



**DeWight Dopslauf, C.P.M., CPPO  
Harris County Purchasing Agent**

October 18, 2018

**TO:** ALL VENDORS

**RE:** Job No. 18/0308

**EXTENDED**

**DUE DATE:** October 29, 2018, no later than 2:00 p.m. local time, Houston, TX

All vendors are required to sign and return a copy of this addendum with each response for Chiller Replacement at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System. This addendum must be received by the Purchasing Department no later than the above due date.

**ADDENDUM NO. 2**

1. The due date for bids has been extended from Monday October 22, 2018 to **Monday October 29, 2018**, no later than 2:00 p.m. local time, Houston, TX (attached).

Sincerely,

DeWight Dopslauf  
Purchasing Agent

STM/naa

\_\_\_\_\_  
Vendor's Signature

for

\_\_\_\_\_  
Company Name



# HARRIS COUNTY COMPETITIVE SEALED PROPOSAL COVER SHEET

Job No.  
**18/0308**

**PROPOSAL FOR: Chiller Replacement at Lyndon B. Johnson Hospital for the Harris County Hospital District dba Harris Health System**

**DUE DATE: Monday, October 22, 2018 October 29, 2018**

Due no later than 2:00 P.M. local time in Houston, Texas. Proposals received later than the date and time above will not be considered.

**OFFERORS NOTE:** Carefully read all instructions, requirements and specifications. Fill out all forms properly and completely. Submit your bid with all appropriate supplements and/or samples in an appropriately sized envelope or box. **PACKAGE MUST SHOW THE JOB NUMBER, DESCRIPTION AND BE MARKED "COMPETICE SEALED PROPOSAL".**

**RETURN PROPOSAL TO: HARRIS COUNTY PURCHASING AGENT  
1001 PRESTON, SUITE 670  
HOUSTON, TEXAS 77002**

**Buyer: Sandra Melancon at (713) 274-4428 or e-mail sandra.melancon@pur.hctx.net**

Total Amount of Proposal: \$ \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Taxpayer Identification Number (T.I.N.): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Do you carry Health Insurance on your employees? \_\_\_ Yes \_\_\_ No If yes, what % of employees: \_\_\_%

How did you hear of this job?  Newspaper  Other

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

[Your signature attests to your offer to provide the goods and/or services in this bid according to the published provisions of this Job and certifies that all statements made by you are true, complete and correct. All prices and signatures must be typewritten or written in ink. When an award letter is issued, it becomes a part of this contract. Contract is not valid until Purchase Order is issued.]