BID # SDOC-08-B-050-CJ

December 12, 2007

ADDENDUM NO.: 1
(To be attached and become a part of the Bid)

SPEECH PATHOLOGIST RECRUITMENT SERVICES

To be opened, **January 8, 2008** at 2:00 p.m., in the School District of Osceola County, Purchasing Office, 817 Bill Beck Boulevard, Kissimmee, Florida 34744.

During the Pre-Bid Conference, it was decided by the Evaluation Committee that the District may consider Direct Placement of Speech Pathologist in "part-time" positions. Attached is a "revised" Price Sheet including a fee for the successfully hired "part-time" Speech Pathologist.

On page 25 of the bid there are two (2) typed errors. Item #4 on page 25 in the first sentence it says "worker9s)" this word should be "worker(s)". Item #6 on page 25 in the first sentence it says "Federal Lawn" this should be "Federal Laws".

Acknowledgement of Addendum by Vendor:

This addendum shall be completed by Vendor and returned with the Bid Package. If the Bid package has already been submitted, this addendum must be submitted to the above address in a sealed envelope, which is marked on the outside Addendum to Bid, Bid title and number.

This is to acknowledge receipt of this addendum, which will become part of the Bid document.

_____   _____
AUTHORIZED NAME (TYPED)   TITLE

_____   _____
AUTHORIZED SIGNATURE   COMPANY NAME

REVISED PRICE SHEET

LOT 1 – SPEECH PATHOLOGIST DIRECT PLACEMENT'S

1.   **Fee for full time permanent direct placement of Qualified Speech Pathologist. $_____/ successfully hired full time applicant.**

2.   **Fee for part time permanent direct placement of Qualified Speech Pathologist. $_____/ successfully hired part time applicant.**

LOT 2 – CONTRACTED SPEECH PATHOLOGIST'S

1.   **Hourly rate for contracted Qualified Speech Pathologist's**

   a.)   **Pay Rate $_____/ successfully placed contracted Speech Pathologist**

   b.)   **Bill Rate $_____/ successfully placed contracted Speech Pathologist**

I certify that this bid is made without prior understanding, agreement or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and certify that I am authorized to sign this bid for the bidder.

COMPANY NAME (Print)	DATE
AUTHORIZED SIGNATURE	PHONE NUMBER
PRINT NAME	FAX NUMBER
TITLE	EMAIL ADDRESS