



## ADDENDUM

PROJECT TITLE: Consulting Services – Enterprise Resource Planning (ERP) - Procurement	ADD. NO: 1
RFP NO: 2024-092204P	DATE: April 23, 2024
PAGE 1 of 2 (Including Confirmation Sheet)	

Make the following modifications to the above project. Include in the amount of the Proposal, any additions to or deductions from the cost of the work by reason of these instructions.

**Sign and attach this Addendum to the Proposal documents and submit with your Proposal. Failure to do so may result in the rejection of your Proposal.**

### **Item No. 1**

Registered proponents may request (by email to [supplychainmanagement@saintjohn.ca](mailto:supplychainmanagement@saintjohn.ca)) a “Functional and Application Requirements” document from the City in order to provide further details on the project.

### **Item No. 2 – Questions and Answers**

Q1. Which ERP system is being used currently?

A1. *Central Square Naviline*

Q2. How many Entities do you have?

A2. *The entities that are currently included in our existing ERP are as follows:*

*The City of Saint John General Operating Fund*

*The City of Saint John Capital and Loan Fund*

*The City of Saint John Water and Sewerage Utility Operating Fund*

*The City of Saint John Water and Sewerage Utility Capital and Loan Fund*

*Saint John Transit Commission*

*Saint John Police Commission*

Q3. How many users use the ERP System? Admin Users = #? and General Users = #?

A3. *Admin Users = 2, General Users = 400*

Q4. Are you looking at Microsoft Dynamics 365 ERP Solutions?

A4. *The RFP is for a consultant to support our ERP procurement process. No systems have been identified at this stage in the process.*

**SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL**

Chris Roberts, SCMP, CPPB  
Procurement Manager  
Supply Chain Management

Proponent's Signature



## ADDENDUM

PROJECT TITLE: Consulting Services – Enterprise Resource Planning (ERP) - Procurement	ADD. NO: 1
RFP NO: 2024-092204P	DATE: April 23, 2024
PAGE 2 of 2 (Including Confirmation Sheet)	

### CONFIRMATION - RECEIPT OF ADDENDUM

**Upon receipt of this document, fax this page to  
(506) 658-4742 to confirm receipt of this addendum.**

CONSULTANT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

RECEIVER NAME (PRINT) \_\_\_\_\_

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