

Department of Finance and Administration
Office of Capitol Facilities

March 28, 2019

ADDENDUM No. 1

IFB #3160002843 is Being Replaced by #3160002864

1. Attachment A, (pages 20 and 21) has been replaced with a revised Bid Form in the original IFB. These revised pages are already in the IFB package that you are receiving.

350 High Street (Wright and Ferguson) has been added to this bid form.

Authorized Signature of Bidder

Printed Name and Date

Please sign and date this form acknowledging Addendum No. 1, although it will be in the IFB package that you receive. Addendum No. 1 was issued after the IFB was posted, but prior to being sent to potential bidders. This addendum shall be made a part of the IFB package, and must be signed, dated, and submitted with your IFB package.



Judy Miller, Purchasing Director
Department of Finance and Administration

Date 3/28/19

ATTACHMENT A

BID FORM

Elevator Maintenance Services

I propose to complete all work included in the scope of work identified in the Invitation for Bids for the specified term of 3 years for the sum of:

BID:

BUILDING	NUMBER OF ELEVATORS	MONTHLY BILLING RATE (\$)	BASIC HOURLY BILLING RATE
Billing Group 1			
620 North Street	1		
660 North Street	1		
700 North State Street	2		
	Total Monthly Billing Rate		\$ _____
Billing Group 2			
New Capitol	4		
War Memorial Building	1		
Sillers Building	6		
Sillers Garage	2		
Sillers Cafe	1		
Robert E. Lee Building	4		
Robert E. Lee Parking Garage	1		
New Capitol	1		
Central High School Building	4		
301 Building/Clark Building	2		
Woolfolk Building/CMP/Parking Garage	11		
Woolfolk Building/lift elevator from basement through 2 nd floor north side of bldg	1		
Bolton Building - Biloxi	3		
Old Capitol	1		
Patrick Alan Nunnelee State Office Building (515 Building)	4		
Archives & History Capers	2		
Governor's Mansion	1		
Governor's Mansion/Dumbwaiter	1		
William Winter Building.	3		
Justice Court Building	5		
Heber Ladner Building	1		
350 High Street (Wright and Ferguson)	1		
	Total Monthly Billing Rate		\$ _____

Group 3		
MS History and Civil Rights Museum	5	
	Total Monthly Billing Rate \$ _____	
	Yearly Billing Rate for all Groups \$ _____	

\$ _____ PER YEAR X 3 YEARS FOR A TOTAL OF: _____ Dollars
 (\$ _____) (written out carries) for the 3 YEAR TERM

ADDENDA ACKNOWLEDGMENT: (if any)

No. _____ No. _____ No. _____
 No. _____ No. _____ No. _____

ACCEPTANCE:

I certify that I have thoroughly read, understand, and agree to all provisions of this Request for Proposals and the attachments herein, that the company meets all requirements and acknowledges all certifications herein, has, or will secure, all applicable personnel who shall be qualified to perform the duties required to be performed, and will perform, without delay, the services required at the prices quoted, and am authorized to enter into a binding contract if this proposal is accepted.

Signature: _____ Date: _____
 Name / Title: (Printed) _____
 Name of Business: _____ (as recorded at the Secretary of State)
 Physical Street Address: _____
 City/State/Zip: _____
 Mailing Address: (if different) _____
 City/State/Zip: _____