

612 22<sup>nd</sup> Avenue S, 2<sup>nd</sup> Floor  
Meridian, Mississippi 39301  
601-482-9746  
<https://lauderdalecounty.org>



**BID NO: 3970R – RE-BID PLUMBING SERVICES: REPAIR & NEW INSTALLATION**

**2-YEAR CONTARCT TERM**

**CONTRACT TERM PERIOD: MAY 20, 2024, THROUGH MARCH 31, 2026**

**PACKET INCLUDES THE FOLLOWING:**

- Legal Advertisement
- Project Overview
  - Objective
  - Copies and Receipt
  - Bidder Requirements
  - Bidder Responsibilities
- Relevant Project Experience
- Award
- Cancellation
- Invoicing and Payment
- Questions Regarding Bid
- Scope of Services
- Bid Form Checklist
- Forms
  - Insurance Requirements/Acknowledgement
  - Bid Form
  - Supplier/Subcontractor Data
  - Project Experience/References
  - Conflict of Interest Form
  - Addenda

**BIDS ARE DUE ON OR BEFORE TUESDAY MAY 14, 2024, NOT LATER THAN 9:00 A.M. CDT**

**BID OPENING WILL BE HELD AT 10:00 A.M.**

***NO LATE RESPONSES WILL BE ACCEPTED***

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Company Name

## **RE-ADVERTISEMENT FOR BIDS**

NOTICE is hereby given that Lauderdale County Board of Supervisors seeks to enter into service contracts that will run for a 2-year term period from May 20, 2024, through March 31, 2026. We will receive competitive sealed bids until 9:00 a.m. CDT on Tuesday, May 15, 2024, from qualified professional vendors to perform the services as specified in each of the individual bid packets for the following:

**BID NO. #3970R: PLUMBING SERVICES**

**BID NO. #3971R: AC/HEATING/REFRIGERATION SERVICES**

Detailed specifications and forms/documents can either be downloaded from Lauderdale County Board of Supervisors Purchasing website at <https://lauderdalecounty.org/Bids/>

or Central Bidding at [www.centralbidding.com](http://www.centralbidding.com).

**Electronic Bids** can be submitted via Central Bidding at [www.centralbidding.com](http://www.centralbidding.com).

**Sealed Bids** can be submitted by mail via USPS, by courier service i.e., FedEx or by hand to the Lauderdale County Purchasing Department, 612 22nd Avenue S, 2<sup>nd</sup> Floor, Meridian, MS 39301, Monday thru Friday between the hours of 8:00 a.m. to 5:00 p.m. Envelopes must be received by the acceptance date and time listed above.

Each bid must be received in a sealed envelope that is clearly marked with the bid information on the outside which includes the following:

“BID NUMBER, BID NAME, AND YOUR COMPANY NAME & ADDRESS”

After the time and in a designated room and place, the names of the Companies submitting bids will be publicly read. No further information will be read, discussed, or provided until the evaluation of all submittals is completed. No extension of the bidding period will be made other than by a formal written addendum to this Bid. Any bids received after the date and time listed above will not be accepted.

From the bids submitted, the Board of Supervisors shall select the most qualified based on price, and other relevant factors, negotiate and enter into a contract, all pursuant to Section 31-7-13, Mississippi Code of 1972, as amended.

No Vendor may withdraw his/her bid within thirty (30) days after the date of opening bids without the consent of Lauderdale County Board of Supervisors.

The County reserves the right to select the bid which best meets the needs of Lauderdale County. The Lauderdale County Board of Supervisors reserves the right to accept or reject any and/or all bids and waive informalities in bidding.

**PLUMBING SERVICES:  
REPAIR & NEW INSTALLATION**



**BIDS ARE TO BE SUBMITTED TO: ADDRESS BELOW**  
**Bids due on or before 9:00 a.m. CDT on May 14, 2024.**

**OBJECTIVE**

The Lauderdale County Board of Supervisors (County) seeks to obtain the services of well-qualified and capable vendor(s) to provide comprehensive plumbing services. Plumbing services will be required for multiple locations within the county, as requested by the Lauderdale County representative. Lauderdale County does not guarantee any minimum or maximum amount or projects to any vendor awarded under this contract. The Vendor should have a flexible organization capable of performing multiple assignments simultaneously for emergency and non-emergency calls. The County wishes to contract with a service provider for a period of two (2) years.

