INVITATION FOR BID # 22-01 ADDENDUM # 2 COUNTY OF MONTGOMERY PURCHASING DEPARTMENT 755 ROANOKE STREET, Suite 2C CHRISTIANSBURG, VA 24073-3179

| DATE | BID OPENING DATE AND HOUR | SEALED BID | BID NUMBER |
|--------------|---------------------------|------------|------------|
| May 24, 2021 | June 3, 2021 3:00 P.M. | YES | 22-01 |

ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO: Jessica Albert TELEPHONE NUMBER: (540) 382-5784

INVITATION FOR BID/ADDENDUM # 2 FAX NUMBER: (540) 382-5783

| B I D E R | | SPECIAL INSTRUCTIONS 1. To avoid being disqualified, sealed bids must be returned in an envelope with the bid number and opening date indicated on the outside of the envelope. 2. FAXED RESPONSES WILL NOT BE ACCEPTED FOR SEALED BIDS. 3. Bids must be signed in ink. Failure to do so may result in bid disqualification. 4. Bids will be received in Purchasing Department until bid opening date and hour. | | | | | |
|-----------------------|---|---|----------|------|---------------|-------------------|--|
| # | DESCRIPTION: HVACR Services | | QUANTITY | UNIT | UNIT PRICE | EXTENDED PRICE | |
| 1 | Clarification on Public Safety Building chiller | s: | | | | | |
| 2 | II. F. 4 should read as the following: | | | | | | |
| | Repair parts, labor, and refrigerant coverage <i>shall be</i> included for <i>all Helical-Rotary</i> Chillers <i>serving</i> at the <i>Public Safety Building</i> , <i>Courthouse and</i> | | | | | | |
| 3 | Government Center Building for the term of this agreement. | | | | | | |
| 4 | | | | | | | |

ATTACHED TO THIS FORM ARE PRINTED TERMS AND CONDITIONS. THE INVITATION FOR BID, THE BID, AND ANY MODIFICATION OR ADDITIONS TO EITHER, TOGETHER WITH THE PURCHASE ORDER SHALL CONSTITUTE AN ENTIRE INTEGRATED CONTRACT. IN ACCORDANCE WITH THIS INVITATION FOR BID AND SUBJECT TO ALL CONDITIONS IMPOSED HEREIN AND IN ATTACHMENTS, THE UNDERSIGNED OFFERS AND AGREES TO FURNISH THE ITEM(S) FOR THE PRICE OPPOSITE EACH ITEM.

| FIRM NAME (PRINT) | | | | F.I.N. NUMBER | | |
|-------------------|-------|----------------------------|-----------------|------------------|--------------|--|
| STREET ADDRESS | CITY, | CITY, STATE, ZIP | | DELIVERY DATE | TERMS N30 | |
| PRINT NAME/TITLE | | | SIGNATURE (INK) | | DATE | |
| TELEPHONE NUMBER | | TOLL FREE TELEPHONE NUMBER | | FACSIMILE NUMBER | | |