STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
DIVISION OF GENERAL SERVICES

INVITATION TO BID

ADDENDUM TO THE CONTRACT

2017-0222-3638

Uniformed Unarmed Security Services

ADDENDUM NO.: **One**

CURRENT BID DUE DATE:

March 20, 2017, 2:00 p.m. Local Time

PREVIOUS ADDENDA: **None**

PREVIOUS BID DUE DATE:

March 20, 2017, 2:00 p.m. Local Time

ISSUED BY:

Statewide Facilities
Division of General Services
Department of Administration
P.O. Box 110210
Juneau, Alaska 99811-0210

DATE ADDENDUM ISSUED: March 1, 2017

The following items change and clarify the Contract and all other terms and conditions remain the same.

Item No. 1:
Recognize revised Bid Schedule indicating a monthly price proposal for 2 guards, 24 hours/day, 365 days/year.

Item No. 2:
Recognize that bidder must acknowledge addenda and addenda number on Invitation To Bid cover page, indicated next to authorized signature of bidder.

By: Kami Bartness
Kami Bartness, Facilities Contracting Officer III

Total number of pages contained within this Addendum: 3
END OF ADDENDUM No. 1

BID SCHEDULE

ITEM NO.	MONTHLY PRICE FOR 2 GUARDS, 24 HOURS/DAY, 365 DAYS/YEAR				BID PRICE
1.	$ _____	X	24 MONTHS	=	$ _____

Company Address _____
_____
_____
_____

Company Contact _____

Phone Number _____

Email _____

INVITATION TO BID (ITB) NUMBER 2017-0222-3638

RETURN THIS BID TO THE ISSUING OFFICE AT:

Department of Administration
Division of General Services
Facilities Section
P.O. Box 110210
Juneau, Alaska ZIP 99811

DATE ITB ISSUED: **February 21, 2017**

ITB TITLE: Uniformed Unarmed Security Services

PREBID CONFERENCE ON *(INSERT DATE)*, SEE PAGE # 3 FOR INSTRUCTIONS.

SEALED BIDS MUST BE SUBMITTED TO THE DIVISION OF ADMINISTRATION AT THE ABOVE ADDRESS AND MUST BE TIME AND DATE STAMPED BY THE PURCHASING SECTION PRIOR TO 2:00 PM ON MARCH 20, 2017, AT WHICH TIME THEY WILL BE PUBLICLY OPENED.

IMPORTANT NOTICE: If you received this solicitation from the State's "Online Public Notice" web site, you must register with the Procurement Officer listed on this document to receive notification of subsequent amendments. Failure to contact the Procurement Officer may result in the rejection of your offer.

BIDDER'S NOTICE: By signature on this form, the bidder certifies that:

(1) the bidder has a valid Alaska business license, or will obtain one prior to award of any contract resulting from this ITB. If the bidder possesses a valid Alaska business license, the license number must be written below or one of the following forms of evidence must be submitted with the bid:
- a canceled check for the business license fee;
- a copy of the business license application with a receipt date stamp from the State's business license office;
- a receipt from the State's business license office for the license fee;
- a copy of the bidder's valid business license;
- a sworn notarized statement that the bidder has applied and paid for a business license;

(2) the price(s) submitted was arrived at independently and without collusion and that the bidder is complying with:
- the laws of the State of Alaska;
- the applicable portion of the Federal Civil Rights Act of 1964;
- the Equal Employment Opportunity Act and the regulations issued thereunder by the State and Federal Government; and
- all terms and conditions set out in this Invitation to Bid (ITB).

If a bidder fails to comply with (1) at the time designated in the ITB for opening the state will disallow the Alaska Bidder Preference. If a bidder fails to comply with (2) of this paragraph, the state may reject the bid, terminate the contract, or consider the contractor in default. Bids must be also submitted under the name as appearing on the bidder's current Alaska business license in order to receive the Alaska Bidder Preference.

KAMI BARTNESS
CONTRACTING OFFICER

_____
COMPANY SUBMITTING BID

_____
AUTHORIZED SIGNATURE

*DOES YOUR BUSINESS QUALIFY FOR THE ALASKA BIDDER PREFERENCE?
[ ] YES [ ] NO

*DOES YOUR BUSINESS QUALIFY FOR THE ALASKA VETERAN PREFERENCE?
[ ] YES [ ] NO

*ADDENDA ACKNOWLEDGED
[ ] YES [ ] NO

ADDENDA # : _____

TELEPHONE NUMBER

_____
PRINTED NAME

*SEE ITB FOR EXPLANATION OF CRITERIA TO QUALIFY

_____
DATE

_____
E-MAIL ADDRESS

_____
ALASKA BUSINESS LICENSE NUMBER

_____
FEDERAL TAX ID NUMBER

_____
TELEPHONE NUMBER