DATE: August 22, 2011

TO: All Prospective Bidders

FROM: Sharon Quinn

RE: UMBC PAHF – Theatre Equipment – BID # BC-20758-Q ADDENDUM # 2

The following amends the above referenced Bid documents. Receipt of this addendum must be acknowledged by completing the enclosed "Acknowledgement of Receipt of Addenda" form and submitting it along with the Bid Price Sheet you return to the University.

The due date and time for the Bid to be submitted to the University remains as TUESDAY AUGUST 23, 2011 by 2:00 p.m. to the issuing office.

A. The following questions/clarifications have been submitted to the University for a response:

1. QUESTION: Please clarify: In the Theatre Equipment Package on page 17, Item 11-C on Purchase Code:103-O-125C = "Apollo 5 Pin Cable - AC 5cable-25" and on page 31 of the Bid Price Form = "5 Pin Cable AC 5cable-50". Please advise which is correct.

   ANSWER: 103-O-125C 5-Pin Cable is 25 feet.

2. QUESTION: Please clarify: if In the Theatre Equipment Package on page 22, Item 11-A on Purchase Code:103-O-125E = "Apollo 4 Pin Cable - AC 4cable-25" and on page 31 of the Bid Price Form = "5 Pin Cable AC 5cable-25". Please advise which is correct.

   ANSWER: 103-O-125E 4-Pin Cable is 25 feet.
Enclosure: Acknowledgement of Receipt of Addenda Form

END OF ADDENDUM # 2 DATED 08/22/11

This addendum was e-mailed to the Bidders on 08/22/11.
(Original with enclosures were not mailed)
BID NO.: BC-20758-Q

BID DUE DATE: TUESDAY, AUGUST 23, 2011 AT 2:00 P.M.

BID FOR: UMBC PAHF – Theatre Equipment

NAME OF BIDDER:

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned, hereby acknowledges the receipt of the following addenda:

Addendum No. ___ dated ______________
Addendum No. ___ dated ______________
Addendum No. ___ dated ______________
Addendum No. ___ dated ______________
Addendum No. ___ dated ______________

As stated in this Addendum, this form is to be returned with your Bid Price Sheet.

__________________________
Signature

__________________________
Printed Name

__________________________
Title

__________________________
Date

END OF FORM