



MANATEE COUNTY
FLORIDA

July 6, 2012

TO: All Interested Quoters

SUBJECT: ADDENDUM #1- RFQ #12-2028GE Emergency Facility Water Damage Remediation

This information is issued to modify, and/or clarify the request for quotation document.

Item #1 – Insurance Requirements

The following additional coverage is required under item b. Commercial General Liability (page 7): coverage for Mold Remediation at \$1,000,000 minimum limit.

Item #2 – Technical Specifications

Additional specifications for the following quote pricing items:

- a. Germicide/Mildewcide Application – all products must be EPA registered.
- b. Dehumidifying Equipment – must have an AHAM rating of 110-160 pints per day minimum.

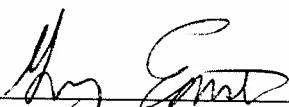
A revised Quotation Price Tabulation Form is attached. This revised form shall replace the original form and must be included with the RFQ submittal.

Item #3 – Qualifications of the Vendor

The County has added to the section Qualifications of the Vendor (page 9) the requirement that responsive quoters shall have a current EPA Lead Certification/Renovation Firm and shall also possess a Florida Department of Business & Professional Regulation Mold Assessor and Mold Remediator License.

A revised Supplier's Questionnaire/References page 15 is attached. This revised form shall replace the original form and must be included with the RFQ submittal.

The RFQ submittal deadline date and time remains unchanged.



George Earnest
Purchasing, Buyer

July 6, 2012
Date

Financial Management – Purchasing Division
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Phone 941.749.3044 * Fax 941.749.3034

QUOTATION PRICE TABULATION FORM

REQUEST FOR QUOTATION 12-2028GE

EMERGENCY FACILITY WATER DAMAGE REMEDIATION

*Quantities as listed in the table below are for quote tabulation purposes only
and do not represent an estimate of quantities.

ITEM	DESCRIPTION	U of M	UNIT PRICE	*	ITEM TOTAL
1	Non-emergency Labor	P/Hour	\$	X 40	= \$
2	Emergency Labor	P/Hour	\$	X 40	= \$
3	Water Extraction	Sq Ft	\$	X 100	= \$
4	EPA Registered Germicide/Mildewcide Application	Sq Ft	\$	X 100	= \$
5	Dehumidifying Equipment – AHAM rated at 110-160 pints per day	P/Day	\$	X 5	= \$
6	Air Moving Equipment	P/Day	\$	X 5	= \$
TOTAL FOR QUOTE AWARD PURPOSES (sum of item 1 – 6 totals)					\$

COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____

COMPANY ADDRESS: _____

E-MAIL ADDRESS: _____

SERVICE CONTACT PERSON (print): _____

TELEPHONE: _____ FAX: _____

REQUEST FOR QUOTATION 12-2028GE

EMERGENCY FACILITY WATER DAMAGE REMEDIATION

SUPPLIER'S QUESTIONNAIRE/REFERENCES

THIS QUESTIONNAIRE MUST BE COMPLETED AND SUBMITTED WITH YOUR QUOTE

1. Licensed Florida Contractor and certified with the Institute of Inspection, Cleaning and Restoration Certification (IICRC) :
Yes _____ No _____ (check one) for _____ continuous years';

Current FL Contractor License # _____ Expiration: _____

Current IICRC Certification # _____ Expiration: _____

Current EPA Lead for a Renovation Firm: Certification # _____

Expiration: _____

Current DBPR Mold Assessor/Remediator Licenses #

Assesor _____ Remediator _____

Both License Expirations: _____

2. Summary of any litigation filed against the quoter in the past five years which is related to the services provided. The summary shall state the nature of the litigation, a brief description of the case, the outcome or projected outcome, and the monetary amounts involved.

Company _____

Name: _____