



**BOONE COUNTY, MISSOURI**  
**Request for Bid # 09-03MAR09 – Custodial Services Term & Supply**

**ADDENDUM #3 - Issued Tuesday, February 24, 2009**

This addendum is issued in accordance with the Request for Bid and the Bid Response. This Addendum is hereby incorporated into and made a part of the Request for Bid Documents. Bidders are reminded that receipt of this addendum should be acknowledged and submitted with Bidder's *Response Form*.

Specifications for the above noted Request for Bid and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Replace Bid Response Sheet with the attached Revised bid Response Sheet:
  
2. Replace section 2.6.1. as follows:
  - 2.6.1. The contractor must provide custodial services as specified daily and weekly, after 5:30 p.m., Monday through Friday. Please note that custodial services performed on Saturday or Sunday may substitute for services performed on Fridays if proper notice is given to the County. No Custodial services will be needed on designated County holidays and the Friday after Thanksgiving.

4. Revised Response Form

- 4.1. Company Name: \_\_\_\_\_
- 4.2. Address: \_\_\_\_\_
- 4.3. City/Zip: \_\_\_\_\_
- 4.4. Phone Number: \_\_\_\_\_
- 4.5. Fax Number: \_\_\_\_\_
- 4.6. Federal Tax ID: \_\_\_\_\_

- 4.6.1.  Corporation
- Partnership - Name \_\_\_\_\_
- Individual/Proprietorship - Individual Name \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

4.7. PRICING: (Optional work may be used by County during contract term, but it is not guaranteed work).

DESCRIPTION	Cost for One Time per Day of Service	Extended for 248 Days Per Year		
4.7.1. Daily Custodial services as per section 2.6.2.	\$ _____	\$ _____		
	Cost for One Time per Week of Service	Extended for 52 Weeks		
4.7.2. Weekly Custodial services as per section 2.6.3.	\$ _____	\$ _____		
	Cost For a Single Application	Quantity	Extended Total	
<b>Optional Work #1:</b>				
4.7.3. Strip and Wax VCT tile areas	\$ _____	2	\$ _____	
<b>Optional Work #2:</b>				
4.7.4. Buff VCT tile Floors (monthly)	\$ _____	12	\$ _____	
<b>Optional Work #3 (as defined in section 2.13.):</b>				
Temporary Custodial Work – Hourly	\$ _____/hour			
<b>4.7.6. Renewal pricing:</b>				
Maximum percentage increase for first renewal	_____ %			
Maximum percentage increase for second renewal	_____ %			
Maximum percentage increase for third renewal	_____ %			

4.8. MISCELLANEOUS INFORMATION

- 4.8.1. What is the average amount of time to perform all service required for 4.7.1. Daily Service? \_\_\_\_\_  
What is the average amount of time to perform all service required for 4.7.2. Weekly Service?  
4.8.2. \_\_\_\_\_

4.8.2. Does your firm provide this type of service to other large customers on a term and supply type contract? \_\_\_\_\_

4.8.3. If YES, please provide the company name, address, telephone number and the name of the company representative who is familiar with the contract and the services you provide. If possible, list a minimum of three references.

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4.9. **The undersigned offers to furnish and deliver the articles or services as specified at the prices and terms stated and in strict accordance with the specifications, instructions and general conditions of bidding which have been read and understood, and all of which are made part of this order.**

4.10. Will you honor the submitted prices for purchase by other entities in Boone County who participate in cooperative purchasing with Boone County, Missouri?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

4.11. Authorized Representative (Sign By Hand):

4.11.1. Type or Print Signed Name: \_\_\_\_\_

4.11.2. E-mail address: \_\_\_\_\_

4.12. Today's Date: \_\_\_\_\_

By: \_\_\_\_\_  
**Tyson Boldan, Buyer**  
**Boone County Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Bid # **09-03MAR09** –  
**Custodial Services Term & Supply**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_