



ADDENDUM # 01

DATED: 8/12/2026

RFP #R43123

In-Home Senior Services

The Purchasing Division must inform you of the following:

The number of copies of proposals to be sent has been updated to six (6) on page 11 and 37.

The signature page was updated to with the correct RFP number, R43123 as attached.

All other information remains the same:

Article IX. Attachments

UNIFIED GOVERNMENT OF WYANDOTTE COUNTY/KANSAS CITY, KANSAS

RFP – R43123

In Home Services for Area Agency on Aging “Senior Care Act (SCA) and Older Americans Act (OAA)”

PROPOSAL FORM

AUTHORIZED SIGNATURE

By submission of this proposal, the undersigned certifies that:

- 1.0 it has not paid or agreed to pay any fee or commission, or any other thing of value contingent upon the award of this contract, to any Unified Government employee or official or to any current consultant to the Unified Government;
- 2.0 it has not paid or agreed to pay any fee or commission or any other thing of value contingent upon the award of this contract, to any broker or agent or any other person;
- 3.0 it has not violated, is not violating and will not violate the prohibition against gratuities and kickbacks set forth in Chapter 12 of the Unified Government's Procurement Code;
- 4.0 the prices contained in this proposal have been arrived at independently and without collusion, consultation, communication or agreement intended to restrict competition; and
- 5.0 it has the full authority of the Respondent to execute the proposal and to execute any resulting contract awarded as the result of, or on the basis of, the proposal.

I hereby certify that the attached proposal has been prepared in compliance with the specifications and that the quotations are valid for a period of 90 days.

Authorized Representative:

Signature:

Title:

Company Name:

Address:

Kansas

City,

State,

Zip:

SSN

or

Federal

ID

Number:

Phone Number:

FAX Number:

E-mail:

Please sign and date this amendment and return it, along with your Bid.

NAME/BUSINESS: _____

ADDRESS: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ EMAIL.: _____

ATTENTION OF: _____

TITLE: _____