



## CITY OF MISSION

"Home of the Grapefruit"

February 7, 2018

RE: Addendum No. 1/Rehabilitation Project for (4) Sanitary Sewer Lift Stations RFB: 18-131-02-08

Dear Prospective Bidder:

The following is to be corrected/added/changed/clarified:

- a. This addendum is being provided to all bidders. Changes are marked with a vertical line on the right hand side.
- b. Question: Can you please tell me who is responsible for the Bypass and cleaning of the Wet Wells for this project?

**Answer: The Bypass is the Contractor's responsibility and the cleaning of the Wet Wells is the City's responsibility.**

- c. Question: Is there a cost estimate for this project?

**Answer: There is no cost estimate for this project at this time.**

- d. City of Mission has added a miscellaneous allowance of \$15,000 (See attached revised Pricing Schedule)
- e. The bid due date has not changed. The date for receipt of bids is **Thursday, February 8th, 2018 at 2:00 P.M. CST.**

**NOTE: This form must be completed and submitted with your bid response. WARNING: Failure of an Offeror to acknowledge receipt of this Addendum, as described herein, may result in REJECTION OF THE OFFER.**

We apologize for any inconvenience this may have caused. Authorized signature is needed. Everything else shall remain the same. If you have any questions, please contact me at (956) 580-8667.

Sincerely,

  
Eduardo Belmarez,  
Purchasing Director

\_\_\_\_\_  
Authorized Signature Acknowledge receipt of Addendum No. 1

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name

CITY OF MISSION  
**PRICING SCHEDULE**

BID NAME/NO.: “Rehabilitation Project for (4) Sanitary Sewer Lift Stations” / 18-131-02-08

No.	Qty	UOM	Item Description	Total
1.	1	LS	Rehabilitation Project for (4) Sanitary Sewer Lift Stations(As Per Specs and Plans)	\$ _____
2.			Miscellaneous Allowance	<b><u>\$15,000</u></b>
3.			Total Lump Sum Amount	\$ _____

For any questions directly regarding the “Rehabilitation Project for (4) Sanitary Sewer Lift Stations”, please call Eduardo Belmarez, Purchasing Director at (956) 580-8667.

**Company Name:** \_\_\_\_\_  
**Owner or President Name:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_  
**City, State, Zip Code:** \_\_\_\_\_  
**Telephone Number:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_  
**Tax ID Number:** \_\_\_\_\_

\_\_\_\_\_  
**\*Company Representative’s Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Company Representative’s Name (Please Print)**

\_\_\_\_\_  
**Company Representative’s Title**

**\*Signature on this form indicates agreement with “Instructions to Bidder-General Terms and Conditions and Pricing Schedule”**