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**Clarke County
Joint Administrative Services**

To: All firms interested in IFB #20-1006

From: Mike Legge

Date: September 22, 2020

Phone:

Pages: 2 total

Re: Addendum #001 for IFB #20-1006

CC:

ADDENDUM # 001 for IFB #20-1006 JOHNSON-WILLIAMS: CONTROLS REPLACEMENT

In order to make a change to IFB #20-1006, the Clarke County Purchasing Office is issuing this Addendum #001.

Please note the changes to Appendix B, 1.07 Quality Assurance, 1. General:

1.07 QUALITY ASSURANCE

1. General

- a. The Building Management System Contractor shall be the primary manufacturer-owned branch office that is regularly engaged in the engineering, programming, installation and service of total integrated Building Management Systems.
- b. The BMS Contractor shall be a recognized national manufacturer, installer and service provider of BMS.
- c. The Building Management System (BMS) installer shall be a BMS manufacturer-owned branch office, or an independent controls contractor who is factory trained and authorized by the BMS manufacturer to sell, service and support the Building Management System specified herein.
- d. The BMS Contractor shall ~~have a branch facility within a 100-mile radius of the job site~~ supplying complete maintenance and support services on a 24 hour, 7-day-a-week basis. The BMS Contractor shall have, ~~at this facility~~, a trained, directly employed and full time technical staff, spare parts inventory, and all necessary test and diagnostic equipment.
- ~~b~~ e. As evidence and assurance of the contractor's ability to support the Owner's system with service and parts, the contractor must have been in the BMS business for at least the last ~~ten (10)~~ five (5) years and have successfully completed total projects of at least ~~40 times~~ the value of this contract in each of the preceding five years.
- ~~e~~ f. The Building Management System architecture shall consist of the products of a manufacturer regularly engaged in the production of Building Management Systems, and shall be the manufacturer's latest standard of design at the time of bid.

Please be sure to complete the bottom portion of this and include a signed copy with your proposal form.

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PRINT, PLEASE:

Yes, I acknowledge receipt of this addendum #001 for the IFB #20-1006.

Name _____ Name of Company _____

Street Address _____

City, State, Zip _____

E-Mail _____