



APPENDIX B ADDENDUM #1

Transmittal Letter, Bidder Information, and Bid Sheet

Date: _____ Company Name: _____

Address: _____

Vendor Code: _____

To: Dean B. Fancy
Telephone: 603-271-9610
Email: Dean.B.Fancy@dhhs.nh.gov

To Whom It May Concern:

[Insert name of signor: _____], on behalf of [insert name of business submitting the Bid _____] (collectively referred to as "Bidder") hereby submits an offer as contained in the written Bid submitted herewith ("Bid") to the State of New Hampshire in response to RFB-2024-HH-02-EXTER Exterior Oil Tank Painting and Repair Services, in complete accordance with RFB-2024-HH-02-EXTER Exterior Oil Tank Painting and Repair Services.

_____ Is authorized to legally obligate _____

Print Signor Name
Submitting Bid

Complete Name of Entity

Bidder attests to the fact that:

1. The Bidder has reviewed and agreed to be bound by RFB-2024-HH-02-EXTER Exterior Oil Tank Painting and Repair Services.
2. The Bidder has not altered any of the language or other provisions contained in the RFB document.
3. The Bidder accepts terms, conditions, and general instructions stated in Mandatory Business Specifications, Contract Terms, Conditions and Penalties.
4. The Bid is effective for a period of one hundred eighty (180) days from the Bid Submission Due Date as specified in the RFB.
5. The prices the Bidder has quoted in the Bid were established without collusion with other vendors.
6. The Bidder has read and fully understands this RFB and is qualified to provide all services.

_____ (Bidder Signature)



QUALIFICATION OF BIDDER

The Bidder must be able to demonstrate that they can provide the services listed within the Request for Bids. The Bidder shall provide as references at least two (2) clients for which they have provided similar services over the period of the last five (5) years.

Name of Client: _____ Contact Person: _____

Phone Number: _____

Name of Client: _____ Contact Person: _____

Phone Number: _____

Name of Client: _____ Contact Person: _____

Phone Number: _____

BIDDER'S NAME AND ADDRESS

Complete Name of Entity Submitting Bid:

Complete Address:

Telephone Number:

BIDDER'S CONTACT PERSON

Name: Title

TEL. # _____ FAX # _____ EMAIL: _____

BIDDER'S REMITTANCE ADDRESS

**New Hampshire Department of Health and Human Services
Exterior Oil Tank Painting and Repair Services**



Table B-1		
Bidder's Cost Bid		
Line	DESCRIPTION	PRICE
1	Flat fee for preparation, painting, and clean-up services for one (1) 6,000 gallon capacity outside oil tank and one (1) attached steel secondary containment unit as described Section 2, Statement of Work, Subsection 2.1, Scope of Services	\$ _____
2	Hourly rate for repair work as specified by the Department: \$ _____	*Hourly Rate x ten (10) hours: \$ _____
3	Other (please specify):	\$ _____
4	**Total Cost Bid: \$ _____	
	*Estimated hours, subject to change **Add the amounts in the Price Column on Lines 1 through 4	

Authorized Signatory's Name Printed: _____

Authorized Signature: _____