



Purchasing Department  
4400 University Drive, Mailstop 3C5  
Fairfax, Va. 22030  
Voice: 703.993.2580 | Fax: 703.993.2589  
<http://fiscal.gmu.edu/purchasing/>

**IFB ADDENDUM NO. 1:**

Date: August 25, 2022  
Reference IFB #GMU-1826-23  
Title: Recruitment Services- Contingency and Retained  
RFP Issued: August 8, 2023  
Proposal Due Date: September 7, 2023 @ 2:00 PM EST

The following changes are hereby incorporated into the aforementioned IFB:

**1. ATTACHMENT B: VENDOR DATA SHEET**

**1. Qualification:**

a. Removal of 5 years' experience requirement.

**2. References:**

a. Removal of 3 required reference, change to 1 required reference, must be higher education institution to match requirement of IFB.

I hereby acknowledge receipt of IFB #GMU-1826-23 Recruitment Services- Contingency and Retained.

\_\_\_\_\_  
NAME OF FIRM

\_\_\_\_\_  
NAME (Print or typed)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**ATTACHMENT B  
VENDOR DATA SHEET**

Note: The following information is required as part of your response to this solicitation. Failure to complete and provide this sheet may result in finding your bid non-responsive.

1. Qualification: The vendor must have the capability and capacity in all respects to satisfy fully all of the contractual requirements.
2. Vendor's Primary Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_
3. Years in Business: Indicate the length of time you have been in business providing this type of good or service:  
\_\_\_\_\_ Years      \_\_\_\_\_ Months
4. Include as an attachment to your bid a summary of your firm's history & biographies of key personnel. NOTE: This information will have no effect on award.
5. References: Indicate below a listing of at least one (1) reference from a previously placed permanent position for an institution of higher education.

A. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone : (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
e-mail address: \_\_\_\_\_

B. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone : (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
e-mail address: \_\_\_\_\_

C. Company: \_\_\_\_\_ Contact: \_\_\_\_\_  
Phone : (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
e-mail address: \_\_\_\_\_

I certify the accuracy of this information:

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_