

**THIS ADDENDUM SHALL BECOME A PART OF THE SOLICITATION
AND MUST BE ACKNOWLEDGED**

**Statement of Qualifications SOQ-23-035 - Dodge Vehicle and Equipment OEM Parts and Services - dated
March 22, 2023**

CLARIFICATIONS:

El Paso County reserves the right to request SAM.gov registration information if the project utilizes Federal Funds. Federal Funding will not be used for this solicitation SOQ-23-035 Dodge Vehicle and Equipment OEM Parts and Services.

El Paso County will only accept electronic bid proposals submitted through the Rocky Mountain E-Purchasing system. A Submittal Log will be posted after the County has had an opportunity to review and verify the submittals offered to the County.

The original Offer must be received before the due date and time through electronic package through the Rocky Mountain E-Purchasing system. The Vendor is responsible for ensuring their proposal is posted by the due date and time outlined in the solicitation document.

If the submittal arrives late, it will not be included in the electronic lockbox.

ADMINISTRATION:

- The question period has expired
- Responses should follow the Response Format on pages 20-21 and include all responses to all mandatory requirements.
- We will be verifying submittals include the following:
 - Submittal properly acknowledged (Cover Sheet)
 - Addendum acknowledged
 - Required Documentation
 - Evaluation Criteria Documentation
 - Submission Form
 - Completed W9

If a submittal is missing any of the above-mentioned documentation the submittal may be returned to the vendor as non-responsive and be deemed ineligible to participate.

RESPONSE TO QUESTIONS:

No questions received.

Signature below indicates that applicant has read all the information provided above and agrees to comply in full. This addendum is considered as a section of the Statement of Qualification and therefore, this signed document shall become consideration and fully submitted with the original package.

PRINT OR TYPE YOUR INFORMATION

Company Name: _____	Fax: _____
Address: _____	City/State/Zip: _____
Contact Person: _____	Title: _____
Email: _____	Phone: _____
Authorized Representative's Signature: _____	Date: _____
Printed Name: _____	Title: _____
Email: _____	Phone: _____