

April 25, 2018

To Whom It May Concern:

ADDENDUM #1
Well-Head Re-Development Program
18-0027PW

I. INSTRUCTIONS

- A. The following additions, deletions, revisions, and/or amendments to the original drawings and specifications are hereby made a part thereof, and a part of the contract documents. All provisions of said documents shall remain in force and effect, except as herein amended.
- B. This supplement to the specifications is issued prior to the receipt of bids. All work covered in this supplement shall be included in the original quotation; and the supplement will be considered part of the Contract Documents. Bidder must acknowledge receipt of this Addendum on the Bid Form. Please consider the following and incorporate it into your bid:

III. REVISIONS

- 1. Replace "Proposal Form page PF-5" with the attached edited page 5 with corrections on Item 6: Annual Escalator.

End of Addendum #1

If you have any questions, please contact me at (302) 674-7563 or email bwolfgang@dover.de.us.

Sincerely,

Barry Wolfgang
Acting Contract and Procurement Manager
City of Dover
(302) 674-7563
Fax (302) 736-7178
bwolfgang@dover.de.us
www.cityofdover.com

Addendum Receipt Record

ITB 18-0029PW

We have received and reviewed the following Addenda (if applicable):

1. Addendum #1, dated April 25, 2018.
2. _____, dated _____.
3. _____, dated _____.

FIRM NAME: _____

BY: _____

PRINTED: _____

TITLE: _____

DATED: _____

ADDRESS: _____

PHONE: _____

FAX: _____

FEDERAL: _____

ID#

Pump Installer	
Electro-Mechanical Technician	
Pump Mechanic	
Motor Mechanic	

ITEM 6: Annual Escalator

The escalator percentages provided below shall be applied to each of the five items above in the year noted.

ITEM 6A 2019 Annual Escalator _____%

ITEM 6B 2020 Annual Escalator _____%

ITEM 6C 2021 Annual Escalator _____%

ITEM 6D 2022 Annual Escalator _____%

CHECK THE APPROPRIATE BOXES:

	Yes	No
<u>Local Vendor Preference, Rule 1:</u> Vendor located within the city limits of the City of Dover.		
<u>Local Vendor Preference, Rule 2:</u> Vendor located within Kent County, Delaware (applicable only if no vendor qualifies under rule 1)		
<u>Local Vendor Preference, Rule 3:</u> Vendor located within the State of Delaware (applicable only if no vendor qualifies under rules 1 & 2)		
<u>Minority Vendor Preference</u> , with authoritative proof of qualification		
Proposer has attached proper information to satisfy the Statement of Qualification, Section IFP IV.		
Proposer has attached proper information to satisfy the Selection Criteria, Section IFP VI.		
Insurance Requirements, as outlined in Instructions to Proposers, section III		

Contractor's Name

Signature

Title

Date

END OF SECTION