



# **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:** May 18, 2016

**SUBJECT:** Addendum #1 EMERGENCY GENERATOR MAINTENANCE

**This Addendum, issued to bid document holders of record, indicates changes to the bid documents for the *EMERGENCY GENERATOR MAINTENANCE* Bid Opening May 25, 2016.**

**Please make the following changes to the SPECIFICATIONS:**

**Delete reference to Units 5 through 9 on LOT 2 GENERATORS**

**Please replace the PROPOSAL with the attached PROPOSAL reflecting the above changes.**

END OF ADDENDUM # 1

## PROPOSAL

We propose to furnish necessary equipment and labor to complete Inspection and Preventative Maintenance of Generators as follows:

### LOT 1 GENERATORS

- |   |          |
|---|----------|
| 1) Public Safety Building Generator - Cat | \$ _____ |
| 2) Courthouse Generator - Cat             | \$ _____ |
| 3) Terry Mountain Generator - Cat         | \$ _____ |

Total Annual Lump Sum for LOT 1:

\_\_\_\_\_ (\$ \_\_\_\_\_)  
*\*\* Must equal the sum of 1 – 3 above \*\**

### LOT 2 GENERATORS

- |                                     |          |
|-------------------------------------|----------|
| 1) Old Jail Generator - Dayton      | \$ _____ |
| 2) DSS/IT DANC Generator - Kohler   | \$ _____ |
| 3) Public Safety Building – Generac | \$ _____ |
| 4) Belfry Mountain - Dayton         | \$ _____ |

Total Annual Lump Sum for LOT 2:

\_\_\_\_\_ (\$ \_\_\_\_\_)  
*\*\* Must equal the sum of 1 – 4 above \*\**

REPAIRS: Cost of repairs or replacement of equipment, parts and supplies found on inspection or at other times:

Labor Rate Per Hour: \_\_\_\_\_ (\$ \_\_\_\_\_)

Extra charge for holidays, nights or weekends? Yes or No (\$ \_\_\_\_\_)  
(if applicable)

Mileage Charge \$ \_\_\_\_\_ per mile, if applicable

Travel time charged? Yes or No Rate per hour (\$ \_\_\_\_\_)  
(if applicable)

Equipment, parts and supplies = COST + \_\_\_\_\_%MARKUP

***Emergency Response Time \_\_\_\_\_ hours***

Payment will be made upon completion of inspections and submission of voucher.

DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

COMPANY \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

FEDERAL ID# \_\_\_\_\_

EMAIL \_\_\_\_\_