Department of Purchasing & Contract Compliance

Cecil S. Moore, CPPO, CPPB, CPSM, C.P.M., A.P.P
Director

Fulton County, GA

July 12, 2011

Re: **11ITB79050A-DR, Medical/Clinical Cleaning Services**

Dear Proposer(s):

Attached is one (1) copy of Addendum 2, hereby made a part of the above referenced 11ITB79050A-DR, Medical/Clinical Cleaning Services.

Except as provided herein, all terms and conditions in the **11ITB79050A-DR,** referenced above remain unchanged and in full force and effect.

Sincerely,

Donald R. Riley

Donald R. Riley, CPPB
Assistant Purchasing Agent

This Addendum forms a part of the contract documents and **modifies** the original ITB documents as noted below:

Replace document in it's entirety due to adding Exhibit G of the Purchasing Forms "Georgia Security and Immigration Sub-Contractor Affidavit"

For additional information regarding this addendum, contact Donald R. Riley, CPPB, Assistant Purchasing Agent at (404) 612-7916.

Except as provided herein, all terms and conditions in the bid referenced above remain unchanged and in full force and effect.

Failure to return a signed copy of this addendum could render your bid non-responsive.

ACKNOWLEDGEMENT OF ADDENDUM NO. 2

The undersigned proposer acknowledges receipt of this addendum by returning one (1) copy of this form with the proposal package to the Department of Purchasing & Contract Compliance, Fulton County Public Safety Building, 130 Peachtree Street, Suite 1168, Atlanta, Georgia 30303 by the ITB due date and time **July 14, 2011, at 11:00 A.M.**

This is to acknowledge receipt of Addendum No. 2, _____ day of _____, 2011.

_____
Legal Name of Bidder

_____
Signature of Authorized Representative

_____
Title

STATE OF GEORGIA

COUNTY OF FULTON

FORM G: <u>GEORGIA SECURITY AND IMMIGRATION SUBCONTRACTOR AFFIDAVIT</u>

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with **[insert name of prime contractor]** _____behalf of **<u>Fulton County Government</u>** has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act of 1986 (IRCA), P.L. 99-603], in accordance with the applicability provisions and deadlines established in O.C.G.A. 13-10-91.

_____
EEV/Basic Pilot Program* User Identification Number

_____
BY: Authorized Officer of Agent
(Insert Subcontract Name)

_____
Title of Authorized Officer or Agent of Subcontractor

_____
Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this _____ day of _____, 20__.

Notary Public: _____

County: _____

Commission Expires: _____

NOTE:

*** As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is the "EEV/Basic Pilot Program" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).**