

Addendum No. 1 to IFB#19-55



CITY OF SOMERVILLE, MASSACHUSETTS
Department of Purchasing
JOSEPH A. CURTATONE
MAYOR

To: All Parties on Record with the City of Somerville as Holding IFB#19-55
Title: Portable Restrooms for the City

From: Prajкта Waditwar, Construction Procurement Manager

Date: 3/8/2019

Re: Updates Pricing Sheet

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Please acknowledge receipt of this Addendum by signing below and including this form in your proposal package. Failure to do so may subject the proposer to disqualification.

NAME OF COMPANY / INDIVIDUAL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE/FAX/EMAIL: _____

SIGNATURE OF AUTHORIZED INDIVIDUAL: _____

ACKNOWLEDGEMENT OF ADDENDA:

Addendum #1 _____ **#2** _____ **#3** _____ **#4** _____

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Pricing form is updated as follows. Please use the updated pricing sheet while submitting your bids.

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**IFB#19-55
SECTION 4.0
PRICING**

By signing this Price Form, the Proposer certifies the following bulleted statements and offers to supply and deliver the materials and services specified below in full accordance with the Contract Documents supplied by the City of Somerville entitled: **Portable Restrooms for the City**

- | |
|---|
| <ul style="list-style-type: none"> • The bids will be received at the office of the Purchasing Director, Somerville City Hall, 93 Highland Avenue, Somerville, MA 02143 no later than 03/13/2019 by 2:00PM EST. • If the awarded vendor is a Corporation a “Certificate of Good Standing” (produced by the Mass. Sec. of State) must be furnished with the resulting contract (see Section 3.0.) • Awarded Vendor must comply with Living Wage requirements (see Section 3.0; only for services) • Awarded Vendor must comply with insurance requirements as stated in Section 3.0. • The Purchasing Director reserves the right to accept or reject any or all bids and/or to waive any informalities if in her/his sole judgment it is deemed to be in the best interest of the City of Somerville. • The following prices shall include delivery, the cost of fuel, the cost of labor, and all other charges. • This form to be enclosed in sealed bid package. |
|---|

Schedule A Seasonal Locations Monthly Pricing (Rental supply, delivery and maintenance of the Portable restrooms)

| Description | Estimated Quantity | Year 1 2019-2020 | | Year 2 2020-2021 | | Year 3 2021-2022 | |
|---|--------------------|---------------------|--|---------------------|--|---------------------|--|
| | | Monthly Rental Cost | Total Price (Monthly rental Cost X Estimated Quantity) | Monthly Rental Cost | Total Price (Monthly rental Cost X Estimated Quantity) | Monthly Rental Cost | Total Price (Monthly rental Cost X Estimated Quantity) |
| Standard Toilets (Seasonal) | 10 | \$ | \$ | \$ | \$ | \$ | \$ |
| ADA compliant Toilets (Seasonal) | 12 | \$ | \$ | \$ | \$ | \$ | \$ |
| Subtotal of Schedule A (Sum of the total price for each category mentioned under the description) X 12 | | \$ | | \$ | | \$ | |

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Schedule B Special Events Pricing – Per day Pricing (Rental supply, delivery and maintenance of the Portable restrooms)

| Description | Estimated Quantity | Year 1 2019-2020 | | Year 2 2020-2021 | | Year 3 2021-2022 | |
|--|--------------------|---------------------|--|---------------------|--|---------------------|--|
| | | Daily Rental Cost | Total Price (Monthly rental Cost X Estimated Quantity) | Monthly Rental Cost | Total Price (Monthly rental Cost X Estimated Quantity) | Monthly Rental Cost | Total Price (Monthly rental Cost X Estimated Quantity) |
| Standard Toilets (Special Events) | 18 | \$ | \$ | \$ | \$ | \$ | \$ |
| ADA compliant Toilets (Special Events) | 14 | \$ | \$ | \$ | \$ | \$ | \$ |
| Subtotal of Schedule B (Sum of the total price for each category mentioned under the description) | | \$ | | \$ | | \$ | |

Schedule C (Emergency Cleaning hourly rate)

| Description | Estimated Quantity ((Hours)) | Year 1 2019-2020 | | Year 2 2020-2021 | | Year 3 2021-2022 | |
|---|------------------------------|---------------------|---|---------------------|---|---------------------|---|
| | | Unit Price | Total Price (Unit Price X Estimated Quantity) | Unit Price | Total Price (Unit Price X Estimated Quantity) | Unit Price | Total Price (Unit Price X Estimated Quantity) |
| Hourly Rate for Emergency cleaning | 5 | \$ | \$ | \$ | \$ | \$ | \$ |
| Name of Company/Individual: | | | | | | | |
| Address, City, State, Zip: | | | | | | | |
| Tel # | | | | Email: | | | |
| Signature of Authorized Individual | | | | | | | |

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Please acknowledge receipt of any and all Addenda (if applicable) by signing below and including this form in your bid package. Failure to do so may subject the proposer to disqualification.

ACKNOWLEDGEMENT OF ADDENDA:

Addendum #1 ____ #2 ____ #3 ____ #4 ____ #5 ____ #6 ____ #7 ____ #8 ____ #9 ____ #10 ____