**Addendum 1**

**\*REVISED\* SECTION 6**

**PRICING AND DELIVERY SCHEDULE**

**Proposal of:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Proposer Company Name)

**To:** The University of Texas Health Science Center at Houston

**Ref.:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RFP No.:**  744-R1812

Ladies and Gentlemen:

Having carefully examined the Project Requirements, the General Conditions, the Plans and Specifications and any Addenda to the Plans and Specifications as prepared by the University of Texas Health Science Center at Houston (the Owner of this Project), as well as the premises and all conditions affecting the work, the undersigned promises to furnish all equipment, labor, materials, supervision, services, and required bonding to complete the entire work in complete accordance with the above document for the following firm, fixed prices. The University will not accept bids which include assumptions or exceptions to the work identified in the Project Requirements.

**6.1 Total Base Price**

Price: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dollars

Note: Amounts shall be shown in both written and figure form. In the event of a discrepancy between the written amount and the figure amount, the written amount shall govern.

6.1.1 Breakdown of Base Price

Total Materials Cost $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Labor Cost $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total General Conditions $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Overhead $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Profit $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Cost Breakdown** | | |
| Carpet | Cost/yd installed |  |
| VCT | Cost/yd installed |  |
| LED 2x4 fixture | Cost/unit installed |  |
| LED Can Light | Cost/unit installed |  |
| LED 4' Strip Fixture | Cost/unit installed |  |
| Window Blind | Cost/unit installed |  |
|  |  |  |
| **Alternates** | | |
| Base | Repair existing vinyl wall covering and paint. |  |
| Alternate 1 | Remove existing vinyl wall covering, refinish, paint. |  |
| Base | Existing hallway flooring to remain. |  |
| Alternate 2 | Install new flooring in hallways as designed. If this alternate is accepted, Owner shall cover demo cost of hallway flooring. |  |
| Base | Leave lighting in mechanical chase. No replacements. |  |
| Alternate 3 | Replace lighting in mechanical chases as designed. |  |
| Base | No BAS motion sensors. |  |
| Alternate 4 | Add motion sensors for BAS occupied/unoccupied controls. |  |
| Base | Existing window treatments to remain. |  |
| Alternate 5 | Replace all mini blinds in offices and alcoves. |  |
| Base | Existing duct work to remain as-is. |  |
| Alternate 6 | Clean and coat existing duct work using NADCA standards and Fosters 40-30 coating product. |  |
| Base | Owner to demo carpet in offices. |  |
| Alternate 7 | Cost per square yard for contractor to demo. |  |
| Base | No new signage. All signage will remain/be reinstalled after finishing walls |  |
| Alternate 8 | Replace signage on the 5th floor, but remain/be reinstalled on the 7th floor after finishing of walls. |  |
| Base | No work on perimeter corridor door frames. |  |
| Alternate 9 | Prepare and paint all perimeter corridor door frames. |  |
| Base | No work on cross cutting corridor door frames. |  |
| Alternate 10 | Prepare and paint all cross cutting corridor door frames. |  |
| Base | No Storm Piping Replacements |  |
| Alternate 11 | Replace storrm piping as shown in drawings "Plumbing Piping Replacements" dated 4/18/17 and specs dated 3/14/18. |  |
| Alternate 11a | Add price for use of CPVC as indicated alternate in drawing sheet referenced in Alternate 11. |  |
|  |  |  |
| **Schedule of Values** | | |

|  |  |  |
| --- | --- | --- |
| **Schedule of Values** | | |
| Electrical | Labor and material |  |
| Architectural Finishes | Labor and material |  |
| HVAC Components | Labor and material |  |
| HVAC Components - Demo | Labor and material |  |
| Building Automation | Labor and material |  |
| Fire Alarm | Labor and material |  |
| Fire Suppression | Labor and material |  |
| Piping Replacements | Labor and material |  |
| Roofing | Labor and material |  |

**6.2 Delivery Schedule**

Calendar Days to Complete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 1 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 2 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 3 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 4 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 5 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 6 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 7 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 8 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 9 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 10 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Calendar Days to complete Alternate 11 (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Time is of the essence in the performance of Contractor’s duties. Failure of the Contractor to notify UTHealth sufficiently in advance of inability to complete within the delivery schedule, shall grant UTHealth the option of imposing liquidated damages in the amount of fifteen hundred dollars ($1,500.00) per calendar day. Notwithstanding the foregoing, UTHealth shall have no obligation to accept late performance or waive timely performance by Contractor.

**6.3 University’s Payment Terms**

University’s standard payment terms are “net 30 days” as mandated by the *Texas Prompt Payment Act*(ref. [Chapter 2251, *Government Code*](http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.2251.htm)).

Indicate below the prompt payment discount that Proposer offers:

Prompt Payment Discount: \_\_\_\_\_%\_\_\_\_\_days/net 30 days.

[Section 51.012, *Education Code*](http://www.statutes.legis.state.tx.us/Docs/ED/htm/ED.51.htm#51.012), authorizes University to make payments through electronic funds transfer methods. Respondent agrees to accept payments from University through those methods, including the automated clearing house system (ACH). Respondent agrees to provide Respondent’s banking information to University in writing on Respondent letterhead signed by an authorized representative of Respondent. Prior to the first payment, University will confirm Respondent’s banking information. Changes to Respondent’s bank information must be communicated to University in writing at least thirty (30) days before the effective date of the change and must include an [IRS Form W‑9](https://www.irs.gov/uac/about-form-w9) signed by an authorized representative of Respondent.

University, an agency of the State of Texas, is exempt from Texas Sales & Use Tax on goods and services in accordance with [Section 151.309, *Tax Code*](http://www.statutes.legis.state.tx.us/Docs/TX/htm/TX.151.htm#151.309)*,* and [Title 34 TAC Section 3.322](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=34&pt=1&ch=3&rl=322). Pursuant to [34 TAC Section 3.322(c)(4)](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=34&pt=1&ch=3&rl=322), University is not required to provide a tax exemption certificate to establish its tax exempt status.

Respectfully submitted,

**Proposer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Authorized Signature for Proposer)

**Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_