Name County Schools

IFB/RFP Addendum Form

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| --- | --- |
| IFB or RFP Number: | Type and Description of IFB / RFP: |
| School Food Authority: SFA Contact Person: Email Address: Telephone Number:  | IFB/ RFP Initially Posted on:  |
| Addendum Number: Date of Addendum:  |
|  |  |

The attached information provided by the Name County Schools is made as part of this

IFB / RFP. The purpose of this addendum is to revise the IFB / RFP as follows:

* Write your revisions here
* Write your revisions here
* Write your revisions here
* Write your revisions here

Note: In the event of a conflict between previously released information and the information contained herein, the latter shall control.

A signed acknowledgement of this addendum (this page) should be attached to your IFB / RFP response.

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Vendors Name

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Printed Name

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Signature and Title