



ADDENDUM #1 to RFB 14-03APR18
Exterior Window Cleaning Services

Boone County Purchasing

613 E. Ash Street, Room 109

Columbia, MO 65201

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BOONE COUNTY, MISSOURI

Request for Bid #14-03APR18 – Exterior Window Cleaning Services

ADDENDUM # 1 - Issued March 23, 2018

Prospective bidders are hereby notified of the following revisions to Request for Bid 14-03APR18:

- 1) **ADD** to Page 1 the following information about a **Scheduled Tour**:

TOUR

Day/Date: **Wednesday, March 28, 2018**

Time: **10:00 A.M. Central Time**

Location: Meet at the **Boone County Emergency Control Center** located at 2145 County Drive, Columbia, Missouri, 65201. The Tour will move from this location to the Boone County downtown campus if requested by attendees.

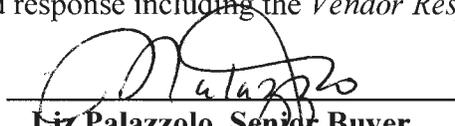
- 2) Paragraph 2.3.2 has been **REVISED** as follows:

- 2.3.2. ***The contractor shall only perform exterior window cleaning service at times that have been coordinated with, scheduled and approved by the Boone County Facilities Management Office. Prior authorization from the Boone County Facilities Management Office shall be obtained by the contractor before conducting any service. All references to the "County Representative" herein shall mean an authorized designee of the Boone County Facilities Management Office.***

NOTE: All changes to original RFP text made as a result of this Addendum are noted in bolded and italicized font.

This addendum is issued in accordance with the RFB paragraph 1.3.2 and 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 bid response including the *Vendor Response and Pricing Pages*.

By:



Liz Palazzolo, Senior Buyer
Boone County Purchasing

The bidder has examined **Addendum #1** to Request for Bid #14-03APR18 – Exterior Window Cleaning Services, receipt of which is hereby acknowledged:

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Authorized Representative Signature: _____ Date: _____

Authorized Representative Printed Name: _____