

January 26, 2012

CITY OF WICHITA, KANSAS  
REQUEST FOR PROPOSAL NUMBER FP240003

ADDENDUM # 1

HOUSING & COMMUNITY SERVICES DEPARTMENT

CDBG – Women’s Shelter Services & Youth Crime Prevention and Enrichment

DUE DATE: WEDNESDAY, FEBRUARY 1, 2012 AT 4:30 P.M.

The following item has been added to the specifications and made a part of this proposal.

Revised Form A is attached.

For the purposes of the RFP submission, a copy of the current audit will be sufficient. Post-award conditions may require an original, bound package.

Each vendor is required to acknowledge receipt of this Addendum by his signature affixed hereto and to file same with and attached to this proposal.

  
Melinda A. Walker  
Purchasing Manager

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The undersigned acknowledges receipt of this Addendum and the proposal submitted herewith is in accordance with the information, instruction and stipulations set forth herein

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature of Company Representative

\_\_\_\_\_  
Print Name of Company Representative

\_\_\_\_\_  
Title

**REQUIRED FORMS AND DOCUMENTS CHECKLIST**

**Instructions:** Failure to submit required documents may be grounds for rejection of the proposal. Check "Yes" or "No", to indicate whether or not documents/forms are attached. If any documents/forms are not attached, provide a written explanation.

<b>Document/Form Title</b>	<b>Yes</b>	<b>No</b>
1. Forms A – Required Forms and Documents Checklist	<input type="checkbox"/>	<input type="checkbox"/>
2. Form B – Anticipated Program Beneficiaries and Unit Costs	<input type="checkbox"/>	<input type="checkbox"/>
3. Form C – Outcome Measurements and Indicators	<input type="checkbox"/>	<input type="checkbox"/>
4. Form D – Organizational Information	<input type="checkbox"/>	<input type="checkbox"/>
5. Form E – Designation of Authorized Signatures for Proposed Program	<input type="checkbox"/>	<input type="checkbox"/>
6. Form F – Funding Request Detail	<input type="checkbox"/>	<input type="checkbox"/>
7. Form G – Summary of Revenue/Resources for Proposed Program	<input type="checkbox"/>	<input type="checkbox"/>
8. Form H – Summary of Program Staff	<input type="checkbox"/>	<input type="checkbox"/>
9. Articles of Incorporation and Bylaws	<input type="checkbox"/>	<input type="checkbox"/>
10. Copy of Current Audit with Management Letter	<input type="checkbox"/>	<input type="checkbox"/>
11. Evidence of \$500,000 General Liability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
12. State of Kansas and Federal Tax Exemption Determination Letters	<input type="checkbox"/>	<input type="checkbox"/>
13. State of Kansas Certificate of Good Standing	<input type="checkbox"/>	<input type="checkbox"/>

I hereby certify that the information provided in this application is true and correct and that no person(s) who exercise or have exercised any functions or responsibilities with respect to this activity, who are in a position to participate in a decision making process or gain inside information with regard to such activity, may obtain any financial interest or benefit from this assisted activity.

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**Board Chairperson/Chief Executive Officer**

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**Date**