



LAKE COUNTY

FLORIDA

OFFICE OF PROCUREMENT SERVICES
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ADDENDUM NO. 1

Date: March 29, 2016

Invitation to Bid (ITB) 16-0214

Provide and Install Pre-cast Concrete Restrooms and Other Buildings

It is the vendor's responsibility to ensure their receipt of all addenda, and to clearly acknowledge all addenda within their initial bid response. Acknowledgement may be confirmed either by inclusion of a signed copy of this addendum with the initial bid response, or by completion and return of the addendum acknowledgement section of the solicitation. Failure to acknowledge each addendum may prevent the bid from being considered for award.

This addendum DOES NOT change the date for receipt of bids or proposals.

Due to limited participation, the County hereby schedules a second mandatory pre-bid meeting at the same locations cited in ITB provision 1.4 commencing at 9:30 AM on Monday, April 4, 2016. Vendors that attended the initial meeting do not need to attend the second meeting. A copy of the attendee list for the first meeting is attached hereto.

Typographical errors contained in the initial ITB are corrected as follows:

1. The header on pages 2 through 14 of the solicitation is amended to read ITB 16-0214.
2. Replacement ITB page 23, now containing the County's Reciprocal Preference certification, is attached hereto. Vendors are to use and include this replacement page in their bid response.

Acknowledgement of Addendum:

Firm Name: _____ Date: _____

Signature: _____ Title: _____

Typed/Printed Name: _____

ADDENDUM 1, ITB 16-0214, REPLACEMENT PAGE 23
Provide and Install Pre-cast Concrete Restrooms and Other Buildings

other governmental agencies in the State of Florida? Each governmental agency desiring to accept to utilize this contract shall be responsible for its own purchases and shall be liable only for materials or services ordered and received by it. Yes No (Check one)

Certification Regarding Felony Conviction

Has any officer, director, or an executive performing equivalent duties, of the bidding entity been convicted of a felony during the past ten (10) years? Yes No (Check one)

Conflict of Interest Disclosure Certification

Except as listed below, no employee, officer, or agent of the firm has any conflicts of interest, real or apparent, due to ownership, other clients, contracts, or interests associated with this project; and, this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services, and is in all respects fair and without collusion or fraud.

Reciprocal Vendor Preference:

Vendors are advised the County has established, under Lake County Code, Chapter 2, Article VII, Sections 2-221 and 2-222; a process under which a local vendor preference program applied by another county may be applied in a reciprocal manner within Lake County. The following information is needed to support application of the Code:

1. Primary business location of the responding vendor (city/state): _____
2. Does the responding vendor maintain a significant physical location in Lake County at which employees are located and business is regularly transacted: Yes No If "yes" is checked, provide supporting detail:

DUNS Number (Insert if this action involves a federal funded project): _____

General Vendor Information and Proposal Signature:

Firm Name: _____
Street Address: _____
Mailing Address (if different): _____
Telephone No.: _____ Fax No.: _____ E-mail: _____
FEIN No. _____ - _____ Prompt Payment Terms: _____ % _____ days, net _____
Signature: _____ Date: _____
Print Name: _____ Title: _____

Award of Contract by the County: (Official Use Only)

By signature below, the County confirms award to the above-identified vendor under the above identified solicitation. A separate purchase order will be generated by the County to support the contract.

Vendor awarded as:

Sole vendor Multiple Award vendor (unit price basisd)
 Multiple Award vendor (spot bid) Primary vendor for items: _____
 Secondary vendor for items: _____ Other status: _____
Signature of authorized County official: _____ Date: _____
Printed name: _____ Title: _____
Purchase Order Number assigned to this contract for billing purposes: _____

