

PROCUREMENT DEPARTMENT
Rm 120 Municipal Services Building
Philadelphia, PA 19102-1685
FAX: (215) 686-4716

CITY OF PHILADELPHIA

Hugh Ortman
Procurement Commissioner

June 29, 2010

BID NUMBER: T1YB4730
TITLE: Automated Chemistry Analyzer System, Reagents, Consumables & Supplies
DEPARTMENT: DEPARTMENT OF PUBLIC HEALTH
DATE TO OPEN: July 27, 2010 at 10:30 AM

ADDENDUM # 1

TO ALL BIDDERS:

You are hereby notified of the following changes to the above mentioned bid:

Delete the following pages: **CITY OF PHILADELPHIA OFFICE OF ECONOMIC OPPORTUNITY ANTIDISCRIMINATION POLICY-MINORITY, WOMEN AND DISABLED OWNED BUSINESS ENTERPRISES.**

FORMS, INSTRUCTIONS AND SPECIAL CONTRACT PROVISIONS FOR BIDS TO BE AWARDED BY THE PROCUREMENT DEPART (BIDS).

Replace with attached: **VOLUNTARY PARTICIPATION AND COMMITMENT FORM (BID).**

Also delete: PRIME CONTRACTOR'S PAYMENT TO OEO SUBCONTRACTORS FORM.

Please sign, date and return this addendum with your bid to the Procurement Department, 1401 J.F.K Boulevard, Bid Room 170A, Philadelphia, PA 19102-1685 as it now becomes a part of the proposal.

Buyer, T. Vinson

AUTHORIZED SIGNATURE

FIRM NAME (PRINT)

DATE

TV/cs

VOLUNTARY PARTICIPATION AND COMMITMENT FORM (BID)

Please list any OEO Certified and SBA vendors that will participate in this bid, including the Primary Bidder.

Minority (MBE), Women (WBE), and Disabled (DSBE) Owned Business Enterprises¹

Bid Number		Name of Bidder			
Primary Bidder	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	DSBE <input type="checkbox"/>	N/A <input type="checkbox"/>	SBA <input type="checkbox"/>
Federal Tax Identification #					
Amount Committed		Type of Work or Materials			
Dollar Amount	\$				
Percent of Total Bid	%				
Sub Contractor	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	DSBE <input type="checkbox"/>		
Vendor Name					
Federal Tax Identification #					
Amount Committed		Type of Work or Materials			
Dollar Amount	\$				
Percent of Total Bid	%				
Sub Contractor	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	DS-DBE <input type="checkbox"/>		
Vendor Name					
Federal Tax Identification #					
Amount Committed		Type of Work or Materials			
Dollar Amount	\$				
Percent of Total Bid	%				
Sub Contractor	MBE <input type="checkbox"/>	WBE <input type="checkbox"/>	DSBE <input type="checkbox"/>		
Vendor Name					
Federal Tax Identification #					
Amount Committed		Type of Work or Materials			
Dollar Amount	\$				
Percent of Total Bid	%				

REVISED 2-2009 OEO

¹ MBE/WBE/DSBES listed above **MUST** be certified by the OEO prior to Bid Opening Date.

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CITY OF PHILADELPHIA

Hugh Ortman
Procurement Commissioner

June 30, 2010

BID NUMBER: T1YB4730
TITLE: Automated Chemistry Analyzer System, Reagents, Consumables & Supplies
DEPARTMENT: DEPARTMENT OF PUBLIC HEALTH
DATE TO OPEN: July 27, 2010 at 10:30 AM

ADDENDUM # 2

TO ALL BIDDERS:

You are hereby notified of the following changes to the above mentioned bid:

Bid No. T1YB4730 is altered at the following reference points and should be duly noted within the bid response of participating vendors:

Page 15, Paragraph 2.2.2.5 – **change paragraph number to 2.2.25**

Page 16, Paragraph 2.3.1 –**change first sentence to read: Complete Tables I & II for the Contract Period computing the “cost per test” field.....**

Page 18, Paragraph 3.2.2 – **change the Basis of Award for the First Contract Period to read: Freight x 1 Plus Cost per Test (Identified in Tables I & II x Total Test per Year.**

Page 17, Paragraph 2.4 – **change second sentence to read: Cost per test for the first Contract Period: 01/01/2011 through 12/31/2011.**

Page 25, Paragraph 5.1.2 – **change language to reflect the following:**

5.1.2 30721 023

Reagents, Consumables, and Supplies for use
with Automated Chemistry Analyzer System
as listed in Tables I & II for First (1st)

Contract Period; per paragraph 2.4

LO \$ _____

Please sign, date and return this addendum with your bid to the Procurement Department, 1401 J.F.K Boulevard, Bid Room 170A, Philadelphia, PA 19102-1685 as it now becomes a part of the proposal.

Buyer, T. Vinson

AUTHORIZED SIGNATURE

FIRM NAME (PRINT)

DATE

TV/cs