## JEFFERSON COUNTY PURCHASING DEPARTMENT
### *Deborah L. Clark, Purchasing Agent*

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|---|---|
| **1149 Pearl Street** | **OFFICE MAIN: (409) 835-8593** |
| **1st Floor, Beaumont, TX 77701** | **FAX: (409) 835-8456** |

# Addendum to RFP

**RFP NUMBER:**     **RFP 25-063/CG**

**RFP TITLE:**     **Emergency Disaster Assistance Recovery for Jefferson County**

**RFP DUE BY:**     **11:00 am, CST, Wednesday, January 14, 2026**

**ADDENDUM NO.:**     **2**

**ISSUED (DATE):**     **January 9, 2026**

**To RFP Respondent:** This Addendum is an integral part of the RFP package under consideration by you as a Respondent in connection with the subject matter herein identified. Jefferson County deems all sealed qualifications to have been proffered in recognition and consideration of the entire RFP Specifications Package – *including all addenda*. For purposes of clarification, **receipt of this present Addendum by a Respondent should be evidenced by returning it (signed) as part of the Respondent's sealed RFP response submission.** If the RFP response submission has already been received by the Jefferson County Purchasing Department, Respondent should return this addendum in a separate sealed envelope, clearly marked with the RFP Title, RFP Number, and RFP Opening Date and Time, as stated above.

### Reason for Issuance of this Addendum: Proposal Opening Location Change

Proposals will be publicly opened and the firm name read aloud in the Jefferson County Purchasing Department (1st Floor, Historic Courthouse) located at 1149 Pearl Street, Beaumont, Texas 77701 at the Proposal due by date and time specified above.

**The information included herein is hereby incorporated into the documents of this present RFP matter and supersedes any conflicting documents or portion thereof previously issued.**

**Receipt of this Addendum is hereby acknowledged by the undersigned Respondent:**

ATTEST:

_____
Authorized Signature (Respondent)

_____
Witness

_____
Title of Person Signing Above

_____
Witness

_____
Typed Name of Business or Individual

Approved by _____ Date: _____

_____
Address