**ADDENDUM # 1 TO RFP #** **0016531**

**For**

**Video Surveillance System and Associated Components**

**VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY**

**INFORMATION TECHNOLOGY ACQUISITIONS (0214)**

**1700 PRATT DRIVE**

**BLACKSBURG, VA 24061**

|  |  |
| --- | --- |
| DATE  March 4, 2011 | ORIGINAL DUE DATE AND HOUR  **March 31, 2011 at 3:00 PM** |

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| --- |
| ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO: John Krallman, Director of Information Technology Acquisitions  E-MAIL ADDRESS:john.krallman@vt.edu TELEPHONE NUMBER (540) 231-6233  FAX NUMBER (540) 231-4110 |

***Section VI.E is amended to add item number 8 (VI.E.8) as follows:***

1. The Virginia Department of Criminal Justice has strict licensing requirements for businesses providing specific security services in the Commonwealth in accordance with Virginia Code 9-1.138. Offeror shall be properly licensed by the Commonwealth of Virginia to operate as an Electronic Security Business. See the Business Requirements FAQ: at [http://www.dcjs.virginia.gov/pss/faq/catView.cfm?category=Electronic Security Businesses](http://www.dcjs.virginia.gov/pss/faq/catView.cfm?category=Electronic%20Security%20Businesses).

***Section VII.B is amended to add item number 8 (VII.B.8) as follows:***

1. Documentation to substantiate current licensure or anticipated licensure by April 15, 2011 with the Virginia Department of Criminal Justice Services as an Electronic Security Business

All other terms, conditions and descriptions remain the same.

The Due date and hour remains **March 31, 2011 at 3:00 PM**

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| --- | --- | --- | --- |
| FULL LEGAL NAME (PRINT)  (Company name as it appears with your Federal Taxpayer Number) | | FEDERAL TAXPAYER NUMBER (ID#) | |
| BUSINESS NAME/DBA NAME/TA NAME  (If different than the Full Legal Name) | | FEDERAL TAXPAYER NUMBER  (If different than ID# above) | |
| BILLING NAME  (Company name as it appears on your invoice) | | FEDERAL TAXPAYER NUMBER  (If different than ID# above) | |
| PURCHASE ORDER ADDRESS | | PAYMENT ADDRESS | |
| CONTACT NAME/TITLE (PRINT) | | SIGNATURE (IN INK) | DATE |
| E-MAIL ADDRESS | TELEPHONE NUMBER | TOLL FREE TELEPHONE NUMBER | FAX NUMBER TO RECEIVE  E-PROCUREMENT ORDERS |

Revised 12/10