*This bid in no way commits Lauderdale County to award a contract, to pay any costs in preparation of a bid, or to contract for the goods and/or services offered. Although it is Lauderdale County's intent to contract with the person/company that best meets the qualifications to complete the scope of work, Lauderdale County may terminate the negotiations if they are unsuccessful in reaching an agreement on all matters including the delivery, assembly, and installation of said furnishings. A contract can be cancelled at any time if the selected vendors' performance is not satisfactory to the Board of Supervisors.*

**COPIES AND RECEIPT**

Please submit one (1) original copy of the bid and one (1) duplicate. **An executed copy of the Bid Conflict of Interest SIGNED AND NOTARIZED (Page 13) must be included with your submission.** Please note that if these forms are not included, the response will be rejected. Lauderdale County is exempt from all state and federal taxes. Tax exempt certificates are available upon request.

***All responses should be submitted in a sealed envelope, with the following marked on the outside:***

*"BID #3970R – REBID PLUMBING SERVICES"  
YOUR COMPANY NAME  
YOUR COMPANY ADDRESS*

Responses must be received by **9:00 a.m. Local Time on Tuesday, May 14, 2024**. Late bids will be rejected and returned without being opened. The clock in the Purchasing office is the official time piece for this submission. If interested, Contractors may use mail or express systems to deliver their bid to the Purchasing Department; they should ensure that they are tendered to the carrier in plenty of time to reach the Purchasing Department by the time and date required or submit electronically using Central Bidding. Facsimile transmitted bids shall not be accepted.

**SUBMISSION LOCATION:** All bids which are mailed, shipped, delivered, etc. should be addressed as follows:

**Lauderdale County Board of Supervisors**  
Purchasing Department  
Attention: Stephanie Jackson  
612 22nd Avenue, 2<sup>nd</sup> FL.  
Meridian, MS 39301

## **BIDDER REQUIREMENTS**

The Vendor shall have the following minimum qualifications:

- a. A sound business reputation.
- b. A minimum of five (5) or more years' verified experience in the industry.
- c. Appropriate resources to satisfy the requirements set forth herein.
- d. Must hold a current commercial business license issued by the State of Mississippi/or Alabama.
- e. Must hold a business privilege license issued by the City of Meridian, MS and provide a copy of said permit, ***if your business address/location is within the city limits.***
- f. Demonstrated track record in providing the services required and overall client satisfaction of said services.
- g. Be available for calls twenty-four hours a day, including all holidays and weekends.
- h. Must be within a 40-mile radius of Meridian, MS and able to respond to an emergency within two hours of being called.
- i. ***Failure to submit copies of your license and permit (if applicable) with the bid will be considered non-responsive and your bid will not be read.***

## **BIDDER RESPONSIBILITIES**

### **Services**

Each bidder is to review and be familiar with the enclosed bid specifications/requirements relating to services required. Failure to review the specifications will not relieve the successful vendor of an obligation to provide services necessary to carry out the provisions of the contract.

### **Safety**

The contractor should emphasize and enforce common safety standards. Contractor and subcontractors performing services for the County are required to and shall comply with all Occupational Safety and Health Administration (OSHA), State and County Safety and Occupational Health Standards and any other applicable rules and regulations.

All personnel who enter the detention facility, to perform services, must have successfully completed the ten-hour OSHA safety certification class and the certification must be current.

Also, the Contractor and subcontractors shall be held responsible for the safety of their employees and any unsafe acts or conditions that may cause injury or damage to any persons or property within and around the work site area under this Contract.

### **Equipment**

The contractor(s) shall be responsible for providing all equipment needed to satisfactorily provide the services listed in this Bid. Rental equipment is not chargeable directly but is overhead and the cost shall be included in the invoice.

Personnel who operate a mechanical scissor lift must have the appropriate certification.

