

ADDENDUM 1

Request for Proposal (RFP)
Copiers/Digital Duplicating Machines AND Maintenance

This addendum is related to the location for the MANDATORY walk through on Monday, March 24 at 9:00 a.m. Please meet at the Dr. Rosemary Lucas Administrative Center, Worth School District 127, 11218 S. Ridgeland Avenue, Worth, IL 60482.

At the start of the meeting, we will review the details of the RFP, distribute floor maps of the buildings, with locations of the copiers, and answer any questions regarding the RFP and needs of the district.

Please bring the Site Inspection Form (within the RFP and attached to this Addendum) for your notes/records on the mandatory walk through.

Site Inspection Form

Company Name _____

Signature _____ Date _____

(A) LOCATION	(B) PRODUCT TYPE – SEE EXHIBIT B	(C) SPACE	(D) POWER	(E) COMMENTS
Worth Elementary School (Teacher Work Room)	Product A: High-Volume B&W			
Worth Elementary School (Teacher Lounge)	Product B: Mid-Volume B&W			
Worth Elementary School (Main Office)	Product D: Color and Multifunction			
Worthwoods Elementary School (Teacher Lounge)	Product A: High-Volume B&W			
Worthwoods Elementary School (Teacher Work Area/Book Room)	Product B: Mid-Volume B&W			
Worthwoods Elementary School (Main Office)	Product D: Color and Multifunction			
Worth Junior High School (Teacher Work Room)	Product A: High-Volume B&W			
Worth Junior High School (Main Office)	Product D: Color and Multifunction			
Administrative Center (Work Room)	Product A: High-Volume B&W			
Administrative Center (Work Room)	Product D: Color and Multifunction			
Administrative Center (Accounting Assistant)	Product C: Small-Volume B&W Multifunction			
Administrative Center (Payroll/HR)	Product C: Small-Volume B&W Multifunction			
Administrative Center (Student Services)	Product C: Small-Volume B&W Multifunction			
Administrative Center (Registrar)	Product C: Small-Volume B&W Multifunction			

1. In Column (C), please indicate if the proposed equipment will fit in the school's existing workspace. **(YES or NO)**.
2. In Column (D), please indicate if the current electrical power supply is compatible with the proposed equipment **(YES or NO)**. If the power supply is not compatible, please indicate in Column (D) the type of power supply required.
3. Indicate any other relevant comments in Column (E) regarding placement of the unit (i.e. finisher will not fit).