



**CITY OF CORAL GABLES**  
**FINANCE DEPARTMENT / PROCUREMENT DIVISION**  
**ACKNOWLEDGEMENT (ADDENDUM – BID/PERFORMANCE BOND)**

Proposal Number & Title:

**REQUEST FOR PROPOSAL – 2010.09.01**  
**HR MEDICAL SERVICES**

Pre-Bid Conference

**N/A**

Bid Opening Date

**SEPT. 23, 2010**

User Department:

**HUMAN RESOURCES DEPT.**

Contact Person:

**ELSA JARAMILLO-VELEZ**

Contact Information

**Phone: 305-460-5530**

Bidder's Name	Bid Amount	Acknowledgment of Addendum/Addenda Issued (If Applicable)			Submitted Bid Bond / Performance Bond / Security Deposit (If Applicable)		
Mercy Outpatient Center	<b>No Bid</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Larkin Community Hospital	\$ 4,635.00	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Physicians Health Center	\$ 10,265.30	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	Yes	<input type="checkbox"/> No	<input type="checkbox"/>	Yes	<input type="checkbox"/> No

**Apparent Low Bidder**

Bidder's Name	Apparent Low Bid Amount
	\$ .

Opened/Received by: Joe V. Rodriguez & Jackie Duffv Date/Time: 9/23/10