County of Fairfax, Virginia

ADDENDUM

DATE: September 10, 2025

ADDENDUM NO. 1

TO: ALL PROSPECTIVE BIDDER

REFERENCE: RFP 202509

TITLE: Inmate Communications for the Fairfax County Adult Detention Center

DUE DATE/TIME: Tuesday, October 28, 2025 at 2:00 PM (Original Date)

The above reference request for proposal is amended as follows:

CORRECTION: The following Table of Contents item shall be **corrected** as follows:

Item 3. Conditions of Bidder, 3.3 ~~Optional~~ **Mandatory** Pre-Bid Conference and Site Evaluation.

ADDITION: The attached Background Screening Authorization Form must be submitted with Section O. Pre-Bid Conference Evaluation Registration Form.

All other terms and conditions remain the same.

Angela Mylechraine
Buyer I

THIS ADDENDUM IS ACKNOWLEDGED AND IS CONSIDERED A PART OF THE SUBJECT REQUEST FOR PROPOSAL:

_____
Name of Firm

_____ _____
(Signature) (Date)

A SIGNED COPY OF THIS ADDENDUM SHOULD BE INCLUDED IN THE TECHNICAL PROPOSAL OR RETURNED PRIOR TO DATE/TIME OF CLOSING.

Note: SIGNATURE ON THIS ADDENDUM DOES NOT SUBSTITUTE FOR YOUR SIGNATURE ON THE ORIGINAL PROPOSAL DOCUMENT. THE ORIGINAL PROPOSAL DOCUMENT MUST BE SIGNED.

Office of the Sheriff
10459 Main Street
FAIRFAX, VIRGINIA 22030
http://www.fairfaxcounty.gov/sheriff/bid.htm

Fairfax County Office of the Sheriff
Background Screening Authorization Form
(Please allow 3 working days for processing all requests.)

Last Name: _____ First Name: _____ M.I.: _____

Social Security # :_____ _____ Date of Birth:_____Phone:_____

Height:_____Weight:_____Eye Color:_____Hair Color:_____Email:_____

Sex: ___ Race: ___ Place of Birth: _____ U.S. Citizen: Yes ☐ No ___

If "No" explain your resident status in U.S.: _____

Alias Names, Maiden Names or Other Names Used: _____

Home Address (P.O. Boxes not accepted): _____

City: _____ State: ____ Zip Code: _____ Phone: _____

Work Organization_____

City: _____ State: ____ Zip Code: _____ Phone: _____

Emergency Contact:_____Relation:_____Phone #:_____

Have you ever been convicted of a crime? Yes ___ No ___, Date if yes _____

Explain if yes_____

Have you ever been arrested? Yes _____ No _____, Date if yes _____

Explain if yes _____

Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes _____ No _____

Have you ever been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes _____ No _____

Has been civilly or administratively adjudicated to have engaged in the activity described the previous two questions? Yes _____ No _____

Do you know anyone currently or formerly incarcerated? Yes _____ No _____

Explain (name, location, date) if yes _____

By signing this application below, I certify that all information contained in this document is true and accurate.

SIGNATURE: _____PRINT NAME: _____

PLEASE NOTE: A CRIMINAL HISTORY CHECK WILL BE MADE ON ALL APPLICATIONS AND CHANGES TO ANY OF THE ABOVE INFORMATION MUST BE REPORTED IMMEDIATELY TO STAFF

SECTION BELOW TO BE COMPLETED BY FCADC STAFF ONLY

Reason for admittance: _____

Requested date and time(s) of admittance: _____

Staff requesting admittance: _____Section: _____Date Submitted: _____

Record Check completed by: _____Comments: _____

APPROVED / DISAPPROVED by: _____ Date: _____