



BOONE COUNTY, MISSOURI

Request for Bid #: 28-16MAY16 – Chairs for the Boone County Emergency  
Operations Center

**ADDENDUM #1** - Issued May 16, 2016

This addendum is issued in accordance with the Request for Bid Response Page in the Request for Bid and is hereby incorporated into and made a part of the Request for Bid documents. Bidders are reminded that receipt of this addendum should be acknowledged and submitted with Bidder's Response Form.

Specifications for the above noted Request for Bid and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

The County has received the following questions and is providing a response below:

**Question 1: On page 4, there is a duplicate line under section 2.2.1. Features: "Adjustable Seat Depth while in use" is listed twice. Was there another feature that should have been listed?**

**Response:** No, just a duplicate line

**Question 2: Is there a suggested weight that these chairs should be rated to hold? For instance some chairs are rated to 250 lbs. while others are rated to 300 lbs.**

**Response:** 250 lbs.

**Question 3: The Ithica Ultra J-662 which the bid is based on does not have lumbar support. It does have an adjustable height back. Is one feature more important than the other?**

**Response:** Adjustable height back is more important

**Question 4: In regards to section 2.11, is there any leniency on the specified terms for invoices and payment, for a project of this size? For example: deposits, progressive payments, etc.**

**Response:** Payment Terms: 50% due upon Notice to Proceed / Contract execution, Net 30  
50% due upon installation & acceptance, Net 30.

By: \_\_\_\_\_

*Melinda Bobbitt*  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

BIDDER has examined **Addendum #1** to Request for Bid # 28-16MAY16 – *Chairs for the Boone County Emergency Operations Center*, receipt of which is hereby acknowledged:

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

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_