## **Employment**

Bidders shall use only licensed, trained, and experienced workforce to perform services on Lauderdale County property. Licensee must be always on site performing such work. The Bidder shall have Plumbers on staff that possesses a Master and/or a Journeyman licenses. All Apprentice Plumbers shall have an Apprentice card. The licenses and apprentice cards must be issued by the State of Mississippi/or Alabama. The Bidder must always employ at a minimum one (1) Licensed Master during the term of this contract. The contractor shall ensure that he/she and all employees will dress appropriately and be identifiable as an employee of the contracted company during business hours. Employees should also refrain from using foul, abusive, or profane language on county property.

## **Supplier & Subcontractors**

The contractor shall disclose any supplier they are utilizing to provide regular use of equipment to satisfy the contract and/or any subcontractors hired to perform the services herein. This information is to be provided on the enclosed form. Failure to disclose can result in the termination of services.

## **Point of Contact**

Assign a Contractor Representative to work directly with the County. Designate a contact person to be available twenty-four (24) hours daily for communication with the Lauderdale County Maintenance Department, if required.

## **RELEVANT PROJECT EXPERIENCE**

The County seeks information regarding the experience of the vendor and relevant experience in providing these type services. Provide the requested information for three (3) of your current active accounts whom you are providing services for and have maintained for a minimum of two (2) consecutive years and whose scope of work is similar/or liken to that of Lauderdale County's bid. For each relevant client listed on the enclosed form, please include the following info:

- A. Client reference information including point of contact name and title, phone number, and email address.
- B. Number of years providing services to clients.
- C. Service location/size, and frequency of services.
- D. Brief description of the services provided.

## **AWARD**

The award shall be made to the most responsive Bid and responsible Bidder meeting specifications, price, and other factors to be considered, i.e., a demonstrated track record in providing the services and overall client satisfaction. Overall, the decision will be based on what is in the best interest of Lauderdale County. The cheapest bid may not be the best option.

## **CANCELLATION**

When deemed to be in the best interest of Lauderdale County, any contract(s) resulting from this Bid may be canceled by the following means:

- A. 10 calendar days' written notice with cause, or;
- B. 30 calendar days' written notice without cause.

If it becomes necessary to terminate the Contract without cause, all items and/or materials provided through the date of receipt of written notice of cancelation may be invoiced to the County and will be considered for payment providing documentation of said expenses are forwarded with the request for payment. An award may be made to the next best responsive Bid and responsible Bidder based on evaluation.

## **INVOICING AND PAYMENTS**

The awarded Vendor shall invoice Lauderdale County for services provided. All invoices must have a unique invoice number. At a minimum, each invoice shall include:

- Invoice Date
- Location of Service
- Service Date
- Service Description
- Labor Hours & Rate
- Material Cost
- Travel

Invoices shall be sent directly to the Lauderdale County Board of Supervisors, Attention: Purchasing, 612 22<sup>nd</sup> Avenue S, Suite 2013, Meridian, MS 39301, or emailed to [purchasing@lauderdalecounty.org](mailto:purchasing@lauderdalecounty.org).

In accordance with the Prompt Payment Act, it is the intention of Lauderdale County to make payment on completed orders within twenty (20) days after receipt of invoice or completion of services; whichever is later, unless unusual circumstances arise.

## **QUESTIONS**

If further information is required, please contact the Lauderdale County Purchasing Department.

***All requests for information must be submitted in writing. No questions will be answered over the phone.*** Requests for information may be e-mailed to [purchasing@lauderdalecounty.org](mailto:purchasing@lauderdalecounty.org). ***Please reference the bid number in the subject line.***

All questions should be submitted on or before **5:00pm on Monday April 29, 2024**. Questions received after said date and time will not receive a response. Responses to all relevant questions received will be sent to each Vendor known to have copies of the Bid. Answers and clarifications which are considered to materially change the solicitation will be issued as written addenda to the original Bid and will be posted to both the county's website at <https://lauderdalecounty.org> and Central Bidding at [www.centralbidding.com](http://www.centralbidding.com).

Before your submission and periodically prior to the Bid closing, ***check the site for any addenda*** or other materials that may have been issued affecting the bid.

