Name County Schools

IFB/RFP Addendum Form

|  |  |
| --- | --- |
| 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendors Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature and Title