



ADDENDUM #1

Liquid Oxygen (LOX)

IFB #2011-2733-43244

October 18, 2010

City of Newport News

Office of the Purchasing Director

2400 Washington Avenue

Newport News, VA 23607

Phone: (757) 926-8042/ Fax: (757) 926-8038

www.nngov.purchasing

Sealed bids, subject to the conditions and instructions contained herein, will be received at the above office of the Purchasing Director, 4th Floor, City Hall, 2400 Washington Avenue, Newport News, Virginia, 23607, until the time and date shown below (local prevailing time), for furnishing the items or services described in the invitation for bids.

It is agreed and understood this will constitute addendum #1, and shall be made part of the original IFB document. Acknowledgement, showing receipt and acceptance of the changes is to be returned with your submittal.

Reference Page 11. Delivery, Second Sentence:

Delete: "Vendor is solely responsible to monitor the 11,000 gallon tank using internet access to Waterworks provided Scada Data to keep it at full (or near to full) capacity."

Replace with: "Plant operators will place individual orders for the product as they deem necessary."

Reference Page 13. Bid Pricing Schedule, Estimated Annual Quantity:

Replace original IFB page 13 in its entirety with addendum 1 page 13 below.

The "Bid Due" date remains the same.

Contract Officer: Alexis G. Moffitt
Alexis G. Moffitt, CPPB, VCO, Senior Buyer amoffitt@nngov.com

Company Name: _____

Print Name: _____ Title: _____

Signature: _____ Date: _____

This Form Must Be Signed.

BID PRICING SCHEDULE

NOTE: ENTER UNIT PRICE AS “PER 100 SCF”

ESTIMATED ANNUAL QUANTITY	PRODUCT	UNIT PRICE Per 100 SCF	TOTAL PRICE
100,000 (100 SCF) (10,000,000 Cubic feet)	Liquid Oxygen (LOX), <u>price per 100 standard cubic feet (SCF)</u> delivered as needed to Harwood’s Mill WTP as needed to maintain a full (11,000 gallon) tank	\$ _____	\$ _____
150,000 (100 SCF) (15,000,000 Cubic feet)	Liquid Oxygen (LOX), <u>price per 100 standard cubic feet (SCF)</u> delivered as needed to Lee Hall WTP as needed	\$ _____	\$ _____
		GRAND TOTAL	\$ _____

Please specify number of days/hours required for initial delivery after notification of award of contract. _____

PRICING:

All prices quoted herein shall be on an F.O.B. destination basis and shall include all delivery costs.

Specify payment terms if other than “2% - 20, Net 30”: _____

Your Company Name: _____