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NOTICE TO ALL FIRMS

Date: August 12, 2025

To: All Prospective Bidders

From: Candida Poinsette

Assoc. Director, Procurement Services

Re: Addendum Number 1

RFP C1704 – Museum Graphics Print and Installation

Good morning firms, this addendum is inclusive of all questions received during the question-and-answer period. This information is provided to all firms interested in submitting a proposal for this project.

Please note, the scope of work described in this Request for Proposal (RFP) is intended to outline the primary tasks and deliverables anticipated at the time of issuance. However, FIT reserves the right to request additional services during the engagement. These may include, but are not limited to, tasks, deliverables, or support services not specifically described in the initial scope.

- Q1. Please confirm per the walkthrough that the walls will be a minimum of level 4 (level 5 recommended)
- A1. Yes, Minimum level 4
- Q2. Will final substrates used be up to the awarded bidder based on provided samples?
- A2. Final substrates are chosen by the museum staff, but with consideration from the designer.
- Q3. Will the window graphics be printed on clear or white. Please note white will have a solid white back viewing from Behind.
- A3. Window graphics are on white, never clear.
- Q4. How long will these exhibits be installed there are low tac options that are easily removed that we have used for short term art exhibits in the past.
- A4. Graphics are up for 4 months. Low tack is preferred.
- Q5. Kindly confirm whether the dimension 117.25"W x 57.75"H refers to one window or both windows as shown in the attached reference file.
- A5. Measurements refer to one window.
- Q6. Please confirm if the size 83.75"H x 36"W for the stair side upstairs door refers to one door or includes both doors.
- A6. Each door is 83.75"H x 36"W.





YOUR SIGNATURE BELOW WARRANTS THAT YOU UNDERSTAND THIS ADDENDUM AND THAT YOU HAVE MADE THE APPROPRIATE ADJUSTMENTS IN YOUR PROPOSAL AND CALCULATIONS.

Signature
Print Name and Title of Authorized Representative
Print Name of Company/Partnership/Individual
Date