ADDENDUM NO. 1

DATE: September 25, 2020

TO: All Bidders

FROM: Penny Owens, Purchasing Agent

SUBJECT: Addendum No. 1 – Invitation to Bid for Conflict Monitor
                               Tester

BIDS TO BE OPENED: October 2, 2020, at 11:00:00 a.m. (Eastern)

This addendum is posted to provide clarifications and respond to questions from potential bidders. This addendum becomes a part of the Contract Document and modifies the original specifications as noted.

Changes to the Contract Documents and Specifications:

Revision to Specification Item #2

Item #2 of the specification is hereby deleted and replaced with the following:

2.   The tester shall include all necessary cables to test NEMA CMU 12 Channel TS1 and MMU 16 Channel TS2 w/ SDLC Monitors.

Addition of Item #18 to Specification

Item #18 of the specification is hereby added, as follows:

18. The City of Knoxville currently owns two (2) ASTI PCMT 2600 series testers and would be willing to trade both units in for trade credit to reduce the bid price. The 2600 unit calibration and certification will stop in January 2024 and the units will become obsolete. Trade-in credit for any cables associated with the 2600 units may be offered as well.

Revision to Bid Form

The Bid Form is hereby deleted and replaced with the following to include an option for trade-in credit. Please use the Revised Bid Form when submitting your bid.

END OF ADDENDUM NO. 1

CITY OF KNOXVILLE
REVISED BID FORM

TO: Purchasing Division
City of Knoxville
Suite 667-674
City/County Building
400 Main Street
Knoxville, TN 37902

Having carefully examined the specifications for the "Conflict Monitor Tester" to open on October 2, 2020, at 11:00:00 a.m. and the other Contract Documents and addenda, we hereby propose to furnish the items requested as specified:

BID: Total charge (includes shipping):_____

      -Less any trade-in credit: - _____

      Total Bid Price: $_____

GUARANTEE the items to be delivered no later than _____ days after receiving the order.

               (Bidder must initial) :_____

Firm Name: _____

Official Address: _____

                  _____

                  _____

DUNS #:   _____

Business License Expiration Date: _____

_____   _____
(By)   (Name Typed)

                                  _____
                                  (Title)

Date _____

Email _____

Phone _____