



Purchasing Department
530 Water Street
Oakland, CA 94607

April 19, 2019

ADDENDUM No. 1

Bid No.: 18-19/22 – Commercial Work Truck (Package No. 1)

This Addendum modifies the original Bid Documents for the above referenced Bid. **Acknowledge receipt of this addendum in the space provided on the Bid Form (Attachment 2).**

The following correction has been made to the above-referenced bid.

The Port is modifying the "*Detail Bid Form, Enclosure B*" in the Bid document to include a line item for **"Alameda/City of Oakland Sales Tax Rate Calculation of 9.25%"**. Please replace the Detail Bid Form in its entirety and use the enclosed **REVISED Detail Bid Form** to include required Sales Tax calculation when submitting a Bid.

There are no other changes to Bid No. 18-19/22.



PORT OF OAKLAND

(REVISED) Detail Bid Form

Bid No.: 18-19/22 – Commercial Work Truck (Package No. 1)

Item	Description	Tax	QTY	Item Cost	Extended Cost
1	Commercial Work Truck – Package No. 1 2019 or Newer White Chevrolet Colorado Crew Cab, Short Box with Required Accessories/Options. Proposed Equivalent: _____ Required Accessories/Options: a. Assist Step b. All-Weather Floor Liners/Mats (Black) for all rows c. Roadside Emergency Reflective Triangle d. First Aid Kit e. Fire Extinguisher f. Flare Kit Comments: _____	Yes	1	Chassis Cost: \$ _____ Accessories/Options Cost: \$ _____	\$
2	Additional Set of Keys (Two Additional per Work Truck)	Yes	2	\$	\$
3	Maintenance Manual – Printed form, CD, or Thumb Drive	Yes	1	\$	\$
Subtotal					\$
Delivery and Shipping Charges (Taxable <input type="checkbox"/> YES <input type="checkbox"/> NO)					\$
DMV Registration Fee/Permits (Taxable <input type="checkbox"/> YES <input type="checkbox"/> NO)					\$
Tire Fees (Taxable <input type="checkbox"/> YES <input type="checkbox"/> NO)					\$
Other Charges or Fees: Please Specify: _____ (Taxable <input type="checkbox"/> YES <input type="checkbox"/> NO)					\$
Alameda/City of Oakland Sales Tax Rate at 9.25%					\$
(Write this figure in the Total Bid Price on the Bid Form, Attachment 2) Total Bid Price					\$

Note: If needed, please use a separate sheet or include equivalent proposed chassis and required equipment/options for comparison and review.

DELIVERY SCHEDULE: _____ indicate the number of days after receipt of a Purchase Order the product will be **fully delivered** to the Port.

Bidder's Name: _____ **Date:** _____

Bid No.: 18-19/22 – Commercial Work Truck (Package No. 1)

Required Accessories:

Available	Description:	Equivalent:
<input type="checkbox"/> YES <input type="checkbox"/> NO	Assist Step	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO	All-Weather Floor Liners/Mats (Black) for all rows	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO	One Roadside Emergency Reflective Triangle	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO	One First Aid Kit	_____
<input type="checkbox"/> YES <input type="checkbox"/> NO	One Flare Kit	_____

By submitting a bid, Bidder hereby certifies and has included the following information (check box below):

- YES NO Bidder is an authorized manufacturer/reseller/dealership
- YES NO The Work Truck is completely assembled, serviced and ready to operate.
- YES NO Bidder has included a complete manufacturer's specification sheet information.
- YES NO Work Trucks meets all U.S. and California emission requirements
- YES NO Bidder confirms to register each work truck with the CA Department of Motor Vehicle and obtain required Government Exempt Plates.
- YES NO Bidder has included warranty and support information for the work truck.

Bidder's Name: _____ **Date:** _____

Company Name: _____ **Title:** _____