



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: February 24, 2015

SUBJECT: Addendum #1 MOTOR OIL & LUBRICANTS

This Addendum, issued to bid document holders of record, indicates changes to the bid documents for the *MOTOR OIL & LUBRICANTS* Bid Opening March 2, 2015.

Please replace the PROPOSAL form with the attached PROPOSAL form which reflects bidding on transmission fluid for both Chrysler ATF+4 and Chrysler CVTF+4

END OF ADDENDUM # 1

PROPOSAL

_____ agrees to supply and deliver a MOTOR OIL and LUBRICANTS as described in the Specifications for the amounts below:

| TYPE | DESCRIPTION | CONTAINER SIZE | PRICE PER EACH |
|---------------------------|--|----------------|----------------|
| 15/40 | For use in all diesel and four-cycle engines | 55 Gal | Gal |
| HYD | Hydraulic Oil | 55 Gal | Gal |
| Dexos SYN 5W30 | Gasoline fueled auto and light duty truck | 55 Gal | Gal |
| 80W90 Gear Oil | Gear Oil | 120 # Keg | Keg |
| SAE 75W90 | Synthetic Gear Lube | 120 # Keg | Keg |
| SAE 50 | Synthetic Gear Lube | 120 # Keg | Keg |
| CMS Keg | Grease | 120 # Keg | Keg |
| CMS Tube | Cartridge Grease – Summer | Tube | Tube |
| CMW Tube | Cartridge Grease – Winter | Tube | Tube |
| Wheel Bearing Grease | Hi Temp / Hi Pressure Grease | 4 # Tub | Tub |
| HD SAE 30 | Single Grade Oil | Quart | Qt |
| Bar Oil | 10 and 30 Weight Bar and Chain Oil | Gal | Gal |
| 2 Cycle | Mix Oil up to 50:1 | 6.4 oz bottle | Bottle |
| Antifreeze / Coolant | Extended Life Coolant | 55 Gal | Gal |
| Transmission Fluid | Allison | 55 Gal | Gal |
| Transmission Fluid | Chevrolet | Quart | Qt |
| Transmission Fluid | Ford | Quart | Qt |
| Transmission Fluid | Chrysler– ATF+4 | Quart | Qt |
| Transmission Fluid | Chrysler– CVTF+4 | Quart | Qt |
| 15/40 | Oil Sample Analysis | | Ea |
| RECYCLING SERVICES | | | |
| | Used Oil | | Gal |
| | Used Antifreeze | | Gal |
| | Used Filters | | Drum |
| TOTAL | | | |

Prices will be valid from March 1, 2015 through February 29, 2016.

Payment will be processed upon submission of invoice.

NAME: _____

ADDRESS: _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____

TITLE: _____

TELEPHONE: _____ FAX NUMBER: _____

DATE: _____

SOCIAL SECURITY / FEDERAL ID NO: _____

EMAIL: _____