



**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**

<b>Bidder's Name</b>	<b>Bid Amount</b>	<b>Acknowledgment of Addendum/Addenda Issued (If Applicable)</b>	<b>Submitted Bid Bond / Performance Bond / Security Deposit (If Applicable)</b>
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	\$ 23,945.00	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physicians Health Center	\$ 24,435.00	<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

<b>Bidder's Name</b>	<b>Apparent Low Bid Amount</b>
<b>Apparent Low Bidder</b>	\$ .

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