

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

CITY OF PHILADELPHIA

Mary E. Stitt
Procurement Commissioner

October 23, 2015

BID NUMBER: S6Z61530
TITLE: Electrical Supplies, Distribuuaion and Service Equipment, and Industrial Controls
DEPARTMENT: VARIOUS
DATE TO OPEN: November 16, 2015 at 10:30 AM

ADDENDUM # 1

TO ALL BIDDERS:

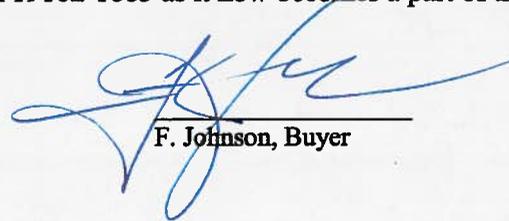
You are hereby notified of the following changes to the above mentioned bid:

The cover page of the Invitation and Bid should read:

PARTICIPATION RANGES

MBE: 15% TO 20%
WBE: Best and Good Faith Efforts
DSBE: Best and Good Faith Efforts

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.



F. Johnson, Buyer

AUTHORIZED SIGNATURE

FIRM NAME (PRINT)

DATE

FJ/dr



Electrical Supplies, Distribution & Service Equipment & Industrial Controls

S6Z61530

Issued by: **CITY OF PHILADELPHIA PROCUREMENT DEPARTMENT**

Required by: **Various Departments**

Bid Opening Date: November 16, 2015
Bid Opening Time: 10:30 AM Philadelphia Local Time
Location for Bid Opening: MUNICIPAL SERVICES BUILDING - ROOM 170A
 1401 JFK BOULEVARD, PHILADELPHIA PA 19102
Buyer: F. Johnson
Spec. Writer: S. Justice

This Invitation and Bid with your quotations must be received prior to the above cited bid opening date and time.

BIDDER AGREES TO COMPLY WITH ALL CONDITIONS OF THIS BID. UNSIGNED BIDS WILL NOT BE ACCEPTED. BIDDER MUST COMPLETE THE INFORMATION BELOW:

Office of Economic Opportunity (OEO) Anti-Discrimination Policy Executive Order 03-12 – Bidder Requirements

NAME AND ADDRESS OF FIRM:

FEDERAL EIN/SOCIAL SECURITY NUMBER:

This Invitation and Bid is issued under the Anti-Discrimination Policy described in the Mayor’s Executive Order, policy and guidelines as attached. Specific instructions must be adhered to and forms completed. Bidders are advised to review the instructions carefully. Failure to comply may disqualify the bidder. The specified ranges represent the percentage of Minority, Woman and Disabled participation that should be attained by the Bidder. Any and all questions about Executive Order 03-12 and bidder compliance should be directed to the Office of Economic Opportunity (OEO) office at (215) 683-2071.

BID QUESTIONS

All questions concerning this Invitation and Bid, including specifications and conditions, must be presented prior to the bid opening date and time. Contact the Procurement Department Customer Service Unit by emailing Bid.Info@phila.gov or by calling (215) 686-4720 with questions.

PARTICIPATION RANGES:

M-BE: 15% to 20%
AND/OR
W-BE: Best and Good Faith Efforts
DS-BE: Best and Good Faith Efforts

FOR PROCUREMENT USE ONLY. DO NOT MAKE ANY MARKS IN THIS BOX.

Bid Security Fee Yes No Method (if paid with bid) _____ Check or M/O # _____
 Bid Processing Fee Yes No Method _____ Check or M/O # _____

Mary E. Stitt
Procurement Commissioner

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

CITY OF PHILADELPHIA

Mary E. Stitt
Procurement Commissioner

November 4, 2015

BID NUMBER: S6Z61530
TITLE: Electrical Supplies, Distribuion and Service Equipment, and Industrial Controls
DEPARTMENT: VARIOUS
DATE TO OPEN: November 16, 2015 at 10:30 AM

ADDENDUM # 2

TO ALL BIDDERS:

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

Revisions to the Invitation and Bid document:

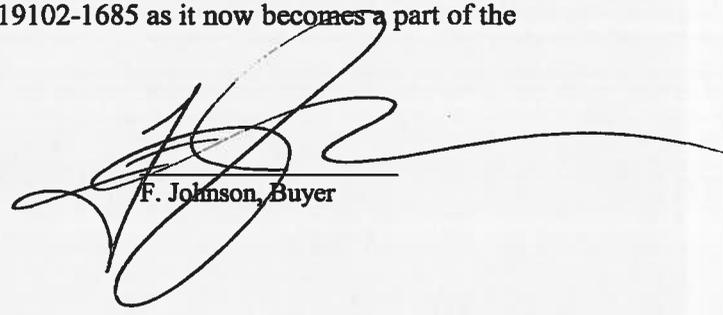
1. Delete Item 5.1.3.2 in its entirety, replace with the following:

		DISCOUNT	ESTIMATED EXPENDITURES
5.1.3.2	31010 028 Eaton Crouse-Hinds	_____ %	\$2,000.00

2. Delete Item 5.1.5.5 in its entirety, replace with the following:

5.1.5.5	31010 708 Eaton Crouse-Hinds	_____ %	\$7,000.00
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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.



F. Johnson, Buyer

AUTHORIZED SIGNATURE

FIRM NAME (PRINT)

DATE

FJ/dr