



SOLCITATION ADDENDUM

Issuing Agency:	NC Department of Public Instruction
Solicitation Number:	24-RQ215967-SB
Solicitation Description:	Summer Food Service Health Inspections 2026-2031
Solicitation Opening Date and Time:	May 20, 2026 at 2:00 PM ET
Addendum Number:	1
Addendum Date:	April 28, 2026
Purchasing Agent:	Sharlavette Burt

FAILURE TO RETURN THIS ADDENDUM SHALL SUBJECT YOUR RESPONSE TO REJECTION AND IT SHALL NOT BE EVALUATED FURTHER

The Solicitation is hereby modified as follows:

Adding Section 5.2 Vendor Requirements:

VENDOR REQUIREMENTS

ITEMS	REQUIREMENTS	TIMELINE	VENDOR SHALL SELECT YES OR NO FOR EACH ITEM LISTED BELOW
1	Vendor shall have at least three (3) years prior experience with USDA Food and Nutrition Services' (FNS) regulations and State/local food/health standards and procedures based on the date of posting of this IFB.	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
2	Vendor shall attach a redacted copy of a health inspection completed within the last three (3) years that is similar in scope and size per the requirements of this IFB and demonstrates the Vendor has completed a health inspection	Last three (3) years	<input type="checkbox"/> YES <input type="checkbox"/> NO
3	Vendor shall provide with its response to this IFB the organizational and operational structure it proposes to utilize for the work described in this IFB and identify the responsibilities to be assigned to each person the Vendor proposes to staff the work.	N/A	<input type="checkbox"/> YES <input type="checkbox"/> NO
4	Vendor inspectors shall be certified or registered sanitarians/registered environmental health Specialists.	Ongoing	<input type="checkbox"/> YES <input type="checkbox"/> NO

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5	Vendor will be provided a list of Summer Nutrition sites by NCDPI including access to GIS mapping which shall be used to verify active sites and locations.	Weekly	<input type="checkbox"/> YES <input type="checkbox"/> NO
6	Vendor shall: a. Conduct annual inspections based on the estimated quantities in Attachment A. b. Determine source purchasing, receiving, and inventory control procedures. c. Assess contamination/cross-contamination prevention. d. Observe and assess Time/Temperature Control for Safety procedures. e. Determine adequacy of date marking and inventory control. f. Gauge chemical usage. g. Evaluate pest control procedures. h. Assess adequacy of facility services. i. Assess any other potential risks to the safety of food served to children.	Weekly	a. <input type="checkbox"/> YES <input type="checkbox"/> NO b. <input type="checkbox"/> YES <input type="checkbox"/> NO c. <input type="checkbox"/> YES <input type="checkbox"/> NO d. <input type="checkbox"/> YES <input type="checkbox"/> NO e. <input type="checkbox"/> YES <input type="checkbox"/> NO f. <input type="checkbox"/> YES <input type="checkbox"/> NO g. <input type="checkbox"/> YES <input type="checkbox"/> NO h. <input type="checkbox"/> YES <input type="checkbox"/> NO i. <input type="checkbox"/> YES <input type="checkbox"/> NO
7	Vendor shall document the outcomes of inspections by emailing the inspection results in .pdf format to the NCDPI Contract Manager Listed in Section 6.0.	Weekly	<input type="checkbox"/> YES <input type="checkbox"/> NO
8	Vendor shall notify the Section Chief of Outreach and Promotions immediately if a Site has unacceptable food safety practices that could promote physical, chemical, or bacterial contamination of food. Examples of unacceptable practices include the following: Improper storage temperatures, cross-contamination between raw and ready-to-eat foods, use of expired or unlabeled food, and failure to follow any food safety protocols.	Daily	<input type="checkbox"/> YES <input type="checkbox"/> NO
9	Vendor shall inform the inspectors of all requirements that apply to inspections conducted in the State and Local jurisdictions.	Ongoing	<input type="checkbox"/> YES <input type="checkbox"/> NO

Check **ONLY ONE** of the following options and return one properly executed copy of this Addendum prior to the Solicitation opening time and date.

- A response was submitted prior to this Addendum. An updated response has been submitted to address the changes resulting from this Addendum.
- A response was submitted prior to this Addendum. **NO CHANGES have resulted** from this Addendum.
- A response was **not** submitted prior to this Addendum. **ANY CHANGES resulting** from this Addendum are included in our response.

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ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

Authorized Signature

Date

Printed Name

Title