

City of Spartanburg
Procurement and Property Division
Post Office Drawer 1749, SC 29304-1749 P (864)-596-2049 F (864) 596-2365

**Request for Proposal for
Construction Services for Up Fitting Office Space
Wall Installation
Addendum II**

NOTICE IS HEREBY GIVEN – The City of Spartanburg is seeking proposal from vendors to provide construction services for up fitting office space at South Church Street Office Building. Work will include installation of framing, gypsum board, ceiling and AC diffuser placement, and door installations. All work to comply with city drawings and specification to provide quality workmanship. There is approximately 170 linear feet of office wall.

Proposal No: 1516-01-19-3

Procurement & Property Division



Request for Proposal Construction Services for Up Fitting Office Space

Proposal No: 1516-01-19-3

(Show this number on envelope and all correspondence)

_____ submits herewith our proposal in response to the bid request number
shown above
(Company Name)

in compliance with the description(s) and specifications (s) for the following:

Total Cost for all Locations.

Construction Services for Up Fitting Office - Space Wall Installation	
Construction Services for Up Fitting Office Space - Carpet Installation	
Construction Services for Up Fitting Office Space Painting	
Total	

Minority and Woman Own Business Yes No	MWBE Participation Percentage	
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In compliance with the proposal invitation and subject to all conditions thereof, the undersigned agrees:

- A. This proposals is stated, is open for acceptance for a period of 60 calendar days from day of pending.
- B. To furnish any and all items at the prices set forth the items unless otherwise specified, within 30 Calendar days after receipt of purchase order; contract and/or notice proceed.
- C. Signing of this Proposal form, Proposer agrees all Addenda have been read and understood.

Company Name _____ **Tel. No** _____ **Cell No.** _____

Post Office Box _____ **Fax Number** _____

Street _____ **Federal ID No. or SS** _____

City _____ **State** _____ **Zip** _____ **Email Address** _____

SIGNATURE OF PROPOSALERS REPRESENTATIVE

DATE

The awarded vendor will be required to complete the new W-9 Form.