

# KING'S DAUGHTERS MEDICAL CENTER

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Taking Medicine Further<sup>SM</sup>

REQUEST FOR PROPOSALS

KD-0106-23

CISCO SERVICES

ADDENDUM # 01

04/24/23

IMPORTANT: RFP AND ADDENDUM MUST BE RECEIVED BY 05/11/23 @ 3:00 PM EST. OFFEROR MUST ACKNOWLEDGE RECEIPT OF THIS AND ANY ADDENDUM AS STATED IN THE REQUEST FOR PROPOSAL.

Item #1: Offerors are directed to use the attached "Addendum #1 – Attachment A, CISCO Letter of Authorization, to answer specific questions about equipment for the formulation of the proposal.

END OF ADDENDUM 01

OFFICIAL APPROVAL  
KING'S DAUGHTERS MEDICAL CENTER



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Becky Pyles, Purchasing Officer

SIGNATURE

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Print Name



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CISCO SYSTEMS, INC.  
LETTER OF AUTHORIZATION (LOA) - CUSTOMER CONSENT

This document authorizes Cisco to release the specific customer information described in section 2 below to the authorized parties identified in Section 3 below.

1. **Authorization to Release Information:**

Please sign in the spaces below to authorize Cisco to release your information.

Company Name: Ashland Hospital Corp d/b/a King's Daughters Medical Center

Printed Name: Nate Smithson

Title: Network/Telco Director

Date: 4-21-23

Signature: Nate Smithson

2. **Information to be Released:**

Please specify the information to be released. The Confidential Information to be disclosed under this LOA is described as follows:

Type of Information: Any items related to Cisco license and/or support

3. **Authorized Parties:**

Please identify the person(s) or company that is to receive the information mention in section 2 above if different then the Company making the request.

Company Name: \_\_\_\_\_

Individual: \_\_\_\_\_

Address: \_\_\_\_\_

Phone or email: \_\_\_\_\_

4. **Validity Period:**

The validity period of this authorization is for six months from the date specified in Section 1 above.

**CISCO SYSTEMS, INC.**  
**LETTER OF AUTHORIZATION (LOA) - CUSTOMER CONSENT**

(email version)

This document authorizes Cisco to release the specific customer information described in section 2 below to the authorized parties identified in Section 3 below.

**1. Authorization to Release Information:**

In order to authorize Cisco to release your information, please fill in the customer information below including customer name, contact, date and email address.

Ashland Hospital Corporation 4/24/23  
dba King's Daughters Medical Center  
Contact: Nate Smithson  
Nate.Smithson@kdmc,kdhs.us

**2. Information to be Released:**

Please specify the information to be released. The Confidential Information to be disclosed under this LOA is described as follows:

This vendor is allowed to see a list of the equipment that is currently covered under a Cisco maintenance contract.

**3. Authorized Parties:**

Please identify the person(s) or company that is to receive the information. Please be as specific as possible and include the company name, contact, address, phone number and email address.

**4. Validity Period:**

The validity period of this authorization is for six months from the date specified in Section 1 above.