



ADDENDUM NO. 1

PROJECT NAME: Medical Center Intersection Improvements Phase IX

DATE: 07/10/2013

ADDENDUM NO.1

This addendum should be included in and be considered part of the plans and specifications for the name of the project. The contractor shall be required to sign an acknowledgement of the receipt of this addendum and submit with their bid.

CIMS PROJECT NO.: 40-00309

BID PROPOSAL

Utilize and replace document 020 “Bid Form” with the attached 020 “Bid Form”.

Note: Addenda Acknowledgement Form for Addendum 1 is attached herein. This form must be signed and submitted with the bid package.

CITY OF SAN ANTONIO

Project Name: Medical Center Intersection Improvements Phase IX
ID NO.: 40-000309

Date Issued: July 10, 2013
Page 1 of 2

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BID FORM

The estimated construction budget for this contract is \$ 6,423,992.00

I. Base Bid

Amount of Street/Roadway Construction Base Bid (Insert Amount in Words and Numbers):

_____ \$ _____

Amount of SAWS Water (12-5080) Base Bid (Insert Amount in Words and Numbers):

_____ \$ _____

Amount of SAWS Sewer (12-5580) Base Bid (Insert Amount in Words and Numbers):

_____ \$ _____

Amount of CPS (1713228) Base Bid (Insert Amount in Words and Numbers):

_____ \$ _____

Total Amount of Base Bid (Insert Amount in Words and Numbers):

_____ \$ _____

II. ALTERNATES

Amount of each Alternates (if applicable) insert in Numbers:

Additive Alternate #1 - Floyd Curl Irrigation Installation and Curb Replacement

Amount of Street/Roadway Construction Additive Alternative #1 (Insert Amount in Words and Numbers):

_____ \$ _____

Additive Alternate #2 – Wurzbach Irrigation Installation and Curb Replacement

Amount of Street/Roadway Construction Additive Alternative #2 (Insert Amount in Words and Numbers):

_____ \$ _____

Total Amount of Bid for all Base Bid and Additive Alternates (Insert Amount in Words and Numbers):

_____ \$ _____

III. UNIT PRICES

Bidders shall submit unit pricing on the 025 Unit Pricing form, and it shall be attached immediately following this sheet.

Official Name of Company (legal)

Telephone No.

Address

Fax No.

City, State and Zip Code

E-mail Address



RECEIPT OF ADDENDUM NUMBER(S) 1 IS HEREBY ACKNOWLEDGED FOR PLANS AND

SPECIFICATIONS FOR CONSTRUCTION OF **MEDICAL CENTER INTERSECTION
IMPROVMENTS PHASE IX PROJECT 40-00309**

FOR WHICH BIDS WILL BE OPENED ON **TUESDAY, AUGUST 6, 2013 AT 2:00 P.M.**

THIS ACKNOWLEDGEMENT MUST BE SIGNED AND RETURNED WITH THE
BID PACKAGE.

Company Name: _____

Address: _____

City/State/Zip Code: _____

Date: _____

Signature

Print Name/Title