



818 S. FLORES ST. SAN ANTONIO, TEXAS 78204 www.saha.org

Procurement Department

ADDENDUM # 1

To: 2101-910-13-5103
QQ for: Elevator Inspection Services Addenda #1

Please note the following changes:

Change 1: The due date and time are changed to March 3, 2021 at 11:00 a.m.

Change 2: Delete current Quote Fee Sheet and replace with the attached revised Quote Fee Sheet.

Please note the responses to the following questions:

Question 1: You have indicated at total of 45 elevators and of those only 10 (the traction elevators) require the 5 year load test. Do you want to load test all of the elevators?

Answer 1: The load test should only be conducted on those that require it during the 5 year period of the contract. See the attached revised quote sheet.

Question 2: Please confirm SAHA files and pays for their own permit with the State of Texas?

Answer 2: If you are talking about the elevator operation permits SAHA is responsible for those. Permits for the actual work, if required, would be your responsibility per "Section 16 Permits: Contractor shall obtain all required permits to complete the work per the specifications."

By: Charles R Bode
Charles Bode, Sr. Contract Specialist

Date: February 18, 2021

Quote Fee Sheet-Revised
Quick Quote Closes on March 3, 2019 at 11:00 AM
2101-910-13-5103

State Law limits procurements using this method of solicitation to \$50,000.00 or less.

1. Vendor's Fee:

Item	QTY	Price Each	Total (Unit Price x Qty)
1. Annual Elevator Inspections	45	\$	\$
2. Five (5) Year Load Test and unscheduled load test	10	\$	\$
3. Re-Inspection Fee	10	\$	\$
Year 1 Estimated Total (Lines 1, 2 & 3 Combined)			\$
Additional Year Estimated Total (Lines 1 & 3 Combined)			\$

2. ADDITIONAL SERVICES:

Price per hour for inspection & testing services not performed as part of an annual inspection, five (5) year load test or a re-inspection - \$_____ .

3. Additional Information:

- a. Enclose a one page summary of your company's experience and copy of license
- b. Resume of key personnel that will be assigned to this assignment
- c. At least 3 References of work performed doing similar housing authority inspections
- d. Description of elevator Inspections during the past 5 years with:
 - 1. Name of Client to include Housing Authorities
 - 2. Dates of Contract/Assignment
 - 3. Names/Descriptions of the Projects where Elevator Inspection reports were submitted

4. Sub-Contractors: Proposer shall identify his subcontractors if any:

a) _____

b) _____

Signature _____

Date _____