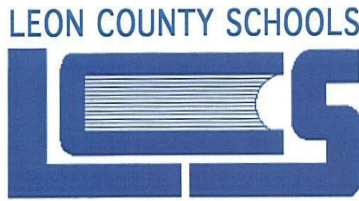


Board Chair
Forrest Van Camp

Board Vice Chair
Maggie B. Lewis-Butler



Board Members
Dee Crumpler
Dee Dee Rasmussen
Georgia "Joy" Bowen

Superintendent
Jackie Pons

ADDENDUM NO. 1 TO ORIGINAL INVITATION TO BID

DATE: April 10, 2014

BID NO.: 5257-2014 – Relocation of Furniture, Fixtures and Equipment District Wide

OPENING DATE OF BID: April 17, 2014 @ 10:00 A.M. (Addendum does not change the opening date of the bid.)

This addendum is being issued to make the following changes, corrections, clarifications and additions to the bidding document. The information in this addendum modifies and changes the original bidding document and takes precedence over the original document. Receipt of this addendum shall be acknowledged by the bidder signing and dating below and submitting this document with your bid proposal form. Failure to acknowledge this addendum may preclude consideration of the bid proposal for award.

REPLACE AND CORRECT BID PROPOSAL FORM:

1. Replace Bid Proposal Form.

TO QUALIFY YOUR BID, OF WHICH THIS ADDENDUM BECOMES A PART, RECEIPT OF ADDENDUM MUST BE ACKNOWLEDGED AND RETURNED WITH YOUR BID.

Vendor Name

Vendor Address

Name

Title

Signature

June Kail, Director of Purchasing

3397 West Tharpe Street • Tallahassee, Florida 32303 • Phone (850) 488-1206 • Fax (850) 488-3807 • www.leon.k12.fl.us

"The Leon County School District does not discriminate against any person on the basis of gender, marital status, sexual orientation, race, religion, national origin, age, color or disability."

Building the Future Together



ADDENDUM 1

Bid Proposal Form

Bid No. 5257-2014 – Relocation of Furniture, Fixtures and Equipment District Wide

Vendor Acknowledgment and Approval

I certify that this bid is made without prior understanding, agreement or connection with any corporation, firm, or person submitting a bid for the same materials, supplies or equipment, and in all respects fair and without collusion or fraud. The following information, including an authorized representative signature is required to be submitted with your bid in order to be considered for evaluation and award. The person signing below acknowledges and agrees with all proposed information as submitted and has the authorization of the said company to enter into a contractual agreement with the School Board of Leon County for the purposes as proposed and as described herein. Please print and sign below where required.

Authorized Representative's Name/Title	Authorized Representative's Signature	Date	
Company's Name	Telephone Number	FAX Number	
Address	City	State	Zip Code
Area Representative	Telephone Number	FAX Number	

*Furnish all labor, material and equipment for the moving of office and classroom furniture, fixtures and equipment in accordance with the attached specifications. Per hour charge shall remain the same regardless of truck/tractor trailer or forklift size. Contractor shall use an appropriate size truck / tractor trailer to expedite the move and minimize the number of hours for transport.

ITEM	DESCRIPTION OF ITEM	LABOR RATE	PRICE PER UNIT
1	Moving Services performed during regular hours <ul style="list-style-type: none"> • Monday – Friday 8:00 a.m. – 5:00 p.m. • One truck to include one crew chief & one helper and all necessary equipment 	Hourly	\$ _____
2	Moving Services performed during non-regular hours <ul style="list-style-type: none"> • Monday – Friday 5:00 p.m. – 8:00 a.m. • One truck to include one crew chief & one helper and all necessary equipment 	Hourly	\$ _____

ITEM	DESCRIPTION OF ITEM	LABOR RATE	PRICE PER UNIT
3	Moving Services performed during non-regular hours <ul style="list-style-type: none"> • Saturday &/or Sunday • One truck to include one crew chief & one helper and all necessary equipment 	Hourly	\$ _____
ITEM	DESCRIPTION OF ITEM	LABOR RATE	PRICE PER UNIT
4	Hourly Rate per additional mover during regular hours <ul style="list-style-type: none"> • Monday – Friday 8:00 a.m. – 5:00 p.m. • (15) minute increments 	Hourly	\$ _____
5	Hourly Rate per additional mover during non-regular hours <ul style="list-style-type: none"> • Monday – Friday 5:00 p.m. – 8:00 a.m. • (15) minute increments 	Hourly	\$ _____
6	Hourly Rate per additional mover during non-regular hours <ul style="list-style-type: none"> • Saturday and/or Sunday • (15) minute increments 	Hourly	\$ _____
ITEM	MOVING BOXES & SUPPLIES	UNIT	PRICE PER EACH
7	3 cubic ft. tote box	EACH	\$ _____
8	4.5 cubic ft. tote box	EACH	\$ _____
9	6 cubic ft. tote box	EACH	\$ _____
10	6.5 cubic ft. tote box	EACH	\$ _____
11	Sealing Tape 2" x 60 yards	EACH	\$ _____
ITEM	STORAGE	UNIT	PRICE PER SQ. FT.
12	Storage rate per day for air conditioned facilities	PER SQ FT	\$ _____
13	Storage rate per day for non-air conditioned facilities	PER SQ FT.	\$ _____

ADDENDA ACKNOWLEDGMENT: The undersigned also acknowledges the receipt of the following Addenda:

ADDENDUM NO. _____ DATED _____ ADDENDUM NO. _____ DATED _____

ADDENDUM NO. _____ DATED _____ ADDENDUM NO. _____ DATED _____