



**HIGHLANDS COUNTY BOARD OF COUNTY
COMMISSIONERS (HCBCC)
PURCHASING DIVISION
600 S. Commerce Ave
Sebring, FL 33870
(863) 402-6500**

DATE: January 5, 2023

BID NO. ITB 23-003-LLK ADDENDUM No. 2

Project.: Medical Grade Oxygen

The following represents clarification, additions, deletions, and/or modifications to the above referenced solicitation. This addendum shall hereafter be regarded as part of the solicitation. Items not referenced herein remain unchanged. Words, phrases or sentences with a strikethrough represent deletions to the original solicitation. Underlined words and bolded, phrases or sentences represent additions to the original solicitation, as applicable.

This addendum is being issued to revise the deadline for submittal of bids and RFI's.

REMINDER THE SUBMISSION DEADLINE WAS UPDATED IN ADDENDUM 1 TO:

1. The deadline for bid submittal is Wednesday, January 11, 2023, at 3:30 PM
2. The deadline for RFI is Thursday, January 5, 2023, at 5:00 PM

ATTACHMENT: Revised Itemized Bid Form dated 01/05/2023 (2 pages)

Revised Itemized Bid Form – Addendum 2 dated Thursday, January 5, 2023

ITEMIZED BID SUBMITTAL FORM

THIS BID IS SUBMITTED TO: Highlands County Board of County Commissioners
 Attn: Purchasing Division
 600 S. Commerce Ave. (2nd floor)
 Sebring, FL 33870

SOLICITATION IDENTIFICATION: **ITB 23-003-LLK**
 SOLICITATION NAME: **Medical Grade Oxygen**

SUBMITTED BY:

 Bidder's Name

 Bidder's Authorized Representative's Name and Title

 Bidder's Address 1

 Bidder's Address 2

 Contact's Name and Title (Print)

 Contact's E-mail Address

 Contact's Phone Number

 Dun's Number

 Employer Identification Number/Federal Employer Identification

BIDDER IS: (CHECK ONE)

Individual
 Partnership
 Corporation
 Limited Liability Company
 Joint Venture*

*Each joint venturer must sign. The manner of signing for each individual, partnership and corporation that is a party to the joint venture should be in the manner indicated above for an individual or the appropriate form of entity.)

1. ACKNOWLEDGEMENT OF ADENDA Bidder/Proposer represents that:

- It is the sole responsibility of the bidder/proposer to check the Purchasing web-site for any addenda issued for this solicitation.
- Bidder/Proposer acknowledges they have examined and carefully studied this solicitation and the following Addenda (receipt of all which is hereby acknowledged):

Addenda Number	Date Issued	Addenda Number	Date Issued	Addenda Number	Date Issued	Addenda Number	Date Issued

2. PRICE SHEET:

Bid Item	Type of Cylinder	Amount of oxygen per full cylinder	Column A Amount (Per Cylinder)	Column B Delivery Fee Amount (Per Stop)	Column C Tank Rental Fee (Per Day)
1	D	15 cubic Feet	\$	\$	\$
2	M	141 Cubic Feet	\$	\$	\$
3	Column Totals (A, B, C)		\$	\$	\$
*Grand Total Bid (Column Totals A+B+C)			\$		
*Grand Total Bid (Written in words):					

*Grand total is for bidding purposes only to determine lowest responsive and responsible bidder.

Example:

Bid Item	A	B	C
1.	\$ 1.00	\$ 1.00	\$ 1.00
2.	\$ 1.00	\$ 1.00	\$ 1.00
3. Column Totals (A,B,C)	\$ 2.00	\$ 2.00	\$ 2.00
Grand Total Bid	\$6.00		
Grand Total in words	Six Dollars and Zero Cents		

3. ACKNOWLEDGEMENT

- a. Pricing is F.O.B. destination, as listed on the Price Sheet.
- b. Is P-Card (Visa) accepted with no additional fees to the County? _____ Yes / No _____
- c. This Bid is genuine and not made in the interest of or on behalf of any undisclosed person, firm or corporation and is not submitted in conformity with any agreement or rules of any group, association, organization or corporation; Bidder has not directly or indirectly induced or solicited any other Bidder to submit a false or sham Bid; Bidder has not solicited or induced any person, firm or corporation to refrain from bidding; and Bidder has not sought by collusion to obtain for itself any advantage over any other Bidder or over the County.

SUBMITTED ON: _____ 20 _____

SUBMITTED BY: _____

SIGNATURE: _____ (Seal)

Bidder's Authorized Representative

PRINTED NAME: _____

TITLE: _____

ADDRESS: _____

CITY/STATE/ZIP _____

PHONE NUMBER: _____

EMAIL: _____