



Legal Notice

Addendum 1

City of Spartanburg
P.O. Box 5107
145 W. Broad Street
Spartanburg, SC. 29304
Email: cwright@cityofspartanburg.org

RFP# 1617-01-17-01 CITY OF SPARTANBURG UNIFORM PROGRAM

NOTICE IS HEREBY GIVEN City of Spartanburg issue the follow addendum

1. The traffic division will not be included in this bid
2. The central delivery address is 801 Union Street
3. This bid will not require the completion of the subcontractor's form

**PROPOSAL FOR RFP #
CITY OF SPARTANBURG
UNIFORM PROGRAM**

Proposer has examined this Request for Proposal, the Advertisement for this Request for Proposal, and the following Addenda (receipt of which is hereby acknowledged):

Company Name: _____
 By: _____ (Signature)
 _____ (Printed Name)
 Title: _____
 Date: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____

Check box if corporate/company resolution attached (See Instruction 9 above).

Addenda Number: _____ Date: _____

Addenda Number: _____ Date: _____

BASE PRICE for _____: \$ _____

Cost for _____ as an option: \$ _____

Cost for _____ as an option: \$ _____

Cost for _____ as an option: \$ _____

Please complete the provided proposal sheet which outlines the cost per garment, per employee, per week and includes all applicable costs such as: rental, attachment of identification emblems to uniforms, cleaning, repair, alterations, measuring, packaging, hangers, wastewater treatment, emblems, and weekly deliveries. Also, please provide a list of not to exceed lost/replacement charges for items listed on No preparation or other charges or fees shall be assessed to the agency for new employee uniforms. No fuel surcharges shall be assessed. Proposal sheet must include all applicable charges and fees.

Ground Maintenance

Price schedule				
Option #	Description of Item	Approx. Number of Employees	Cost	
			Weekly Unit Cost	Annual Cost
1	Work Wear (11 shirts long sleeve only) Cotton Poly Blend-Tan	3		
2	Work Wear (11 shirts short sleeve only) Cotton Poly Blend- Tan	1		
3	Work Wear (11 shirts mixed sleeve) Cotton Poly Blend-Tan	10		
4	Work Wear (11short sleeved and 11 long sleeved) Same-Tan	7		
5	Work Wear (11pants) Cotton-Poly Blend -Brown	23		
6	Work Wear (11pants) Cotton-Arc rated (Cat.2) Brown	2		
7	Business Wear (11short and 11 long seasonally) Various Colors	2		
8	Business Wear (11pants) khaki	1		
	Coveralls (1 coveralls-insulated)-Brown	23		
		SC Sale Tax		
		Total		

Solid Waste

Price schedule

Option #	Description of Item	Approx. Number of Employees		
			Weekly Unit Cost	Annual Cost
1	Work Wear (11 shirts mixed sleeve) Cotton-Poly Blend- Tan	18		
2	Work Wear (11pants) Cotton-Poly Blend-Navy	18		
3	Work Wear (5 Shorts) Cargo Cotton-Poly Blend- Navy	6		
4	Business Wear (11short <i>and</i> 11 long) Various Colors	1		
5	Business Wear (11pants) khaki	1		
6	Coveralls (1 coveralls-non-insulated) Navy	18		
		SC Sale Tax		
		Total		

Fleet

Price schedule

Option #	Description of Item	Approx. Number of Employees		
			Weekly Unit Cost	Annual Cost
1	Work Wear (11 shirts mixed sleeve) Cotton-Poly Blend-Navy	10		
2	Work Wear (6 Pants-Cargo) Cotton-Poly Blend-Navy	10		
3	Work Wear (5 Pants-Carhartt or Equal) Navy	10		
4	Jacket (1 Insulated) Navy	10		
5	Coveralls (1 coveralls-insulated)-Navy	10		
		SC Sale Tax		
		Total		

Streets

Price schedule

Option #	Description of Item	Approx. Number of Employees		
			Weekly Unit Cost	Annual Cost
1	Work Wear (11 shirts long sleeve only) Cotton Poly Blend	4		
2	Work Wear (11 shirts short sleeve only) Cotton Poly Blend			
3	Work Wear (11short sleeved and 11 long sleeved) Same	7		
4	Work Wear (11pants) Cotton-Poly Blend	6		
5	Work Wear (11pants) Cotton-Arc rated (Cat.2)	5		
6	Business Wear (11short <i>and</i> 11 long seasonally) Various Colors			
7	Business Wear (11short <i>and</i> 11 long seasonally) Various Colors			
8	Business Wear (11pants) khaki			
9	Coveralls (1 coveralls-insulated) Navy	11		
		SC Sale Tax		
		Total		

Totals

Description of Item		
	Weekly Unit Cost	Annual Cost
Grounds Maintenance		
Solid Waste		
Fleet		
Streets		
Total		
SC Sale Tax		
Grand Total		

By: _____ Title: _____

Signature: _____ Date: _____

Address: _____ City _____ State _____ Zip _____

Telephone / _____ Email: _____