

Addendum No. 1 to IFB 15-79



CITY OF SOMERVILLE, MASSACHUSETTS
Department of Purchasing
JOSEPH A. CURTATONE
MAYOR

To: All Parties on Record with the City of Somerville as Holding IFB 15-79
Additional Line Painting and Markings

From: Alex Nosnik, Assistant Director, Purchasing

Date: March 24, 2015

Re: Revised Price Form (Section 6.0)

Addendum No. 1 to IFB 15-79

Please acknowledge receipt of this Addendum by signing below and including this form in your proposal package. Failure to do so may subject the proposer to disqualification.

X

Name of Authorized Signatory
Title of Authorized Signatory

The City is replacing Section 6.0 with the attached Revised Price Form. Please use this Revised Price Form in your sealed bids.

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Attachment 1
Revised Price Form

Revised Bid Pricing Sheet, IFB 15-79

#.	Est. Qty	Item Description Unit Price written in words	Year 1 04/15/15 to 4/14/16		Opt. Yr. 2 4/15/16 to 4/14/17		Opt. Yr. 3 4/15/17 to 4/14/18	
			Unit Price	Total Amt	Unit Price	Total Amt	Unit Price	Total Amt
1.	67,500 ft	Transpo T-18 MMA Polymer Concrete GREEN Overlay System (per unit)						
2.	67,500 ft	Transpo Color-Safe Pavement Marking and Anti-skid Surfacing (per unit)						
3.	67,500 ft	TM2152 Green paint with Sherwin-Williams Shark-Grip additive (per unit)						
4.	175,000 ft	Green paint w/Pumice (per square foot)						
5.	67,500 ft	Preformed Green Thermoplastic (please provide a per unit price for each of the following): • Bike Boxes • Bike Lanes						
6.	175,000 ft	Blue Paint (per square foot)						
7.	500 units (estimated total for all three)	Preformed White Thermoplastic for use in Bike Lanes (please provide a per unit price for each of the following): • Bike symbols • Arrows • ONLY symbol						
8.	67,500 ft	StreetBond (or equivalent) Green Asphalt coating (per square foot) (please provide a per unit price for each of the following): • SR (Solar Reflective) • CL (for Bike Lanes)						
Total Annual Price:								

Name of Company: _____

Submitted By: _____

Address: _____

Phone: _____ Fax: _____

Date: _____