BOONE COUNTY, MISSOURI

Request for Proposal #: 29-15JUN18 – Used Radio Equipment Shelter

ADDENDUM #1 - Issued May 24, 2018

This addendum is issued in accordance with the Response Page in the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that they should acknowledge receipt of this addendum and submit it with Offeror's Response Form.

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

I. The County has received the following questions and is providing a response below.

1. We have our crane company asking for more specific directions to the site of the proposed shelter offload. Are these the correct coordinates to the facility? 39°07'07.7"N 92°19'38.6"W?

Response: The street address is 780 E. Highway 124, Hallsville, MO 65255.

Hwy 124 Facility 39°7'9.667"N -92°19'34.85"W 92.32634801 39.11935209
The tower base is at 39°07-3.3, 92°19-37.9.

2. I see in the specs a requirement for a 1-year warranty. "3.8. Guarantee: Bidder agrees to unconditionally guarantee all equipment against defect in material, workmanship and performance for a period of one year from the date of acceptance by the County, unless otherwise specified on the response page." So we can supply one quote with a 1 year warranty, and then the same shelter with no warranty?

Response: Yes, an option to furnish shelters WITH and WITHOUT the complete 1-year warranty may be included. We still require that everything work upon arrival, including the A/C units.

By: Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

Offeror has examined Addendum #1 to Request for Proposal # 29-15JUN18 – Used Radio Equipment Shelter, receipt of which is hereby acknowledged:

Company Name:____________________________________________________
Address:_____________________________________________________________________
Phone Number:________________ Fax Number:________________
E-mail:_____________________________________________________________________
Authorized Representative Signature:_________________ Date:________
Authorized Representative Printed Name:__________________________________________

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