



County of Roanoke

FINANCE DEPARTMENT PURCHASING DIVISION

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February 15, 2019

IFB # 2019-090 Double Jacket Fire Attack Hose

ADDENDUM NO. 1

Estimated Order Volume

Due Date & Time:
February 26, 2019, 2:00 PM
(Local Prevailing Time)

**IFB # 2019-090
FIRE ATTACK HOSE
ADDENDUM NO. 1**

1. **Estimated Order Volume** – The following information is offered regarding historical and future estimated order volumes of hose.

RCFRD Hose Order History – 1 ¾" (shown in number of sections by year)	
2017	109
2018	66
2019 (estimated)	61

Roanoke County typically purchases hose in one bulk order per year. Additional sections may be purchased throughout the year in smaller quantities.

2. **Revised Specifications** – The following specifications are hereby made a part of IFB 2019-090:

A. Bidder shall provide a minimum order amount, over which amount the order will qualify for free shipping.

Minimum order amount: \$_____

B. Bidder shall provide a maximum shipping cost for individual orders below the above minimum order amount. The County shall be subject to shipping charges at cost for these orders, not to exceed the following amount.

Maximum shipping charge (per order): \$_____

3. **Updated Price Form** – Please see Attachment A to Addendum No. 1 for an updated price form. This updated form has been revised to include the above shipping specifications and pricing.

Bid submissions MUST include a completed copy of the attached REVISED price form to be considered.

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ATTACHMENT A TO
ADDENDUM NO. 1 TO IFB # 2019-090

REVISED PRICE FORM

INVITATION TO BID #2019-090 FIRE ATTACK HOSE

ITEM	LENGTH	UNIT PRICE
Key "FDNY Spec" 1 3/4" double jacket fire attack hose (DP18-800-FDNY) or equivalent	50 feet	\$

Minimum order amount for free shipping: \$ _____

Maximum shipping charge (per order): \$ _____

BIDDERS SIGNING THE BID FORM AGREE THAT THE PRODUCT BEING BID CONFORMS TO ALL SPECIFICATIONS LISTED IN THE BID. BIDDER CERTIFIES THAT BY SUBMISSION OF THIS BID, HE HAS READ AND AGREES TO THE TERMS AND CONDITIONS SET FORTH IN THIS INVITATION TO BID.

DATE _____

PAYMENT TERMS NET 30

COMPANY NAME _____

ADDRESS _____ PHONE # _____

_____ FAX # _____

_____ EMAIL _____

FEIN _____ VA BUSINESS LICENSE NO. _____

VIRGINIA SCC # OR STATEMENT DESCRIBING WHY FIRM IS NOT REQUIRED TO BE SO AUTHORIZED PER VA CODE §2.2-4311.2 _____

SIGNATURE / TITLE _____

NAME / TITLE (please print) _____

To receive consideration for award, this signature sheet must be returned to the Purchasing Division, as it shall be a part of your response.