

ANNE ARUNDEL COUNTY PUBLIC LIBRARY  
Finance Office  
5 Harry S Truman Pkwy  
Annapolis, MD 21401  
410-222-7065

ADDENDUM NO. 1

January 21, 2025

RFP 25-01  
DISCOVERIES: THE LIBRARY THE MALL EXPANSION

**TO ALL OFFERORS:**

PLEASE NOTE THE FOLLOWING INFORMATION:

An updated Cost Proposal Form (Revised 1/21/25) has been attached to this Addendum for your review. All Offerors must use this updated form when submitting their cost proposal.

The cost proposal shall still be submitted separately as required in the RFP.

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**NOTE: THIS ADDENDUM AND ACKNOWLEDGEMENT SHALL ACCOMPANY THE PROPOSAL TO MAKE IT VALID. A PROPOSAL MAY BE REJECTED IF ANY ADDENDUM IS NOT SIGNED AND SUBMITTED WITH THE PROPOSAL.**

**Return to:**

Anne Arundel County Public Library  
Finance Department  
5 Harry S Truman Parkway  
Annapolis, MD 21401  
Attn: Christy Potts

Sir/Madam:

This will acknowledge receipt of **Addendum No. 1** to **RFP 25-01 DISCOVERIES: THE LIBRARY AT THE MALL EXPANSION.**

Date: \_\_\_\_\_

FIRM NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

**Anne Arundel County Public Library  
Request For Proposals No. 25-01  
Discoveries: The Library at the Mall Expansion**

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**COST PROPOSAL FORM**

To: Anne Arundel County Public Library  
5 Harry S Truman Pkwy  
Annapolis, MD 21401  
Attn: Finance Department

**SECTION ONE – PRICING AND PAYMENT**

In accordance with your Request for Proposals dated December 16, 2024

\_\_\_\_\_ wishes to quote the following firm, fixed, lump sum  
(Name of Offeror)

price to complete the Scope of Work:

\_\_\_\_\_ Dollars and \_\_\_\_\_ Cents (\$\_\_\_\_\_)

**Terms of Payment:** \_\_\_\_\_

**SECTION TWO – ADD ALTERNATE**

Lump Sum: \_\_\_\_\_ Dollars and \_\_\_\_\_ Cents (\$\_\_\_\_\_)

**SECTION THREE – CERTIFICATION**

The Offeror certifies that this Cost Proposal Form has been duly authorized and approved by all required organizational action of the Offeror.

The person executing this Cost Proposal Form on behalf of the Offeror certifies that he or she has the legal and organizational authority to do so.

It is further agreed that the necessary Agreement will be executed within ten (10) calendar days after our receipt of your written advice of the acceptance of our Proposal.

**Name of Offeror:** \_\_\_\_\_

**Name of Agent:** \_\_\_\_\_

**Title of Agent:** \_\_\_\_\_

**Signature of Agent:** \_\_\_\_\_