



**IFB #337-19 MATERIALS AND LABOR FOR CARRIER GAS PACKAGE UNITS FOR  
THE LAW ENFORCEMENT CENTER  
ADDENDUM #1**

**Bid Closing Date:** March 15 2019, at 10:30AM, EST  
**Bid Issue Date:** February 13, 2019  
**Addendum Issue Date:** February 26, 2019  
**By:** Melissa Hawk, Purchasing Manager

**The following are amendments to the IFB #337-19 Materials and Labor for Carrier Gas Package Units for the Law Enforcement Center:**

1. After in-person review of the sun-faded tag on one of the Carrier units, a change is being made to match the current tonnage. There will be a change on the Vendor Price Proposal Form which is attached to this Addendum. Please submit the revised Vendor Price Proposal Form with your response.

One of the 7.5 ton units is being changed to an 8.5 ton unit. The revised unit description is as follows: Carrier 8.5 ton gas heat packaged rooftop, WeatherMaker™ standard efficiency , low heat, two stage cooling units (Model #48TCDD09A3A6-0A2J0).

2. All other dates, terms and scope of services remain the same as posted in the IFB document.

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

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**THIS PAGE MUST BE COMPLETED AND SUBMITTED AS PART OF YOUR PROPOSAL**



**BID #337-19 MATERIALS AND LABOR FOR CARRIER GAS PACKAGE UNITS FOR  
THE LAW ENFORCEMENT CENTER  
REVISED VENDOR'S PRICE PROPOSAL FORM**

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

Item No	Description	Cost of Each Unit	Cost of Labor	Total Cost
1	Labor/material to replace one - 7.5 Ton Carrier Gas Package Units - Turnkey Job			
2	Labor/material to replace one - 8.5 Ton Carrier Gas Package Units - Turnkey Job			
3	Labor/material to replace one - 4 Ton Carrier Gas Package Units - Turnkey Job			
Delivery/Installation from Time of Order				
Warranty (Circle One):		Will Comply	Will Not Comply	
Alternate Warranty Response:				

All pricing must be on the forms provided. Additional information may be attached to this form.  
**All costs to Dawson County are to be included in line item quoted above**

Point of Contact Information: Name: \_\_\_\_\_

Email: \_\_\_\_\_ Number: \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative (Signature)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

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