



Board of County Commissioners Request for Quotation

THIS IS NOT AN ORDER

Date: 10/22/09

Page: 1 of 3

**RFQ#2009000314
Add #2**

Charlotte County Purchasing Division
18500 Murdock Circle, Room 344
Port Charlotte, Florida 33948-1094

Contact Person: Alisa L. True, CPPB, Contract Specialist

Contact Phone: 941-743-1549

FAX: 941-743-1384

Reply No Later Than: October 23, 2009 (3:00 p.m. est.)

Scope of Services

ADDENDUM #2 – PORTABLE TOILET SERVICES

To: All Interested Quoters

Quoters are hereby notified that this Addendum shall be made a part of the above named quote documents. The following items are issued to add to, modify, and clarify the quote documents. These items shall have the same force and effect as the original quote documents. Quote Forms, to be submitted on the specified date, shall conform with the additions, deletions and revisions listed herein.

Item #1 CHANGE: It has been determined that there are some locations that will require servicing, cleaning, and sanitation twice a week, once on Monday and once on Friday. When a holiday falls on a Monday, units are to be serviced on the following Tuesday. When a holiday falls on a Friday, units are to be serviced on the preceding Thursday.

Those locations requiring twice a week cleaning are:

Anger Creek Fishing Pier	1385 Beach Road
Placida Boat Ramp	6499 Gasparilla Road
El Jobean Park	4333 El Jobean Road
Chadwick Park/Windward Englewood Beach	2100 N. Beach Road

Item #2 Please note that, as specified in the Request for Quotation:

- Contractor is strongly encourage to secure all units in order to prevent damages which includes, but is not limited to, vandalism, and inclement weather. The County will not be responsible for units damaged by any means. Contractor will indicate on quote submitted if units will be secured, and if so, by what means.
- If a unit is turned over or damaged in anyway, Contractor shall respond by re-setting (or if necessary, replacing), servicing, cleaning and sanitizing the unit within 24 hours of notification.

Item #3 Remove and Replace page 5 of the original Request for Quotation document with the attached Page 5 – Revised 10-21-09.

All other terms and conditions of the original bidding and contract documents remain the same.

Name of Quoting Firm: _____

Mailing Address: _____

Location Address: _____

City & State: _____ **Zip:** _____

Telephone: _____ **Fax Number:** _____

Name/Title of person authorized to bind the Company: _____

Signature of person authorized to bind the Company: _____

Date: _____

QUOTED PRICES:

ONE (1) CLEANING PER WEEK – PER UNIT
MONTHLY RATE: \$ _____
WEEKLY: \$ _____

TWO (2) CLEANINGS PER WEEK – PER UNIT
MONTHLY RATE: \$ _____
WEEKLY RATE: \$ _____

Active Customer Listing attached (√): _____

Will units be secured? _____ Yes _____ No If yes, by what means? _____

Method of monitoring: _____

If notified of the acceptance of this quote form, the undersigned agrees to execute a Contract for the stated compensation in the form as prescribed by the County.

The signature below is a guarantee that the Quoter will not withdraw his/her quote for a period of thirty (30) days after the scheduled quote due date.

HOLD HARMLESS AGREEMENT: _____(name of firm), it's officers and members shall, through the signing of this document by an authorized party or agent, indemnify and hold harmless Charlotte County, a political subdivision of the state of Florida, its officers, agents, employees, and volunteers, from liabilities, damages, losses and costs, including, but not limited to, reasonable attorneys' fees, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of _____(name of firm)and persons employed or utilized by _____(name of firm) in the performance of this contract.

_____ (name of firm) agrees that the first ten dollars (\$10.00) of compensation received under this contract represents specific consideration for this indemnification obligation.

Type of Organization (Please Check One): Individual Ownership _____ Partnership _____ Joint Venture Corporation _____

Name of Quoting Firm: _____

Mailing Address: _____

Location Address: _____

City & State: _____ **Zip:** _____

Telephone: _____ **Fax Number:** _____

E-mail: _____

Signature of person authorized to bind the Company: _____

Print name and title of person above: _____ **Date:** _____

Local Business Status: If Quoter affirms that it is a local business as defined on page 6 and in accordance with Ordinance 2009-005 adopted by the Charlotte County Board of Commissioners and filed with the Secretary of State on February 17, 2009, then the Affidavit Claiming Status as a Local Business, which is included as a part of this quote package, must be completed and returned.

Yes, our business qualifies as a Local Business and has completed and attached the 'Affidavit Claiming Status as a Local Business' as a part of our submission.

No, our business does not qualify as a Local Business.

DUE DATE: Please fax quote to the Purchasing Division at 941.743.1384, addressing it to the attention of:
Alisa L. True, CPPB, Contract Specialist
Quote must be received no later than 3:00 p.m. (EST), October 23, 2009

QUOTE RESULTS: Generally, a quote tabulation sheet is available by close of business on the quote due date. If you wish to obtain the quote results, you may do so by visiting our Website at www.charlottecountyfl.com/purchasing under "Purchasing Bids Online", document number 093144. No information regarding the submittal will be divulged over the telephone.

(This page to be returned)