



Housing Authority of the City of Pittsburgh

Contracting Officer
100 Ross Street
2nd Floor Suite 200
Pittsburgh, PA 15219
(412) 456-5248
Fax: (412) 456-5007
www.hacp.org

January 27, 2014

Elevator Maintenance Authority Wide IFB#300-35-13

ADDENDUM NO.1

This addendum issued January 27, 2014 becomes in its entirety a part of the Invitation to Bid IFB#300-35-13 as is fully set forth herein:

Item 1: Revised Form of Bid (Attachment 1): The Form of Bid (Attachment 1) given in the IFB is hereby deleted and replaced with Attachment A to this Addendum.

Item 2: On page 32 and 45 of the IFB #300-35-13 it will be amended under Inspection Frequency – Duration:

E. Hydraulic residential elevator at 1523 Brighton Place shall be inspection on not less than a semi-annual inspection.

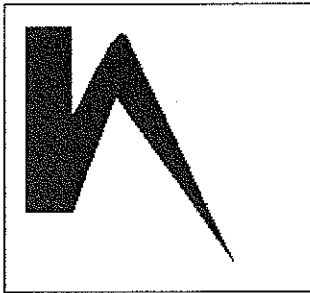
END OF ADDENDUM NO. 1



Mr. Kim Detrick
Procurement Director/Contracting Officer

January 27, 2014
Date

Attachment A
Revised Form of Bid (Attachment 1)
(IFB-300-35-13 Elevator Maintenance and Repair Authority Wide)

REVISED**ATTACHMENT A**

**HOUSING AUTHORITY OF THE CITY OF PITTSBURGH
 INVITES YOU TO BID ON
 IFB# 300-35-13
 Elevator Maintenance and Repair Authority Wide**

DIRECT ALL BIDS, CORRESPONDENCE AND INQUIRIES TO HOUSING AUTHORITY OF THE CITY OF PITTSBURGH

Kim Detrick
 Procurement Director
 PROCUREMENT DEPARTMENT
 100 ROSS ST. 2ND FL Suite 200
 PITTSBURGH PA 15219
 PHONE: 412-456-5116 OPT 1 FAX: 412-456-5007

BID ISSUE DATE: January 12, 2014

BID OPENING DATE: February 3, 2014

THIS BID MUST BE RETURNED BY SPECIFIED DATE AND SUBMITTED IN WRITING ON FORM BELOW DELIVERY WILL BE TO: Kim Detrick, 100 Ross Street, 2nd Floor, Pittsburgh, PA 15219

NOTE: BIDS WILL BE AWARDED ON THE BASIS OF THE CONTRACTOR WHO SUBMITS THE LOWEST RESPONSIBLE BID WHICH IS MOST ADVANTAGEOUS TO THIS AUTHORITY. THE HOUSING AUTHORITY EXPRESSLY RESERVES THE RIGHT TO AWARD A BID IN PART OR IN TOTAL TO THE CONTRACTOR OR CONTRACTORS WHO SUBMIT (S) THE LOWEST RESPONSIBLE BID(S) WHICH IS (ARE) MOST ADVANTAGEOUS TO THIS AUTHORITY. BY RESERVING THIS RIGHT, CONTRACTORS EXPRESSLY UNDERSTAND THAT THE AUTHORITY MAY AWARD BIDS BASED ON DIFFERENT QUANTITIES AND/ OR UNITS OF MEASUREMENT.

EMERGENCY REPAIR LABOR RATES:

| | Mechanic (one person) Rate/Hr | Hrs for Call Out (estimate) | Total | Team (more than one person present) Rate/Hr | Number of Call Outs (estimate) | Total |
|---|--|--|--------------|--|---|--------------|
| Initial Term Hourly Rate (Normal Bus. Hours) | | 176 | | | 44 | |
| Evenings/Weekends | | 56 | | | 14 | |
| Holiday | | 8 | | | 2 | |
| Hour Rate Ext. Opt 1 | | 176 | | | 44 | |
| Opt 1 Evening / Weekend | | 56 | | | 14 | |
| Opt 1 Holiday | | 8 | | | 2 | |
| Hourly Rate Ext Opt. 2 | | 176 | | | 44 | |
| Opt 2 Evening / Weekend | | 56 | | | 14 | |
| Opt 2 Holiday | | 8 | | | 2 | |
| Total Rates (Fill In Gray Areas) | | | | | | |

REVISED

MONTHLY MAINTENANCE COST

| Location | Initial Term Monthly Cost | Ext Opt 1 Monthly Cost | Ext Opt 2 Monthly Cost |
|--------------------------------------|---------------------------|------------------------|------------------------|
| Northview Hi-Rise | \$ | \$ | \$ |
| Central Maintenance | \$ | \$ | \$ |
| Finello Pavillion | \$ | \$ | \$ |
| Gualtieri Hi-Rise | \$ | \$ | \$ |
| Glen Hazel Hi-Rise | \$ | \$ | \$ |
| Family Center | \$ | \$ | \$ |
| PA Bidwell | \$ | \$ | \$ |
| Mazza Pavillion | \$ | \$ | \$ |
| Morse Gardens | \$ | \$ | \$ |
| Bedford Hope Center | \$ | \$ | \$ |
| Caliguiri | \$ | \$ | \$ |
| Pressley St. | \$ | \$ | \$ |
| Murray Towers | \$ | \$ | \$ |
| Carrick (Pietragallo) | \$ | \$ | \$ |
| 1523 Brighton Place (residential) | \$ | \$ | \$ |
| TOTAL (fill in gray area) | \$ | \$ | \$ |

| | Initial Term Cost (total box x 36) | Ext Opt 1 Cost (total box x 12) | Ext Opt 2 Cost (total box x 12) | Grand Total (add the total Cost Line) |
|-------------------|---------------------------------------|------------------------------------|------------------------------------|--|
| Total Cost | \$ | \$ | \$ | \$ |

REVISED

**Parts = costs + _____ %

Emergency Repairs and Mechanic Labor Total: _____
(From totals of gray boxes on pg 40)

Monthly Maintenance Costs Total: _____
(From Grand Total box on pg 41)

Total Amount of Bid \$ _____
(Add Grand Total box and Total Rates boxes from previous pages.)

Printed name of Person Quoting Prices: _____

SIGNATURE OF PERSON QUOTING PRICES: _____

Company Name _____

Company Address _____

Phone Number _____

Fax Number: _____

Email Address: _____