



ESSEX COUNTY OFFICE OF THE MANAGER

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Daniel L. Palmer
County Manager

Linda M. Wolf
Purchasing Agent

TO: All Bidders

FROM: Linda Wolf, CPA, Purchasing Agent

DATE: January 8, 2015

SUBJECT: Addendum #1 DOOR REPLACEMENT AT COUNTY COMPLEX

This Addendum, issued to bid document holders of record, indicates changes to the bid documents for the *DOOR REPLACEMENT AT COUNTY COMPLEX* Bid Opening January 16, 2015.

**Please replace the PROPOSAL with the attached PROPOSAL to include:
low energy manual handicap operators
as an ALTERNATE to sensor based systems.**

END OF ADDENDUM # 1

PROPOSAL

Date: _____

Proposal of _____

to furnish and deliver all labor, supervision, materials, and equipment and perform all work in accordance with the Specifications for Door Replacement & Repair at County Complex for the following lump sum costs.

The owner, Essex County, is tax-exempt. Do not include sales tax in Bid amounts.

The undersigned bidder has carefully examined the contract documents, site of the work, is familiar with existing conditions, and will provide all necessary insurance, machinery, tools, apparatus, false work and other means of construction, and do all the work and furnish all the materials called for by said contract according to the following bid, including all labor, supplies and equipment, and profit for the following Lump Sum prices. The Lump Sum prices are to be shown in both words and figures. In the event of discrepancies, the amount shown in words shall govern. All items are to be furnished and installed in place complete.

ITEM 1 & ITEM 2 (with Sensor Based Systems)

(Amount in Words)

(Amount in Figures)

ALTERNATE FOR ITEM 1 & ITEM 2 (with Manual Handicap Operators)

(Amount in Words)

(Amount in Figures)

ITEM 3

(Amount in Words)

(Amount in Figures)

The undersigned further understands that the contract will be awarded to the competent, qualified bidder submitting the lowest bid for the Total Bid.

ADDENDA ACKNOWLEDGEMENT

Addendum No.

Date Received

Bidder: _____

By: _____

Title: _____

Address: _____

Dated: _____

Telephone: _____

Fax: _____

Social Security/Federal ID No: _____

Email: _____