

McHenry County Government Center
Adam Letendre, Director of Purchasing
Administration Building Room 200
Woodstock, IL 60098

June 10, 2019

ADDENDUM #1

**Bid #19-20 Equipment & Labor to Replace Two (2) Uninterruptible Power Supplies
Due June 19, 2019 by 2:00PM (CST)**

Additions & Clarifications to BID

- Clarification #1: **Work must be completed after normal business hours.** Delivery and set up may begin earlier, as scheduled with the jail. However, **power may NOT be disconnected until after 10:30PM (CST).**
- Clarification #2: Upon award, prior to start of work, a list of personnel who will be onsite during installation must be provided to jail staff to complete necessary background checks.
- Clarification #3: The County has revised the Bid Page, attached, to include an option to install a permanent, electrical bypass switch.

All Other Terms and Conditions of the Bid Remain the Same

REVISED Bid Page

UPS Unit(s), Manufacturer & Model: _____

Complete cost for removal of existing two units, equipment and labor to install two new units

LUMP SUM: \$ _____

Breakdown of costs (which add up to lump sum provided above):

- 1. Unit price for each UPS unit: \$ _____ x 2= \$ _____
- 2. Electrical parts/installation for each unit: \$ _____ x 2= \$ _____
- 3. Removal cost for each unit: \$ _____ x 2 = \$ _____
- 4. Installation cost for each unit: \$ _____ x 2 = \$ _____
- 5. Shipping/freight cost for each unit: \$ _____ x 2 = \$ _____

Option #1 Labor & parts necessary to install a permanent, electrical bypass switch (this item is optional; it is at the County's discretion whether or not to accept)

Lump sum \$ _____

Once warranty period expires, does your firm provide annual inspection & maintenance services: _____

Estimated time to complete installation from time purchase order is received: _____

**Purchase may not be made until (new fiscal year) after December 1, 2019. Please confirm pricing will be held firm through Dec. 20, 2019*

Yes _____ No _____

Exceptions to this Bid: _____

REFERENCES

List three (3) references that you have done similar work, service or supplied similar products to within the last twelve (12) months (Only correct contact names and phone numbers will be acceptable).

Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Contact Person: _____

Email Address: _____

Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Contact Person: _____

Email Address: _____

Entity: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Contact Person: _____

Email Address: _____

THIS PAGE IS MANDATORY

**RUBBER STAMPED, FAXED, COPIED, OR TYPED SIGNATURE WILL DISQUALIFY YOUR BID
MUST BE AN ORIGINAL SIGNATURE**

CERTIFICATIONS

Vendor certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33E-3 or 33E-4 of the Criminal Code of 1961, as amended.

Yes: _____ No: _____

Vendor certifies that it is aware that all contracts for the Construction of Public Works are subject to the Illinois Prevailing Wage Act (820 ILCS 130/1-12)

Yes: _____ No: _____

Under penalties of perjury, I certify that _____ is my correct Federal Taxpayer Identification Number. I am doing business as a (please check one):

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Real Estate Agent |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Government Entity |
| <input type="checkbox"/> *Partnership | <input type="checkbox"/> Tax Exempt Organization |
| <input type="checkbox"/> **Corporation | <input type="checkbox"/> (IRC 501(a) only) |
| <input type="checkbox"/> Not-for-Profit Corporation | <input type="checkbox"/> Trust or Estate |
| <input type="checkbox"/> Medical and Health Care | |
| <input type="checkbox"/> Services Provider Corporation | |

*State full names, titles and addresses of all responsible principles and/or partners below;

Name Title

Address:

Name Title

Address:

Name Title

Address:

If needed please submit any additional sheets.

THIS PAGE IS MANDATORY

SIGNATURE PAGE

PROPOSER'S CERTIFICATION

I have carefully examined the Bid, Scope of Work, Specifications, and any other documents accompanying or made a part of this Bid.

I hereby propose to furnish the goods or services specified in the Bid. I agree that my proposal will remain firm for a period of up to 120 days in order to allow the County adequate time to evaluate the qualifications submitted.

I verify that all information contained in this proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this Bid on behalf of the firm as its act and deed, and that the firm is ready, willing, and able to perform if awarded the contract.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a proposal for the same product or service. No officer, employee or agent of the County of McHenry or any other proposer is interested in said proposal and that the undersigned executed this Proposer's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

State of Incorporation _____

Individual – Partnership – Company – Corporation

Business Address

City, State and Zip Code

By: Printed Name and Original Signature in Ink

Title

Witness Signature

Title

Telephone Number

Email Address

Date

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