



City of
Salisbury
Jacob R. Day, Mayor

ADDENDUM 1

CONTRACT NO. RFQ 05-17

Lawn Care Services for Paleo and Outlying Locations

DATE ISSUED: May 5, 2016

RESPONSE DUE: May 11, 2017 at 2:30 P.M. (local time)

This addendum is intended to correct, change, add, delete, or supplement the drawings, special conditions, and/or specifications, and is hereby made part of the bidding documents on which the General Contract will be based. Acknowledge receipt of this addendum by signing below and returning no later than **May 11, 2017.**

ADD: Vendor shall provide proof of valid Pesticide Applicator Certification License for the State of Maryland.

REVISION: Revised Form of Proposal Attached.

Sign for identification

Printed Name

Approved by:

Jennifer Miller

Jennifer Miller

Assistant Director of Internal Services, Procurement Division

RFQ 05-17 Pricing Form

Lawn Care Services for Paleo Water Plant and outlying locations

Date _____

Assistant Director of Internal Services—Procurement Division

City of Salisbury

Government Office Building

Room 104

Salisbury, Maryland 21801

To Whom It May Concern:

We hereby submit our Quote Document for furnishing all labor and equipment for the Lawn Care Services of Paleo Water Plant and outlying locations as indicted in the Quote Documents.

Having carefully examined the Quote Documents, Locations, Scope of Services, Insurance Requirements, Renewal and Pricing, Terms and Conditions, and Pricing Form, having visited the site, and having received clarification on all items of conflict or upon which any doubt arose, the undersigned proposes to furnish the items called for by the Quote Documents as stipulated in the Schedule of Prices below.

By submission of this Quote Document, Contractor certifies that he or she comprehends the quoting requirements set forth and is thoroughly familiar with the provisions of the Quote Documents.

| Item | Description | Unit of Measure | Price |
|--------------------------|--|-----------------|-------|
| 1. | Paleo Water Treatment Plant | Per Visit | |
| 2. | Well House Number 1 | Per Visit | |
| 3. | Well House Number 2 | Per Visit | |
| 4. | Well House Number 3 | Per Visit | |
| 5. | Main Street Water Treatment Plant | Per Visit | |
| 6. | Well House Number 15 | Per Visit | |
| 7. | Well House Number 17 | Per Visit | |
| 8. | Edgemore Avenue Water Tower | Per Visit | |
| 9. | Salisbury University Water Tower | Per Visit | |
| 10. | Perdue Booster Station | Per Visit | |
| 11. | Wor-Wic Community College Water Tower | Per Visit | |
| Total Items 1-11: | | | |
| ADD ALTERNATE | | | |
| 12. | Paleo Water Treatment Plant Snow Removal from Roof | Per Hour | |

Item 1-11: _____
Written

Company (Print)

Address

Authorized Representative Signature

Name of Authorized Representative (Print)