

TOWN OF GLASTONBURY
GL-2018-07 - REBID
MAINTENANCE AND REPAIR OF FIRE APPARATUS
ADDENDUM NO. 1
November 9, 2017

Bid Due Date: 11-28-17 @ 11:00 A.M.

The attention of bidders submitting proposals for the above-referenced project is called to the following Addendum to the specifications. The items set forth herein, whether of omission, addition, substitution or other change, are all to be included in and form a part of the proposed Contract Documents for the work. Bidders shall acknowledge this Addendum on the Bid Proposal Page (BP-1).

Please replace the Bid Proposal Page BP-2 with the attached **REVISED Bid Proposal Page BP-2.**

Note: This addendum consists of 2 pages including the above text.

**MAINTENANCE AND REPAIR OF FIRE APPARATUS
 BID PROPOSAL - REVISED**

**GL-2018-07 REBID
 BID DUE DATE: 11-28-17 @ 11:00 AM**

Complete the following: (Bidder is advised quantities below are estimates and not a guarantee of work.)
 Bidder shall insert a numeric value only in all spaces of the bid proposal form for their bid to be considered.

		Estimated Hours	X	Unit Cost	=	Extended Cost
1	Service/Repair Hourly Labor Rate	200	X	\$ _____ /HR	=	\$ _____
2	Transportation Hourly Rate	20	X	\$ _____ /HR	=	\$ _____
		Annual Estimated Parts Cost				Extended Parts Cost with Mark Up
3	Parts Mark-Up Over Cost (excluding PM's)	\$15,000	X	_____ %	=	\$ _____
4	Preventive Maintenance Service <u>INCLUDES ALL PARTS AND LABOR AS PER SECTION 02.03</u>					

	Parts	+	Labor	=	Total Unit Cost (Parts & Labor)	x	Estimated Jobs	=	Extended Cost
PM - C 2 Axle	\$ _____	+	\$ _____	=	\$ _____	x	8	=	\$ _____
PM - C 3 Axle	\$ _____	+	\$ _____	=	\$ _____	x	3	=	\$ _____
PM - D 2 Axle	\$ _____	+	\$ _____	=	\$ _____	x	2	=	\$ _____
PM - D 3 Axle	\$ _____	+	\$ _____	=	\$ _____	x	1	=	\$ _____

ADDITIONAL SERVICES:

Generators:

Gasoline	\$ _____	+	\$ _____	=	\$ _____	x	3	=	\$ _____
PTO/Hydraulic Driven	\$ _____	+	\$ _____	=	\$ _____	x	11	=	\$ _____
Pump Svc/Insp	\$ _____	+	\$ _____	=	\$ _____	x	11	=	\$ _____
Aerial Svc	\$ _____	+	\$ _____	=	\$ _____	x	2	=	\$ _____

Indicate number of Emergency Vehicle Technician certified mechanics on staff: _____

 Type of Print Name of Individual

 Doing Business As (Trade Name)

 Signature of Individual

 Street Address

 Title

 City, State, Zip Code

 Date

 Telephone Number/Fax Number

 E-Mail Address

 SS# or TIN#