## **SCOPE OF SERVICES**

### **I. GENERAL**

- A.** Typical services performed under this contract may include new installation, and repair services. Additional services performed may include emergency service calls for repairs on an as needed basis. Services will include all work efforts necessary to complete a project including parts, equipment, labor, materials, and lifts to repair or replace plumbing issues at any and all locations, to original design specifications or conditions acceptable to Lauderdale County.
- B.** The Contractor(s) will perform all required administration, management, and quality assurance to ensure proper execution of repair and new projects. All work performed shall be coordinated with the County Maintenance Director as applicable to the location of the work to be performed in County buildings and grounds to include offices, libraries, community centers, detention facilities, public health facilities, public safety, and emergency facilities, etc.
- C.** Work may require the demolition or alteration of existing systems; in which case, all material and debris shall be cleaned up and removed from site by the Contractor.
- D.** All work shall be scheduled at the convenience of the County so as not to interfere with the County's conducting of business. In the event the Contractor is required to perform work other than Monday through Friday from 7:30 a.m. to 5:00 p.m., and for emergency calls, the Contractor shall charge no more than 1½ times the fixed hourly rate for the individual(s) performing the service. This rate shall only be charged with prior authorization from the Maintenance Director or his authorized representative(s) acting within their authority for the County.
- E.** There are two levels of response anticipated, normal and emergency. Normal requests are associated with planned work. Emergency requests will be designated as an emergency by the County when making the request. All requests not specifically identified by the County as emergency are normal requests.
- F.** All material shall be new (unless approved in writing by the County Maintenance Director or his representative).

### **II. ESTIMATES**

- A.** Written estimates are not required for work that does not exceed \$1,500.00. These are considered service calls.
- B.** Projects exceeding the \$1,500.00 limit will require a written "Not to Exceed" estimate. These estimates shall include the estimated number of hours, hourly rate, number, and type of employees required, estimated material cost and completion date. The Contractor shall respond to requests for estimates for non-emergency work within two (2) days and provide written estimates within five (5) days of the original request. It shall be the Contractor's responsibility to ensure they have all the information to prepare accurate estimates. Should the actual work exceed the estimated amount, approval should be obtained from the Maintenance Director.

## BID FORMS CHECKLIST

*To ensure that your bid proposal is not considered non-responsive and disqualified, please be sure that you have enclosed the following forms:*

- \_\_\_ Cover Page listing Company Name
- \_\_\_ Insurance Requirements/Acknowledgement
- \_\_\_ Bid Form
- \_\_\_ Supplier/Subcontractor Data
- \_\_\_ Project Experience/References
- \_\_\_ Conflict of Interest Form
- \_\_\_ Addenda
- \_\_\_ Commercial Contractor License (copy)
- \_\_\_ Certificate of Insurance (copy)

*This page has been enclosed as a benefit to the Vendor. It is not required to be returned/or submitted with your bid.*

**[THIS SPACE WAS LEFT BLANK INTENTIONALLY]**



## **INSURANCE REQUIREMENTS & ACKNOWLEDGEMENT**

The awarded Contractor will maintain such insurance that will protect the Contractor and the County from claims under the Workers' Compensation Acts, and any amendments thereof, and from any other claims for damages from personal injury, including death, which may arise from operations under this agreement, whether such operations be by themselves or by any sub-contractor, or anyone directly or indirectly employed by either of them. ***Current certificates of insurance shall be enclosed with the bid packet furnished to Lauderdale County and shall show all applicable coverage(s), reference to any special endorsements restricting standard policy coverage.*** Any subcontractor must adhere to the same requirements listed above and below.

### **Other insurance requirements are:**

- -General Liability (including completed operations) with a \$1,000,000 per occurrence limit and \$2,000,000 general aggregate.
- -Commercial Automobile Liability with a limit of no less than \$1,000,000. The coverage will also extend liability to hired and non-owned autos.
- -Workers' Compensation with limit of \$1,000,000 for Employers Liability Limits.
- -We also require a minimum umbrella (or follow form excess policy covering over general liability, auto liability and workers compensation) of no less than \$2,000,000.

