



OFFICE OF THE PURCHASING AGENT

TOWN OF ARLINGTON
730 Massachusetts Avenue
Arlington, MA 02476

Telephone (781) 316-3003
Fax (781) 316-3019

DATE: April 16, 2015
TO ALL BIDDERS
BID NO. 15-14
SUBJECT: Peirce Field Renovation

ADDENDUM NO. 2

TO WHOM IT MAY CONCERN:

With reference to the bid request relative to the above subject, please note the following:

PART 3, SECTION E: INSERT "OR EQUAL".

SAMPLE CONTRACT: Delete project referenced, insert "15-14 Peirce Field Renovation".

REVISED BID PROPOSAL FORM ATTACHED

BIDDER MUST ACKNOWLEDGE ADDENDUM WITH SUBMISSION

All other terms, conditions and specifications remain unchanged.

Very truly yours,

Town of Arlington

Domenic R. Lanzillotti
Purchasing Officer

BID PROPOSAL FORM

BID #15-14

PROJECT: Peirce Field Renovation (Synthetic Turf)
Mass Ave.
Arlington, MA

DATE: THURSDAY APRIL 23, 2015 @ 10:00 A.M.

Pursuant to and in compliance with the proposed Contract Documents dated April 1, 2015 relating to the above referenced project, the undersigned, hereby proposes and agrees to furnish all labor and materials and perform all work within the time stated and in strict accordance with the proposed Contract Documents, and addenda thereto, for Peirce Field Renovation (Synthetic Turf Replacement):

ADDENDA: _____

1. Peirce Field Renovation (Synthetic Turf Replacement)

All labor services, miscellaneous materials, tools, equipment and supervision necessary for the Removal & Replacement of Synthetic Turf at the Peirce Field as stated in the Specifications, or properly inferable there from, all in accordance with the Contract Documents.

Field Measurement: 380 ft. x 205 ft. (77,900 sq. ft.)

\$ _____ TOTAL BASE BID PRICE

ADD ALTERNATE #1: OPTIONAL LOGO \$ _____

Prices are firm for 60 days from date of opening.

The Owner will allow work to commence Wednesday July 1, 2015 and expects all work to be completed no later than Friday August 14, 2015 to include all punch list items.

Product information, shop drawings and samples to be submitted with bid.

Minimum of 3 references to be submitted.

NAME _____

ADDRESS _____

PHONE NO. _____

FAX NO. _____

EMAIL _____

AUTHORIZED SIGNATURE _____

AUTHORIZED NAME _____