**Addendum 1**

**State of Connecticut**

**Department of Correction**

**RFP #DOC-RES/NON-RES/PS-2020-SM**

**Community Residential Services/Non-Residential Parole Services**

Date Issued: March 9, 2020

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| This Addendum Acknowledgement must be signed and included with your proposal. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Authorized Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Proposer |