

Buyer

Telephone Number

E-mail Address

Fax Number

**UNIVERSITY OF CONNECTICUT HEALTH CENTER**  
**Procurement Operations & Contracts**  
**263 Farmington Avenue, MC4036**  
**Farmington, CT 06032-4036**

<b>RFP NUMBER:</b>	<b>PROPOSAL DUE DATE:</b>	<b>PROPOSAL DUE TIME:</b>	<b>RFP SURETY:</b>
		EST	
<b>RFP TITLE:</b>			

**ADDENDUM NUMBER:** \_\_\_\_\_

**DATE ADDENDUM ISSUED:** \_\_\_\_\_

**FOR:** The University of Connecticut Health Center

**NOTE:**  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This Addendum must be Signed & Returned with your proposal.**

\_\_\_\_\_  
*Authorized Signature of Proposer*

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

**Approved By:** \_\_\_\_\_  
[ Buyer ]  
*(Original Signature on Document in Procurement Files)*

**Mandatory Conference Call – UHC4-127906391 Reusable Sharps Management Program**

Please contact Margaret Roy – 860-679-1988 or email [mroy@uchc.edu](mailto:mroy@uchc.edu) for conference call number.

**Attendance on the call will be required to submit a proposal for the services.**

**Agenda**

- Introductions – Supplier and UConn Health staff
- Administrative Requirements for proposal submission
- RFP timeline
- Evaluation of responses
- Scope of work review – UConn Health Facilities Management Staff
- Questions/Answers (note – all verbal questions will also need to be submitted by email no later than March 23, 2020 at 2:00 PM)