TITLE: _____ PHONE: _____
FIRM _____

**IFB 22-012 DAIRY VENDOR
ADDENDUM 1 – ATTACHMENT A
BID FORM**

(This page to be completed by bidder.)

Date Bid Issued:

BIDDING FIRM SUBMITS THE FOLLOWING: DATE SUBMITTED: _____

Name of Bidding Firm: _____

Name & Title of Signing Officer: _____

Our Bottom-Line Bid for Product is as Follows:

Products included in Section I Amount \$ _____

Signature of Signing Officer

Date

Title

Telephone

Note: Complete this page in INK. If corrections are needed, cross out and initial **DO NOT** ERASE.

CONTRACT TYPE – Escalating Pricing Only

No.	Identification	Unit	Unit Cost*	Estimated Units Required	Total Item Cost*
1.	1% Milk, Unflavored	1/2 Pint	\$	50,000	\$
2.	1% Milk, Chocolate	1/2 Pint	\$	3,000,000	\$
3.	Skim Milk, 8 oz, Unflavored	1/2 Pint	\$	700,000	\$
4.	Juice, 100%, refrigerated, variety	4 oz.	\$	2,000,000	\$
5.	Buttermilk, cultured, low-fat	½ Gal.	\$	1,000	\$
Total					\$

* To Be Completed by Bidder

** Bidder Will Transfer Total to Section I (See Above)

Bidder Should Return this Page with Submitted Bid