



Housing Authority of the County of Merced

405 U STREET MERCED, CA 95341
PHONE (209) 722-3501 TDD 711 or 800-855-7100
www.merced-pha.com

RFQ #2019-09: UNIT MODIFICATION – 947 LINDA VISTA

ADDENDUM #1

May 23, 2019

1. Add the following addresses to this RFP:
 - a) 416 K Street, Apt. B, Los Banos – 3bedroom
 - b) 726 D Street, Los Banos – 1bedroom
 - c) 2037 Alameda, Livingston – 2bedroom
2. Use the attached REVISED Request for Quotes form.

1) **EN\$** _____
_____ Dollars/Cents
(\$ _____)

D OF ADDENDUM #1



REVISED
REQUEST FOR QUOTES FORM (RFQ) #2019-17: UNIT MODIFICATION
947 LINDA VISTA, LOS BANOS

The undersigned, having familiarized themselves with the project conditions and scope affecting the cost of work as issued by The Housing Authority of the County of Merced ("Authority"), hereby proposes to furnish all labor, tools, materials, equipment, personnel, supervision, machinery, permits and services, including utility and transportation services, necessary to satisfactorily complete all work required as stated in the Request For Quotes ("RFQ").

BID AMOUNT: I hereby propose to complete the work as described in the RFQ documents, and Scope of Work:

\$_____ Dollars/Cents (\$_____)

Please provide a bid amount breakdown for each unit:

1) 947 Linda Vista, Los Banos: \$_____ Dollars/Cents (\$_____)

2) 416 K Street, Apt. B, Los Banos: \$_____ Dollars/Cents (\$_____)

3) 726 D Street, Los Banos: \$_____ Dollars/Cents (\$_____)

4) 2037 Alameda, Livingston: \$_____ Dollars/Cents (\$_____)



SUBCONTRACTOR LIST: Provide Names, addresses, license numbers and trades of all subcontractors.

Check here if no subcontractors will be used.

SUBCONTRACTOR	LICENSE #	TRADE

Attach additional sheets of paper if needed.

Labor Breakdown (Prime/General and Subcontractors): Please list all labor classification/s that will be utilized for this project, the estimated number of hours per classification, lowest hourly wage rate per classification, and hourly fringe benefit (fringe benefit amount may be \$0.00) per classification in the table below (attach additional pages, if needed):

LABOR CLASSIFICATION	NUMBER of HOURS (estimated)	HOURLY WAGE RATE (lowest/classification)	FRINGE BENEFITS (lowest/per hour/classification)
EXAMPLE: roofer	450	\$25.00	\$10.00

Addenda/Addendum Acknowledgement

Please acknowledge receipt of addenda/addendum by initialing/date below:

Initials

Date issued

In submitting this quote, it is understood that the Authority reserves the right to sole and exclusive judgment in the determination of the qualifications of the respondent. Further, the Authority reserves the right to reject any and all quotes and further reserves the right to waiver any informalities or irregularities in the quotes or to



accept or select any quote that the Authority, in its sole and absolute discretion, determines best meets its needs.

BUSINESS NAME: _____

DATE: _____

BY: _____
*(Signature of Official **Company Representative**)*

PRINT NAME: _____

