



CLARK COUNTY CORRESPONDENCE

DATE: March 7, 2016

TO: Holders of Specifications Relating to Bid #2634
Annual Legal Advertising

FROM: Michael Westerman, CPPO
Purchasing Manager

SUBJECT: Corrections to Specifications

ADDENDUM #1

Please note the following changes to specifications for Bid #2634. Bidder shall acknowledge receipt by inserting the Addenda number where indicated on the signed bid form.

THE FOLLOWING CHANGES, ADDITIONS, AND DELETIONS TO THE CONTRACT HEREBY BECOME A PART OF THE CONTRACT DOCUMENTS.

REPLACE

On Part VII – Bid Tabulation the description references February 15, 2015.
The Paid, Unpaid and Total Circulation needs to say February 15, 2016.

Replace the attached new tab sheet labeled Addendum #1, and acknowledge the receipt of the addendum on the signed bid form.

PART VII - BID TABULATION

BID NO. 2634

The undersigned submits the following bid for furnishing goods or services according to all provisions set forth in Parts I through VI of this contract.

<u>DESCRIPTION</u>	<u>BID AMOUNT</u>
Circulation Paid, as of 2/15/16	_____
Circulation Unpaid, as of 2/15/16	_____
TOTAL CIRCULATION, as of 2/15/16	_____
Number of lines per column-inch	_____
Number of EMS per line or Number of Picas per line	_____
Cost per Line, First Insertion	\$ _____
Cost per Line, Additional Insertions	\$ _____

NOTE: The total linage of this contract is anticipated to be approximately 50,000 lines.

NOTE: Failure to acknowledge receipt of Addendum shall render the bid non-responsive and therefore void.

ADDENDUM: Bidder shall insert number of each Addendum received. If no addendum received, please mark "NONE".

No. _____ Dated: _____ No. _____ Dated: _____

PROPOSALS SUBMITTED WITHOUT A SIGNATURE BELOW WILL BE REJECTED.

Delivery shall be n/a after the receipt of order. It is acknowledged that the documents enclosed are hereby incorporated by reference and upon award constitute a contract between the undersigned and the County of Clark. Vendor certifies that he has not entered into any agreement whatsoever to fix or maintain prices or competition with respect to this contract.

FIRM NAME _____ EMAIL _____

BY _____ (Print Name) _____

ADDRESS _____ CITY & STATE _____ ZIP _____

DATE _____ TELE. NO () _____ FAX NO. () _____

NOTE: For this contract, we will use Local City/County Sales and Use Tax Location Code Number 0605

Federal Tax ID _____ UBI Number _____ OMWBE Certification No. _____