



ADDENDUM No. 6

The UNIVERSITY OF NEW MEXICO HOSPITALS

Purchasing Department
933 Bradbury Dr. SE Ste 3165
Albuquerque, New Mexico 87106

Date: 04/23/2018

Proposal Number: P386-18

Procurement Specialist: Kerri Hanley

Due Date: May 25, 2018 @ 3:00pm MST/MDT

Notice to all respondents:

Amend the Proposal: RFP P386-18 - Mechanical (HVAC) Preventative Maintenance Services/Repair/Replacement for UNM Hospitals and UNM Sandoval Regional Medical Center

This **addendum** becomes part of the Proposal Documents and **modifies**, as noted below, the original Bidding Documents.

NOTE: The due date is amended to Monday June 4, 2018, 4:00pm MDT.

THE FOLLOWING PROVISIONS OF THE ABOVE-REFERENCED RFP ARE AMENDED AS FOLLOWS:

Addendum 6:

- **Adding additional UNMH /UNMH SRMC equipment lists**
- **Location Restrictions**
- **Updated ATTACHMENT C for Addendums**
- **Updated Attachment A.1 Cost Proposal Template by Location to add column for Lump sum pricing for Section III-2-D.**

Attached is the equipment submittal list for Eubank location:

OSIS- Hot water pumps 3,4,5,6 Bell & Gossett Model DC-3
OSIS Chiller pumps 11,12,13,14 Bell & Gossett no model available

Locations that have special restrictions are:

OSIS- OR AHU can only be shut down early mornings and must be restarted by 7:00am

MLK-Procedure room AHU can only be shut down early mornings and must be restarted by 7:00am

Eubank Clinic-Filters for indoor units can only be changed after clinic hours or over multiple weekends. Typically last patient out the door is 7:00pm

All Locations:

All contactors working onsite must be UNMH badged and Environment of Care testing compliant and follow expectations of contractors risk assessment.

Address to North East Heights Clinic is 7801 Academy.

Equipment list for UNMH Sandoval Regional Medical Center (SRMC):

Boiler #1

Power fin m# PBN2001 S# F11H00234058 (1,700,000 BTU)

Boiler #2

Powerflame M# CRS-GO-30 S#061141747 (5,500,000 btu)

Boiler #3

Powerflame M# CR4-GO-30 S# 061141746 (5,500,000 btu)

Chillers

#1 Trane M# CVHF485 S# L11EO2139 (500 ton)

#2 Trane M# CVHF485 S# L11EO2140 (500 ton)

#3 HRC Trane M# RTWD 120F 2B02 A1B2 AA2A 1A1X 1E0A 4000 300P 000A 2001 0000
S# U11F00384

(2 compressors 110 hp total 279,887 BTU/H)

ATTACHMENT C

AUTHORIZED SIGNATURE PAGE

THE FOLLOWING OFFEROR INFORMATION MUST BE COMPLETED AND RETURNED WITH THE RFP:

Please note that the information requested on the certification form is for reporting purposes only and will not be used in evaluating or awarding an agreement.

ACKNOWLEDGMENT OF ADDENDA

The undersigned acknowledges receipt of the following addenda:

Addenda No. _____ Dated _____ Addenda No. _____ Dated _____

Addenda No. _____ Dated _____ Addenda No. _____ Dated _____

Addenda No. _____ Dated _____ Addenda No. _____ Dated _____

Addenda No. _____ Dated _____ Addenda No. _____ Dated _____

Addenda No. _____ Dated _____ Addenda No. _____ Dated _____

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Addenda No. _____ Dated _____ Addenda No. _____ Dated _____

Addenda No. _____ Dated _____ Addenda No. _____ Dated _____

Addenda No. _____ Dated _____ Addenda No. _____ Dated _____

New Mexico State Preference Number (Pursuant to Sections 13-1-1, 13-1-21.2 & 13-4-2 NMSA 1978,

Offerors Claiming 5% Preference Must be Certified Prior to IFB Opening):

- Resident Business: Pref. Number _____
- Resident Manufacturer: Pref. Number _____
- Resident Offeror: Pref. Number _____
- New Mexico state business enterprise: Yes _____ No _____

The undersigned, as an authorized representative for the Company named below, acknowledges that the Offeror has examined this RFP with its related documents and is familiar with all of the conditions

surrounding the described materials, labor and/or services. Offeror hereby agrees to furnish all labor, materials and supplies necessary to comply with the specifications in accordance with the Terms and Conditions set forth in this IFP and at the prices stated within the IFP.

The undersigned further states that the company submitting this IFP is not in violation of any applicable Conflict of Interest laws or regulations or any other related clauses included in this IFB.

COMPANY NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE: _____ **FAX:** _____ **EMAIL:** _____

NEW MEXICO GROSS RECEIPTS TAX NO _____

FEDERAL EMPLOYER ID NUMBER (FEIN) _____

SIGNATURE OF AUTHORIZED REPRESENTATIVE _____

PRINTED OR TYPED NAME _____

TITLE _____

DATE _____

Acknowledge receipt of this Addendum in the space provided in Attachment C, Authorized Signature Page. Failure to do so may subject Offeror to disqualification.

All other provisions of the Proposal Documents shall remain unchanged. This addendum is hereby made a part of the Proposal Documents to the same extent as those provisions contained in the original documents and all itemized listing thereof.