



Jackson County Board of Commissioners

67 Athens Street
Jefferson, Georgia 30549
Phone: (706) 367-6309
Fax: (706) 367-1505
Email: lbernata@jacksoncountygov.com

Date: December 2, 2016

To: INMATE PHONE SERVICES COMPANIES

From: Len Bernat, Purchasing Manager

RE: Addendum 1 to Jackson County RFP 6350-01, Inmate Phone Services at the Jackson County Jail

1. Addendum 1 is to provide the Vendor Master Form mentioned in Section 1.B.13. The blank form is attached to this addendum
2. All other terms and conditions in RFP 6350-01 remain unchanged.
3. Any inquiries concerning Addendum 1 should be made to Len Bernat, Purchasing Manager, (706) 367-6309 or via email at lbernata@jacksoncountygov.com.
4. Jackson County reserves the right to reject any and all proposals, to waive any technicalities or irregularities and to award the offer based upon the most responsive, responsible submission.



Jackson County Purchasing
67 Athens Street
Jefferson, Georgia 30549
Fax: 706-367-1505

Please complete the Vendor Master Form that will be compiled by the Purchasing Department to create a Bidder's List. By completing this form, your company will be added to the Jackson County Purchasing Vendor Master List.

VENDOR MASTER INFORMATION (Please check the box that applies) _____

VENDOR # _____ (Assigned)

Individual	Sole Proprietorship	Corporation	Partnership	Public Entity
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENDOR STATUS (Please check)

Principal Line of Business

Add	Active	Inactive	Change	Delete
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VENDOR ORDER ADDRESS

Name		Phone number	()
Address		Fax number	()
		DBE/WBE (Disadvantage Business Enterprise/Women Business Enterprise)	Yes _____ No _____
City		Contact person/Title	
State		1099 Vendor	Yes _____ No _____ If marked Yes, Certificate of Insurance and Workmans Compensation Form shall be required to be presented to Purchasing before work commences.
		W9 Completed	Yes _____ No _____ W9 shall be completed if 1099 Box is checked and return to Purchasing
Zip Code			
Federal ID #		Social Security #	
E-Mail Address		Web site address	

REMITTANCE ADDRESS (If different from order address)

Name		Phone number	()
Address		Fax number	()
		Contact person/Title	
City			
State		E-Mail Address	
Zip Code		Web site address	

PURCHASING AUTHORIZATION ONLY (For questions, please call **Beth White**, Purchasing @ 706-367-6309 or email: bwhite@jacksoncountygov.com)

Dept/Div that will use vendor		Date entered by Purchasing	
Commodity Code		Entered by:	