

May 24, 2019

**INVITATION FOR BIDS #Y19-1084-AV  
ADDENDUM #4  
MOVING SERVICES OF FURNITURE, EQUIPMENT & FURNISHINGS  
TERM CONTRACT**

This Addendum is hereby incorporated into the bid documents of the project referenced above. The following items are clarifications, corrections, additions, deletions, and/or revisions to and shall take precedence over the original documents.

**A. Opening date changed to Thursday, June 6, 2019, at 2:00PM (local time)**

B. Bid Response Form Revised A has been deleted in its entirety and replaced with the following:

Bid Response Form Revised B.

**ACKNOWLEDGEMENT OF ADDENDA**

- a. The bidder shall acknowledge receipt of this addendum by completing the applicable section in the solicitation or by completion of the acknowledgement information on the addendum. Either form of acknowledgement must be completed and returned no later than the date and time for receipt of the bid or proposal.
- b. Receipt acknowledged by:

\_\_\_\_\_  
Authorized Signer

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Title

\_\_\_\_\_  
Name of Bidder

**BID RESPONSE FORM REVISED B**  
**IFB #Y19-1084-AV**

The Contractor shall provide all labor and other resources necessary to provide the goods and/or equipment in strict accordance with the specifications defined in the solicitation for the items specified in this Bid Response Form Revised B, inclusive of overhead, profit and any other costs. All costs shall be built in the unit prices on the Bid Response Form Revised B as shown below, including but limited to, labor, truck, millage, gas, moving equipment and tools, boxes, consumable supplies, etc. Crew = 3 movers at minimum, including driver.

<b><u>STANDARD WORKING HOURS</u></b>				
<i>Standard Hours: Standard working hours are Monday through Friday, 6:00 AM to 6:00 PM, excluding Orange County holidays.</i>				
<b><u>ITEM NO.</u></b>	<b><u>DESCRIPTION</u></b>	<b><u>ESTIMATED ANNUAL USAGE</u></b>	<b><u>UNIT PRICE</u></b>	<b><u>ESTIMATE ANNUAL TOTAL</u></b>
1	One crew for 2 crew hours, inclusive of truck.	3 X	\$ _____ /ea =	\$ _____
2	One crew for up to 4 crew hours, inclusive of truck.	15 X	\$ _____ /ea =	\$ _____
3	One crew for up to 6 crew hours, inclusive of truck.	10 X	\$ _____ /ea =	\$ _____
4	One crew for up to 8 crew hours, inclusive of truck.	25 X	\$ _____ /ea =	\$ _____
5	Supplemental labor – per one man hour <i>(One (1) employee per hour)</i>	250 X	\$ _____ /hr =	\$ _____
6	Supplemental labor – per crew hour <i>(Three (3) employees per hour)</i>	100 X	\$ _____ /hr =	\$ _____
7	On-site moving service per one man hour	100 X	\$ _____ /hr =	\$ _____
8	Modular and specialty furniture services per one man hour	100 X	\$ _____ /hr =	\$ _____
9	Heavy Equipment Rental Reimbursement at Cost. (Requires 3 <sup>rd</sup> party Invoice)			\$2,000.00
	<b>STANDARD WORKING HOURS ESTIMATED BID TOTAL (Lines 1-9)</b>			\$ _____

\_\_\_\_\_  
 Company Name

**BID RESPONSE FORM REVISED B- CONTINUED**  
**IFB #Y19-1084-AV**

**NON-STANDARD WORKING HOURS**

Non-Standard Hours: Non-Standard working hours are Monday through Friday, 6:01 PM to 5:59 AM, weekends, and Orange County holidays.

<u>ITEM NO.</u>	<u>DESCRIPTION</u>	<u>ESTIMATED ANNUAL USAGE</u>	<u>UNIT PRICE</u>	<u>ESTIMATE ANNUAL TOTAL</u>
10	One crew for 2 crew hours, inclusive of truck.	3 X	\$ _____ /ea	= \$ _____
11	One crew for up to 4 crew hours, inclusive of truck.	10 X	\$ _____ /ea	= \$ _____
12	One crew for up to 6 crew hours, inclusive of truck.	5 X	\$ _____ /ea	= \$ _____
13	One crew for up to 8 crew hours, inclusive of truck.	10 X	\$ _____ /ea	= \$ _____
14	Supplemental labor - per one man hour <i>(One (1) employee per hour)</i>	100 X	\$ _____ /hr	= \$ _____
15	Supplemental labor – per crew hour <i>(Three (3) employees per hour)</i>	100 X	\$ _____ /hr	= \$ _____
16	On-site moving service per man hour	100 X	\$ _____ /hr	= \$ _____
17	Modular and specialty furniture services per man hour	100 X	\$ _____ /hr	= \$ _____
18	Heavy Equipment Rental Reimbursement at Cost. (Requires 3 <sup>rd</sup> party Invoice)			\$1,000.00
	<b>NON-STANDARD WORKING HOURS ESTIMATED BID TOTAL (Lines 10-18)</b>			\$ _____
	<b>ESTIMATED TOTAL (ALL LINES 1-18 STANDARD AND NON-STANDARD WORKING HOURS)</b>			\$ _____

\_\_\_\_\_  
Company Name