ADDENDUM #1
Issued October 31, 2019

BID # 20-22
Emergency Response Packages for Seven (7) Fire Department Vehicles
OPENING: 3:00 PM, November 12, 2019

The following items take precedence over referenced portions of the documents for the above-named project and in executing a contract, will become a part thereof. Where any item in the documents is supplemented hereby, the original requirements will remain in effect. All supplemental conditions will be considered as added thereto. Where any original item is amended, voided or superseded hereby, the provisions of such items not so specifically amended, voided or superseded will remain in effect.

**REVISION: Specifications - A. Scope of Work, paragraph 3 (page 13) is revised as follows:**

The contractor must be an authorized Whelen vendor, **must complete all work within thirty (30) days from the time of receiving notification from the Henry County Fleet Services Department that the vehicles are ready for installation**, and provide power/ground and ignition to console and rear cargo area for supplied radio. Should the need arise, Henry County personnel are to be allowed access to the County vehicles during the installation process. The awarded contractor will have the following two (2) options regarding installation:

1. Install at Henry County’s Fleet Services site, 121 Work Camp Road, McDonough, Georgia.
2. Install at the awarded vendor's site, which must be a secured, temperature controlled facility. Option 2 requires the vendor to transport each vehicle to their site from 121 Work Camp Road, McDonough, Georgia and back to 121 Work Camp Road, McDonough, Georgia upon completion. The vendor will be responsible for all cost associated with transporting vehicles along with the proper insurance coverage.

This addendum must be signed and attached to bid proposal to acknowledge receipt of addendum. **Failure to acknowledge any addenda will result in a non-responsive bid.**

________________________________________  __________________________
Company’s Name                                      Date

________________________________________  __________________________
Authorized Representative’s Name                Authorized Representative’s Signature