## SAN ANTONIO WATER SYSTEM PURCHASING DEPARTMENT

Issued By: Joseph Ramon Date Issued: September 7, 2018

BID NO.: 18-2037

## FORMAL INVITATION FOR BIDS ANNUAL CONTRACT FOR ELEVATOR MAINTENANCE FOR SAWS LOCATIONS ADDENDUM 1

Sealed bids addressed to the Purchasing Director, San Antonio Water System, 2800 US Hwy 281 North, Administration Bldg., 5<sup>th</sup> Floor, San Antonio, TX 78212 will be received until **3:00 p.m. September 21, 2018** and then publicly opened and read aloud for furnishing materials or services as described herein below,

The San Antonio Water System Purchasing Department is willing to assist any bidder(s) in the interpretation of bid provisions or explanation of how bid forms are to be completed. Assistance may be received by visiting the Purchasing Office in the SAWS Main Office, 2800 US Hwy 281 North, San Antonio, TX 78212, or by calling (210) 233-3819.

Office in the SAWS Main Office, 2800 US Hwy 281 North, San Anton	io, TX 78212, or by calling (210) 233-3819.
This invitation includes the fo	ollowing:
Invitation for Bids Terms and Conditions of Invitation for Bids	Specifications and General Requirements Price Schedule
The undersigned, by his/her signature, represents that he/she is authoriz Specifications and General Requirements for the amount(s) shown on the Bidder has read the entire document and agreed to the terms therein.	
Signer's Name: Firm Name: Firm Name:	
Signature of Person Authorized to Sign Bid City, State, Zi	p Code:
Email Address: Telephone No.	:
Fax No.:	
Please complete the following:  Prompt Payment Discount:%days. (If no discount is	offered, Net 30 will apply.)
Please check the following blanks which apply to your company: Ownership of firm (51% or more):	
Non-minorityHispanicAfrican-AmericanOthe	r Minority (specify)
Female OwnedHandicapped OwnedSmall Business (less the landicapped OwnedState Propriets	
Indicate Status:PartnershipCorporationSole Proprieto  Tax Identification Number:	ishipOther (specify)
To report suspected ethics violations impacting the San Antonio	Water System, please call 1-800-687-1918.

\*\*\*\*\* This **Addendum 1** is issued to make the following changes on Bid 18-2037.

1. Bid Due Date has changed as follows:

"3:00 p.m., September 21, 2018"

- 2. Questions and Responses to questions
- 3. Revised price schedule- Price schedule has been revised to change unit of measure for Group 4 from unit of measure changed to Inspect elevators per month. Another Group was added to increase the total Groups from 5 to 6.

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## I. QUESTIONS: General

- 1) Can you please elaborate if it is the ambient temperature of the equipment or machine room/cab? *Response*: There's no Cab room nor equipment dedicated to the Elevator. It gets its temperature control from the condition air inside the building.
- 1) Please confirm this is referring to the standard monthly maintenance and not an actual inspection? *Response*: Standard monthly inspection
- 1) Will SAWS pay QEI fee's separately? *Response*: This will be paid by SAWS
- Please specify what the quantity is for emergency or overtime callbacks (individual, crew, mechanic, assistant, and team). Is this each or hour?
   Response: The unit of measure for the types of callbacks listed is hours. The estimated quantity for each of them is ten (10) hours. They are estimated usages so they

All other terms and conditions of the original bid remain unchanged.

IT IS **NECESSARY** TO RETURN THIS ADDENDUM 1 AS PART OF YOUR BID SUBMISSION

## REVISED PRICE SCHEDULE

**Group 1: HEATING AND COOLINF ELEVATOR** 

_		QTY	Unit	Unit of	Extended
Item	Description		Price	Measure	Price
1	Monthly Inspection Heating and Cooling Elevator	12	\$	Month	\$
2	Services of an independent Qualified Elevator Inspector (QEI) shall be reimbursed by SAWS to be billed and paid on an annual basis.	1	\$	Year	\$
3	Emergency or overtime callbacks Individual	10	\$	Hour	\$
4	Emergency or overtime callbacks Crew	10	\$	Hour	\$
				TOTAL	\$