***Lauderdale County will require the selected Vendor to name Lauderdale County as an additional insured for both the general liability and auto liability.*** A waiver of subrogation in favor of the County is required for the workers compensation. If the additional insured status or waiver of subrogation is not on a blanket basis, please send a copy of the actual endorsements prior to commencement of any work. All insurance must be placed through an insurance carrier licensed to operate in Mississippi and have an AM Best Rating greater than A-VI.

### **GENERAL INDEMNITY:**

The Contractor shall save and hold harmless, pay on behalf of, protect, defend, indemnify the Lauderdale County Board of Supervisors, assume entire responsibility and liability for losses, expenses, demands and claims in connection with or arising out of any injury, or alleged injury (including death) to any person, or damage, or alleged damage, to property of the County or others sustained or alleged to have been sustained in connection with or to have arisen out of or resulting from the performance or the intended performance of any work/service, outlined or resulting from this agreement, by the Contractor or their employees, including losses, expenses or damages sustained by the County or County officials (including administrators, elected officials, and employees) from any and all such losses, expenses, damages, demands and claims. The Contractor further agrees to defend any suit or action brought against the County or County officials (as outlined above) based on any such alleged injury or damage and to pay all damages, cost and expenses in connection therewith or resulting there from. As an integral part of this agreement, the Contractor agrees to purchase and maintain, during the life of this contract, contractual liability insurance in the amounts listed in the insurance coverage requirements above. The obligations of the Contractor pursuant to this paragraph shall not be limited in any way by any limitation in the amount or type of proceeds, damages, compensation, or benefits payable under any policy of insurance or self-insurance maintained by or for the use and benefit of the Contractor.

**Please sign below indicating the acknowledgement of Insurance Requirements for this bid.**

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*Signature of Acknowledgement Required*

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID**

**BID NO: 3970R – RE-BID PLUMBING SERVICES**  
**PLUMBING REPAIR AND NEW INSTALLATION**

LAUDERDALE COUNTY BOARD OF SUPERVISORS

**BID SUBMISSION FORM**

*Services for Lauderdale County Buildings from May 20, 2024, through March 31, 2026*

- 1) LABOR: PLUMBER STANDARD HOURLY RATE: \$ \_\_\_\_\_
- 2) LABOR: PLUMBER OVERTIME HOURLY RATE: *(if any)* \$ \_\_\_\_\_
- 3) LABOR: JOURNEYMAN/HELPER STANDARD HOURLY RATE: \$ \_\_\_\_\_
- 4) LABOR: JOURNEYMAN/HELPER OVERTIME HOURLY RATE: *(if any)* \$ \_\_\_\_\_
- 5) OTHER FEES: *(if any)* \_\_\_\_\_ \$ \_\_\_\_\_
- 6) WHEN DOES THE HOURLY RATE START? \_\_\_\_\_
- 7) WHAT ARE YOUR NORMAL BUSINESS HOURS: \_\_\_\_\_ TO \_\_\_\_\_
- 8) AT WHAT TIME DOES THE OVERTIME RATES APPLY: \_\_\_\_\_
- 9) PARTS, SUPPLIES AND MATERIALS: CONTRACTOR TO FURNISH DEALER INVOICE UPON REQUEST.

MARK UP PRECENTAGE FROM COST: % \_\_\_\_\_  
*(PLEASE INDICATE PERCENT (%) ABOVE DEALER INVOICE COST)*

Submitted by Authorized Signature:	Date:
Print Name and Title:	
Print Legal Name of Business:	DBA <i>(if applicable)</i>
Print Company Address:	
Telephone:	Emergency Telephone Number:
Email Address:	Federal Tax Identification #:

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID**

**SUPPLIER/SUBCONTRACTOR DATA SHEET**

*The Bidder shall indicate below the name of each supplier and/or subcontractor(s) they will use in the fulfillment of the contract. The Bidder shall specify any equipment to be provided by a supplier and/or work to be performed by a subcontractor. (If applicable, otherwise indicate N/A & enter company name below)*

**Supplier Information:**

Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Equipment to be utilized: \_\_\_\_\_  
\_\_\_\_\_

**Sub-Contractor Information:**

Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Scope of Work/Services to be performed: \_\_\_\_\_  
\_\_\_\_\_

**Sub-Contractor Information:**

Company Name: \_\_\_\_\_ FEIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_  
Scope of Work/Services to be performed: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company Name of Bidder

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID**

**RELEVANT PROJECT EXPERIENCE & REFERENCE SHEET**

QUALIFICATIONS: Firms shall have the capability and capacity in all respects to fulfill the contractual requirements to the satisfaction of the Lauderdale County Board of Supervisors.

