**ADDENDUM 1**

DATE: March 19, 2015

PROJECT: Gigabit Circuit – North Freeway

RFP NO: 744-B1520

OWNER: The University of Texas Health Science Center at Houston

TO: Prospective Bidders

This Addendum forms part of and modifies Proposal Documents dated, March 10, 2015, with amendments and additions noted below.

The correct address for Circuit 1 is Houston, not Bellaire: 11120 North Freeway, ***Houston***, TX 77037.

An additional circuit is being added to this ITB. Contractor will provide a full gigabit circuit between the points listed below:

 Point A: 6901 Bertner Avenue, Suite 431

 Houston, Texas 77030

 Point B: 7364 Antoine

 Houston TX 77088

Please submit your pricing for this ITB on the revised Pricing Schedule attached below.

The University reserves the right to award all, some, or none of this ITB, or do a multi-award.

**SECTION 7 - REVISED**

**PRICING SCHEDULE**

**ITB NO. 744-B1520**

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

**BY:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Company Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Address)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (City, State, Zip Code)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)

**PROJECT:** ITB 744-B1520 Gigabit Circuit – North Freeway

Dear Madam/Sir:

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.

**I. Pricing**

The pricing shall be listed to coincide with the scope of work described in the Scope of Work, Section 5.1.

Provide pricing for the items below or check “NO BID” if applicable.

**Circuit 1: 6901 Bertner, Suite 431, Houston 77030 to 11120 North Freeway, Suite B, Houston 77037**

* NO BID *(check if applicable)*
1. One-time set-up/installation fee $\_\_\_\_\_\_\_\_\_\_
2. Monthly rate for **36** (thirty-six) month term $\_\_\_\_\_\_\_\_\_\_ per month
3. Standard hourly rate for maintenance service $\_\_\_\_\_\_\_\_\_\_ per hour
4. After-hour/Holiday hourly rate maintenance service $\_\_\_\_\_\_\_\_\_\_ per hour

**Circuit 2: 6901 Bertner, Suite 431, Houston 77030 to 7364 Antoine, Houston 77088**

* NO BID *(check if applicable)*
1. One-time set-up/installation fee $\_\_\_\_\_\_\_\_\_\_
2. Monthly rate for **36** (thirty-six) month term $\_\_\_\_\_\_\_\_\_\_ per month
3. Standard hourly rate for maintenance service $\_\_\_\_\_\_\_\_\_\_ per hour
4. After-hour/Holiday hourly rate maintenance service $\_\_\_\_\_\_\_\_\_\_ per hour

**II. DELIVERY:**

Delivery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Calendar Days to deliver goods / services upon receipt of University’s purchase order.

**III. UNIVERSITY’S PAYMENT TERMS:**

University’s standard payment terms for services are “Net 30 days.” Indicate below the prompt payment discount that Proposer will provide to University:

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

The undersigned acknowledges that he has read and complies with the Bidding Requirements and General Requirements and Terms and Conditions of this ITB.

The undersigned acknowledges receipt of the following Addenda to this ITB:

 No. \_\_\_\_ No. \_\_\_\_ No. \_\_\_\_ No. \_\_\_\_ No. \_\_\_\_

The undersigned agrees, if awarded the Contract, to execute the Contract within ten (10) days after notification of award, and to commence work within ten (10) days after the Work Order is issued by The University of Texas Health Science Center at Houston.

 Respectfully Submitted,

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Company Name)

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

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

(SEAL: If bid is by a Corporation) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_