

Boone County Purchasing

613 E. Ash Street, Room 113 Columbia, MO 65201 *Robert Wilson, Buyer* Phone: (573) 886-4393 – Fax: (573) 886-4390 Email: rwilson@boonecountymo.org

BOONE COUNTY, MISSOURI

Request for Bid 15-09APR20 – 2020 Chip Seal Pavement Preservation for Boone and Callaway Counties and the City of Fulton

ADDENDUM # 2 - Issued April 1, 2020

Prospective bidders are hereby notified of the following revisions to Request for Bid 15-09APR20:

1. The County is allowing submission of bids via e-mail during the COVID-19 pandemic response period. The bidder is allowed to submit their complete authorized bid by sending it by the indicated bid submission due date and time to:

Robert Wilson rwilson@boonecountymo.org

The bidder should provide identification that authenticates the legitimacy of the bid with the e-mail submission such as using company letterhead, logos, or other detail.

The bidder is cautioned that the e-mail system is not considered secured and the bidder so assumes all risk associated with submission of their bid using the e-mail system – the County assumes no responsibility for any errors, omissions or other miscommunication the bidder may allege as a result of submitting their bid to the County via e-mail.

2. Bids can be dropped off at the door of the Boone County Annex Building in designated bid dropboxes on the opening date of April 9, 2020. Please contact Robert Wilson at 573-886-4393 with any questions.

This addendum is issued in accordance with the RFB 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 bid response including the *Vendor Response and Pricing Pages*.

By:

Robert Wilson, Buyer Boone County Purchasing

The bidder has examined Addendum #2 to Request for Bid #15-09APR20 – 2020 Chip Seal Pavement Preservation for Boone and Callaway Counties and the City of Fulton, receipt of which is hereby acknowledged:

Company Name:		
Address:		
Telephone:	Fax:	
Federal Tax ID (or Social Security #):		
Print Name:	Title:	
Authorized Signature:	Date:	
Contact Name and E-Mail Address to receive	e documents for electronic signature:	