**ALLENTOWN SCHOOL DISTRICT**

**31 SOUTH PENN STREET**

**ALLENTOWN, PA 18102**

***ADDENDUM C* TO REQUEST FOR PROPOSAL**

To: Prospective Proposers:

*This Addendum C forms a part of the Contract Documents and modifies the original Request for Proposals for Information Technology Staffing Services, dated June 22, as noted below. Each prospective proposer shall acknowledge receipt of this Addendum C in the space provided.*

1. The District has chosen to extend this Proposal for a period of 7 days to June 22, 2023, in order to provide vendors sufficient time to provide proposals more aligned with the scope and requirements within this Request for Proposals.
2. As a result of our discussion regarding a Cost Schedule during our Zoom meeting, attached is a Billing Form to be completed and included in all proposals.



1. Also, as a result of our Zoom meeting, following is a checklist of items required with all submissions:
   1. Sample resumes with qualifications for each position
   2. Certificate of Insurance
   3. Assurance that you are authorized to work in the state of Pennsylvania and Lehigh County.
   4. Completed cost schedule
   5. Assurance of financial stability, e.g. can meet payroll and benefits are provided for staff, financial line of credit and/or financial statement from previous year.
   6. Acknowledgement that all proposed staff will obtain necessary clearances required when working on school grounds as outlined in General RFP Terms and Conditions in the RFP.
   7. Completed and signed Non-Collusion Affidavit.

**NOTE: ALL PROPOSERS MUST SUBMIT WITH THEIR RESPECTIVE PROPOSALS THIS CONFIRMATION OF RECEIPT OF THIS ADDENDUM C, PLEASE PRINT COMPANY NAME, SIGN AND DATE THIS PAGE.**

Receipt Acknowledged By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_