

ADDENDUM NO. 2

ITB-PW-SD-15-10
Citywide Pest Control Services

ISSUE DATE: **July 28, 2015**
DUE DATE: **August 7, 2015 @ 2:00pm**
SUBJECT: **Revised Bid Form to Include Termite Treatments and Questions & Answers**

INTENT: This addendum is issued prior to the date bids are due in order to incorporate the following clarifications, additions, omissions, deletions, or changes into the Contract Documents.

Except as hereinafter specified, the work shall be in accordance with the drawings and specifications.

Bidders are to use the changed quantities of the items listed in this addendum in their proposals, and it shall become a part of the Contract Documents when construction is executed.

Bidders are reminded that this addendum must be noted on the “Official City Acknowledgment Form” when they submit their proposal. A signed copy of the addendum must also be included with the bid submittal.

1. **Please note:** The bid form (included in this addendum) has been revised to include the costs for initial and follow-up treatments of drywood and subterranean termites. Only bids submitted with the bid form revised per this addendum will be accepted. The Required Submittals packet will be updated to include the bid form included in this addendum.
2. **Question:** The law states that no two companies can have a contract on the same structure for the same type of termite. Do any of the structures we are currently bidding on have a bond from other companies?
Answer: No.
3. **Question:** Who is your current pest control company? **Answer:** Sun Country Pest Control.
4. **Question:** What is your current annual cost for pest control? **Answer:** Approximately \$10,000.
5. **Question:** Does this ITB include a list of all buildings/locations that are to be covered? **Answer:** Yes, please see the bid documents.
6. **Question:** Is this ITB the same as the current contract you are working under? **Answer:** No, this is the first time the City is going out to bid for these services citywide.
7. **Question:** How many Bed Bug treatments were required last year? **Answer:** None.

Continued on next page.

8. **Question:** Currently, are you experiencing any specific pest problems? **Answer:** No.

Acknowledgment:

Signature and Date

Printed Name and Title

Company Name

END OF ADDENDUM NO. 2
*One page to follow.

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**Bid Form
Revised per Addendum 2**

Please note that the City may award this solicitation to multiple contractors.

Location	Montly Cost	Annual	Total
City Hall , 160 Lake Avenue, Palm Coast, FL 32164	\$	x 12	\$
Public Works , 1 Wellfield Grade, Palm Coast, FL 32137	\$	x 12	\$
Community Center , 305 Palm Coast Parkway, Palm Coast, FL 32137	\$	x 12	\$
Utility , 2 Utility Drive Palm Coast, FL 32137	\$	x 12	\$
Frieda Zamba Swimming Pool (building facilities) , 339 Parkview Drive, Palm Coast, FL 32164	\$	x 12	\$
Water Treatment Plant # 3 , 9957 US Highway 1 North, Palm Coast, FL 32137	\$	x 12	\$
Holland Park (building facilities) , 18 Florida Park Drive, Palm Coast, FL 32137	\$	x 12	\$
Fire Station 21 , 9 Corporate Drive, Palm Coast, FL 32164	\$	x 12	\$
Fire Station 22 , 307 Palm Coast Parkway, Palm Coast, FL 32164	\$	x 12	\$
Fire Station 23 , 5750 Belle Terre Parkway, Palm Coast, FL 32137	\$	x 12	\$
Fire Station 24 , 1505 Palm HarborParkway, Palm Coast, FL 32164	\$	x 12	\$
Fire Station 25 , 1250 Belle Terre Parkwaym Palm Coast, FL 32164	\$	x 12	\$
Indian Trails Sports Complex (building facilities) , 5455 Belle Terre Parkway, Palm Coast, FL 32137	\$	x 12	\$
Linear Park (building facilities) , 31 Greenway Court, Palm Coast, FL 32164	\$	x 12	\$
Seminole Woods Neighborhood Park (building facilities) , 350 Sesame Boulevard, Palm Coast, FL 32164	\$	x 12	\$
Initial Cost to Treat All Facilities for Drywood Termites			\$
Annual Renewal Cost to Treat All Facilities for Drywood Termites			\$
Initial Cost to Treat All Facilities for Subterranean Termites			\$
Annual Renewal Cost to Treat All Facilities for Subterranean Termites			\$
Grand Total:			\$

Grand Total (Wrtitten): \$ _____

If your company is awarded the entire contract, please provide the percentage of discount off the Grand Total, if applicable: _____%.

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.