STATE OF ALASKA ITB NUMBER 220000025 AMENDMENT NUMBER 3

THIS IS A MANDATORY RETURN AMENDMENT



Department of Military and Veterans Affairs
Division of Administrative Services
49000 Army Guard Rd, Suite B105B
JBER, AK 99505

THIS IS NOT AN ORDER

DATE AMENDMENT ISSUED: June 14th, 2022

ITB TITLE: KETCHIKAN JANITORIAL SERVICES

ITB CLOSING DATE AND TIME: June 20th, 2022

The following changes/additions are required:

- 1. This amendment is being issued to <u>extend the deadline for receipt of bids</u> until June 20th, 2022 at 2:00pm Alaska Time. Late bids will not be accepted.
- 2. This amendment is being issued to <u>remove language</u> on page 10, section 1, line f: "f. **Light Bulbs.** All light bulbs and florescent lamp tubes shall be furnished and replaced by the contractor. The exterior mercury vapor bulbs and any bulbs or lamp tubes more than 10' off the floor shall be replaced by the State."
- 3. This amendment is being issued to <u>update the language</u> on page 13 section f, to reflect "As Needed".
- 4. This amendment is being issued to <u>update the language</u> on page 14, section g, line 6 to reflect "As Needed".
- 5. This amendment is being issued to <u>update the language</u> on page 14, section g, line 7 to reflect "Semi-Annually".
- 6. This amendment is being issued to <u>update the language on the Bid Schedule</u> ITEM NUMBER 5 from "As Required Services" to "Semi-Annual Services".

//signed copy on file//

Gavin M. Fairbanks
Procurement Officer

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STATE OF ALASKA ITB NUMBER 220000025 AMENDMENT NUMBER 3

BID SCHEDULE – ITB 09-220000025

| ITEM NUMBER | OFFER |
|-------------------------|-------|
| 1. Daily Service | \$ |
| 2. Weekly Service | \$ |
| 3. Monthly Service | \$ |
| 4. Annual Service | \$ |
| 5. Semi-Annual Service | \$ |
| TOTAL OF ITEMS 1 THRU 5 | \$ |

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|-------|--------------------------|----------|----------|--|
| | | | | |
| | COMPANY SUBMITTING BID: | | | |
| | AUTHORIZED SIGNATURE: | | | |
| | PRINTED NAME: | | | |
| | BUSINESS LICENSE NUMBER: | | | |
| | VENDOR NUMBER: | | | |
| | endor Number: | - | | |
| NAME | OF COMPANY | | | |
| SIGNA | ATURE | DATE | <u> </u> | |

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