

**SECTION P – PROPOSAL**  
**CDBG CONTRACT NO. 70800001011**  
**EMERGENCY MEDICAL SERVICES AMBULANCE**  
**TERRELL COUNTY, TEXAS**  
**ADDENDUM NO. 2**

DATE: August 25, 2022

Gentlemen:

Having carefully examined the Specifications, the undersigned Bidder hereby proposes to supply all necessary items listed at the quantities shown for each item on the following bid schedule.

The bid schedule attached lists the various divisions of material in the Specifications. Bid quantities must be shown in Words and Figures for each item listed in the Proposal, and in the event of a discrepancy, the words shall control.

Receipt is hereby acknowledged of the following addenda to the Contract Documents:

Addendum No. 1 dated \_\_\_\_\_ Received \_\_\_\_\_

Addendum No. 2 dated \_\_\_\_\_ Received \_\_\_\_\_

Addendum No. 3 dated \_\_\_\_\_ Received \_\_\_\_\_

Bidder agrees to supply all of the materials listed in the proposal and as described in the Specifications, for the following quantities:

The following changes are hereby made a part of the specifications for the Ambulance Contract.

**The Stretcher to be included with the Ambulance is to be a power load stretcher with IV Pole and 02 HOLDER.**

**Chassis is to be 2023 F-450 or EQUIVALENT Chassis 4 x 2 Reg. Cab 108 CA w/ steel wheels**

*The Contractor shall acknowledge receipt of this clarification on the face of the envelope in which he submits his bid and by signing this addendum and attaching it to his bid proposal*

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

**SECTION P – PROPOSAL**  
**BASE BID**  
**TERRELL COUNTY, TEXAS**  
**CDBG CONTRACT NO. 70800001011**  
**EMERGENCY MEDIAL SERVICES AMBULANCE**

**FOR FURNISHING AND DELIIVERING ONE (1) EMERGENCY MEDICAL SERVICES  
AMBULANCE PER SPECIFICATIONS ENCLOSED**

ITEM NO.	NUMBER OF UNITS	ITEM AND UNIT PRICE (FILL IN BOTH SCRIPT AND FIGURES)	UNIT	TOTAL AMOUNT
P.1	<b>1</b>	For furnishing all materials, equipment, labor and superintendence including delivery to Terrell County for a 2023 Emergency Medical Services Ambulance as detailed in the technical specifications:  _____ _____ Dollars _____ Cents  (\$ _____ )	LS	\$ _____
<b>TOTAL BASE BID AMOUNT:</b>  _____ _____ Dollars  _____ Cents				\$ _____

The proposed items listed to be supplied shall be accepted upon delivery and inspection for compliance with the specifications to the satisfaction of Terrell County.

The undersigned Bidder hereby declares that he has visited the sites of work and has carefully examined the contract documents pertaining to the materials covered in the above bid, and that the bid prices contained in the proposal have been carefully checked and are submitted as correct and final.

The Supplier agrees to provide the items on which he has bid, as specified in the specification. **The supplier shall provide materials on which he has bid, as specified and shown in the above bid.**

The Bidder agrees that this bid shall be good and may not be withdrawn for a period of thirty (30) calendar days after the scheduled closing time for receiving bids.

Enclosed with this proposal is a Proposal Bond in the sum of 5% of G.A.B. ( 5% ), which it is agreed shall be collected and retained by the Owner as liquidated damages in the event his proposal is accepted by the Owner within thirty (30) days after the bids are received and the undersigned fails to execute the contract for the Owner within ten (10) days after date said proposal is accepted, otherwise said check or bond shall be returned to the undersigned upon demand.

By signing below the bidder agrees that the owner reserves the right to waive formalities, to reject any or all bids, and to accept the bid most advantageous to the interest of the owner. The right is also reserved to increase or decrease the total proposal amount by 25%, by increasing or decreasing quantities if the total proposal exceeds or is below the funds available. The right is also reserved to eliminate any item(s) in the proposal if the total proposal exceeds the funds available.

Respectfully submitted:

Business:

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

\_\_\_\_\_  
Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
City, County, State, Zip

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone No. and Fax No.

\_\_\_\_\_  
TAX I. D. Number

\_\_\_\_\_  
Unique Entity Number