**Group 2: EASTSIDE SERVICE CENTER ELEVATOR** 

		QTY	Unit	Unit of	Extended
Item	Description		Price	Measure	Price
1	Monthly Inspection Eastside Service Center Elevator	12	\$	Month	\$
2	Services of an independent Qualified Elevator Inspector (QEI) shall be reimbursed by SAWS to be billed and paid on an annual basis.	1	\$	Year	\$
3	Emergency or overtime callbacks Individual	10	\$	Hour	\$
4	Emergency or overtime callbacks Crew	10	\$	Hour	\$
SUB TOTAL 2					\$

**Group 3: HILDEBRAND TANK ELEVATOR** 

		QTY	Unit	Unit of	Extended
Item	Description		Price	Measure	Price
	Monthly Inspection Hildebrand tank				
1	elevator	12	\$	Month	\$
	Services of an independent Qualified				
	Elevator Inspector (QEI) shall be				
	reimbursed by SAWS to be				
2	billed and paid on an annual basis.	1	\$	Year	\$
	Emergency or overtime callbacks				
3	Individual	10	\$	Hour	\$

4	Emergency or overtime callbacks Crew	10	\$	Hour	\$
			SUB	S TOTAL 3	\$

Group 4: HEADQUARTERS TOWER I & II

Item	Description	QTY	Unit Price	Inspect elevators per month	Extended Price
1	Monthly Inspection Tower I Four T4 Traction Elevators	24	\$	4	\$
2	Monthly Inspection Tower I Two Hydraulic Elevators	12	\$	2	\$
3	Monthly Inspection Tower II Three T4 Traction Elevators	24	\$	3	\$
4	Monthly Inspection Tower II One Hydraulic Elevator	12	\$	1	\$
			5SUB	TOTAL 4	\$

Note: (Extended price will be calculated by unit price x no (qty) x Inspect elevators per month).

**Group 5: HEADQUARTERS TOWER I & II** 

	TEND TO WENT & I	QTY	Unit	Unit of	Extended
Item	Description		Price	Measure	Price
	Services of an independent Qualified				
	Elevator Inspector (QEI) shall be				
	reimbursed by SAWS to be				
1	billed and paid on an annual basis.	1	\$	Year	\$
	Mechanic				
2	Mechanic	10	\$	Hour	\$
	Assistant				
3	Assistant	10	\$	Hour	\$
	Team*				
4	1 eani	10	\$	Hour	\$
	Emergency or overtime callbacks				
5	Mechanic	10	\$	Hour	\$
	Emergency or overtime callbacks				
6	Assistant	10	\$	Hour	\$
	Emergency or overtime callbacks				
7	Team *	10	\$	Hour	\$
			SUE	S TOTAL 5	\$

Item No.	Description			Extended Price
GRO	UP 6: PURCHASE AND MATERIALS COMPENSAT	ION SCH	EDULE	
1	Cost Plus applies to all Purchased Parts			
1	(a) Estimated Annual Purchase		\$ 80,000 (a)	
	(b) Add Cost Plus Mark Up % convert to decimal 0 X \$80,000		\$(b)	
	(c) Total (a + b)		\$ (c)	
		Sub To	otal for Group 6	\$
	GRANI	D TOTAL	1, 2, 3, 4, 5 & 6	\$

Note: Cost Plus on parts not to exceed 10%

Contractor shall be reimbursed for all parts and materials at Contractor's cost. All parts and materials shall be F.O.B. SAWS job site. Invoiced parts and materials with unit prices greater than \$25.00 shall be supported with a receipt of purchase for those items at time of billing. When such a copy of the Contractor's receipt is not available, the Contractor shall prepare and sign a substitute receipt indicating the description of the item, unit cost, date of purchase, and supplier from who item was purchased.

Note: Parts and materials below a unit price of \$25.00 are not reimbursable by SAWS as these expenses are to be made part of the monthly services herein.

Overtime will not be paid for service during regular business hours or for any routine work. It will only be paid for service requested outside monthly maintenance service, with prior SAWS approval.

All other terms and conditions of the original bid remain unchanged.

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