



# CAMERON COUNTY PURCHASING

1100 E. Monroe St,  
Brownsville, Texas 78520  
(956) 544-0871 Fax: (956) 550-7219

**ADDENDUM # 1 - PAGE 1 of 7**

**DATE OUT: 11 - 9 - 18**

**ANNUAL RFP # 1455 CC**

**RFP TITLE: RECORDS MANAGEMENT & IMAGING SYSTEM (COUNTY CLERK'S DEPT.)**

**DEADLINE: DECEMBER 4, 2018**

***(IN ORDER TO AVOID DISQUALIFICATION – ALL ADDENDUMS MUST BE SIGNED AND RETURNED BY DEADLINE AND INCLUDED IN THE SEALED RFP PACKAGE SUBMITTED)***

**CHANGE – PAGE 3**

**FROM:**

Sign the Vendor's Affidavit Notice, complete answers to Attachments A,B,C,D,E,F,G,H,I,J,K, AA,BB, CC, DD, EE , FF , GG, HH and return all with your RFP.

**TO:**

Sign the Vendor's Affidavit Notice, complete answers to Attachments A,B,C,D,E,F,G,H,I, and # 1 thru # 11

**CHANGE – PAGE 19 - SECTION 19**

**FROM:**

Cost Quotations - Proposal Pricing/Delivery - Pricing shall be itemized for all items requested in this proposal on forms provided. Brief notes referencing specific line items may be included, if necessary, for explanation.

**TO:**

Cost Quotations - Proposal Pricing/Delivery - Pricing shall be itemized for all items requested in this proposal on forms provided. Brief notes referencing specific line items may be included, if necessary, for explanation.

**Include attachments 4 thru 10**

**CHANGE – PAGE 19 - SECTION 20**

**FROM:**

Other Documentation Required - Including Attachments 1 thru 11

**TO:**

Other Documentation Required - Including Attachments 1 thru 3 & 11

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Must include and return with RFP package**



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**ADD – PAGE 19 - SECTION 23**  
**Attachments A thru I**

**CHANGE – PAGE 26 - Section 19 # 2**  
**FROM:**

Cost Tables

**TO:**

Cost tables:

Attachment 4. Hardware Cost Table

Attachment 5. Software Cost Table

Attachment 6. Implementation Services Cost Table

Attachment 7. Outsourced Service Cost Table – if applicable

Attachment 8. Options Cost Table

Attachment 9. Total Optional Services Cost Table

Attachment 10. Total Cost Summary

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CHANGE – PAGE 26 Section 19 - # 4**

**FROM:**

4. Executive Summary containing a brief statement of any cost advantages provided by the vendor and any observations or comments deemed appropriate to full understanding of the Cost Proposal. Vendors are required to use the Cost Tables provided in **Attachments D through J.**

**TO:**

4. Executive Summary containing a brief statement of any cost advantages provided by the vendor and any observations or comments deemed appropriate to full understanding of the Cost Proposal. Vendors are required to use the Cost Tables provided in **Attachments 4 through 10 towards but insert these attachments in section 19 Cost Quotation – 2 Cost Tables.**

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CHANGE – PAGE 26 Section 20 – Other Documentation**

**FROM:**

- Attachment 1.Help Desk
- Attachment 2.Software Maintenance and Upgrades
- Attachment 3.Hardware Maintenance and Upgrades
- Attachment 4.Hardware Cost Table
- Attachment 5.Software Cost Table
- Attachment 6.Implementation Services Cost Table
- Attachment 7. Outsourced Service Cost Table – if applicable
- Attachment 8. Options Cost Table
- Attachment 9. Total Optional Services Cost Table
- Attachment 10. Total Cost Summary

**TO:**

- Attachment 1.Help Desk
- Attachment 2.Software Maintenance and Upgrades
- Attachment 3.Hardware Maintenance and Upgrades
- Attachment 11. Real Property File Layout

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

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**CAMERON COUNTY PURCHASING**

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**ADD – PAGE 27**

**SECTION 23    Attachments A thru I**

**CHANGE – PAGE 94**

**FROM:**

**REFERENCES**

Please list three (3) references

**TO:**

Please list five (5) references

see revised pages attached      Attachment A revised – 2 pages

Company Name \_\_\_\_\_ Phone # \_\_\_\_\_

Vendor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Must include and return with RFP package**

**RFP Title \_\_\_\_\_**

**Proposer’s Name \_\_\_\_\_**

**Attachment**

**A**

**REFERENCES**

Please **list five (5)** references of current customers who can verify the quality of service your company provides. The County prefers customers of similar size and scope of work to this RFP.  
***THIS FORM MUST BE RETURNED WITH YOUR RFP.***

**REFERENCE ONE**

Government/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Scope of Work \_\_\_\_\_

**REFERENCE TWO**

Government/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Scope of Work \_\_\_\_\_

**REFERENCE THREE**

Government/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Scope of Work \_\_\_\_\_

**REFERENCES**

***THIS FORM MUST BE RETURNED WITH YOUR RFP.***

**REFERENCE FOUR**

Government/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Scope of Work \_\_\_\_\_

**REFERENCE FIVE**

Government/Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person and Title: \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

Contract Period: \_\_\_\_\_ Scope of Work \_\_\_\_\_

