



Purchasing Division

## ADDENDUM NO. 2

**DATE:** August 27, 2015  
**FROM:** City of Grand Junction Purchasing Division  
**TO:** All Offerors  
**RE:** RFP-4095-15-DH Sharps/Syringe Medical Waste Collection Program

Offerors responding to the above referenced solicitation are hereby instructed that the requirements have been clarified, modified, superseded and supplemented as to this date as hereinafter described.

Please make note of the following clarifications:

1. The "Responses Due" date and time for this solicitation process are hereby extended to September 2, 2015 prior to 3:00pm.
2. Contract Pricing for this solicitation shall be modified as follows:  
  
Item #1: Pricing shall be per container picked up, and shall be all inclusive, to include, but not be limited to: all labor, equipment, and supplies to successfully fulfill the project/contract requirements, as per the solicitation documents. This pricing however, excludes Trip Charges.  
  
Item #2: Trip Charges – Price per round trip for each pick up scheduled, to include travel, freight, fuel, etc.
3. Firms shall utilize the attached Revised Solicitation Response Form for their bid submissions.
4. Current service provider contract rate \$1164.75 monthly = \$13,977 annually, 6 pickups per year.

The original solicitation for the project noted above is amended as noted.

All other conditions of subject remain the same.

Respectfully,

A handwritten signature in black ink, appearing to read "Duane Hoff Jr.", is written over a white background.

Duane Hoff Jr., Senior Buyer  
City of Grand Junction, Colorado

**SECTION 7.0: SOLICITATION RESPONSE FORM**  
**RFP-4095-15-DH “Sharps/Syringe Medical Waste Collection Program”**

*Offeror must submit entire Form completed, dated and signed.*

Item #	Descriptions	Price
1.	Pricing shall be per container picked up, and shall be all inclusive, to include, but not be limited to: all labor, equipment, and supplies to successfully fulfill the project/contract requirements, as per the solicitation documents. This pricing however, excludes Trip Charges.	
2.	Trip Charges – Price per round trip for each pick up scheduled, to include travel, freight, fuel, etc., as per the solicitation documents.	

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*The Owner reserves the right to accept any portion of the services to be performed at its discretion*  
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The undersigned has thoroughly examined the entire Request for Proposals and therefore submits the proposal and schedule of fees and services attached hereto.

This offer is firm and irrevocable for sixty (60) days after the time and date set for receipt of proposals.

The undersigned Offeror agrees to provide services and products in accordance with the terms and conditions contained in this Request for Proposal and as described in the Offeror’s proposal attached hereto; as accepted by the Owner.

Prices in the proposal have not knowingly been disclosed with another provider and will not be prior to award.

- Prices in this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition.
- No attempt has been made nor will be to induce any other person or firm to submit a proposal for the purpose of restricting competition.
- The individual signing this proposal certifies they are a legal agent of the offeror, authorized to represent the offeror and is legally responsible for the offer with regard to supporting documentation and prices provided.
- Direct purchases by Mesa County are tax exempt from Colorado Sales or Use Tax. Tax exempt No. 98-04241. The undersigned certifies that no Federal, State, County or Municipal tax will be added to the above quoted prices.
- Prompt payment discount of \_\_\_\_\_ percent of the net dollar will be offered to the Owner if the invoice is paid within \_\_\_\_\_ days after the receipt of the invoice. Payment Terms \_\_\_\_\_.

RECEIPT OF ADDENDA: the undersigned Firm acknowledges receipt of Addenda to the Solicitation, Specifications, and other Contract Documents.

State number of Addenda received: \_\_\_\_\_.

It is the responsibility of the Proposer to ensure all Addenda have been received and acknowledged.

\_\_\_\_\_  
 Company Name – (Typed or Printed)

\_\_\_\_\_  
 Authorized Agent – (Typed or Printed)

\_\_\_\_\_  
 Authorized Agent Signature

\_\_\_\_\_  
 Phone Number

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Address of Offeror

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E-mail Address of Agent

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City, State, and Zip Code

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Date