*Indicate the length of time you have been in business as a company providing the type of service(s) specified in this bid. Year(s) \_\_\_\_\_ Month(s) \_\_\_\_\_*

1. Company/Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_ Years of Servicing Account: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Service Location/Size & Frequency: \_\_\_\_\_  
Description of Services Provided: \_\_\_\_\_  
\_\_\_\_\_

2. Company/Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_ Years of Servicing Account: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Service Location/Size & Frequency: \_\_\_\_\_  
Description of Services Provided: \_\_\_\_\_  
\_\_\_\_\_

3. Company/Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact Person/Title: \_\_\_\_\_ Years of Servicing Account: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Service Location/Size & Frequency: \_\_\_\_\_  
Description of Services Provided: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Company/Business Name of Bidder

\_\_\_\_\_  
Signature of Person Completing

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID**

**BIDDER CONFLICT OF INTEREST STATEMENT**

STATE OF MISSISSIPPI, \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who was duly sworn deposes and states:

1. I am the \_\_\_\_\_ of \_\_\_\_\_, with a local office in \_\_\_\_\_ and principal office in \_\_\_\_\_.  
(City & State) (City & State)

2. The above-named entity is submitting a Bid for Lauderdale County described as Plumbing Services Repair and New Installation.

3. The Affiant has made a diligent inquiry and provides the information contained in the Affidavit based upon his/her own knowledge.

4. The Affiant states that only one submittal for the above proposal is being submitted and that the above-named entity has no financial interest in other entities submitting proposals for the same project.

5. Neither the Affiant nor the above-named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraints of free competitive pricing in connection with the entity’s submittal for the above proposal. This statement restricts the discussion of pricing data until the completion of negotiations if necessary and execution of the Contract for this project.

6. Neither the entity nor its affiliates, nor anyone associated with them, is presently suspended or otherwise ineligible from participation in contract letting by any local, State, or Federal Agency.

7. Neither the entity nor its affiliates, nor anyone associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.

8. I certify that no member of the entity’s ownership or management is presently applying for an employee position or actively seeking an elected position with Lauderdale County.

9. I certify that no member of the entity’s ownership or management, or staff has a vested interest in any aspect of Lauderdale County.

10. The price or prices quoted in the attached proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance, or unlawful agreement on the part of the bidder or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

11. In the event a conflict of interest is identified in the provision of services, I, on behalf of the above-named entity, will immediately notify Lauderdale County.

**DATED** this \_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
(Affiant)

\_\_\_\_\_  
Typed Name and Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_.

Personally Known \_\_\_\_\_ Or produced identification \_\_\_\_\_

Identification type: \_\_\_\_\_

Notary Public-State of \_\_\_\_\_

Printed, typed, or stamped commissioned name of notary public.

My commission expires: \_\_\_\_\_

Signature: \_\_\_\_\_

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID**

# ADDENDA FORM

## BID NO: 3970R – RE-BID PLUMBING SERVICES: REPAIR AND NEW INSTALLATION LAUDERDALE COUNTY BOARD OF SUPERVISORS

The following Addenda have been received. The modifications to the Bid Documents noted below have been considered and all costs are included in the Bid Sum.  
*(If no addenda, please indicate with N/A in space provided.)*

1. Addendum #\_\_\_\_ Date: \_\_\_\_\_
2. Addendum #\_\_\_\_ Date: \_\_\_\_\_
3. Addendum #\_\_\_\_ Date: \_\_\_\_\_
4. Addendum #\_\_\_\_ Date: \_\_\_\_\_

### Addendum Acknowledgement:

\_\_\_\_\_  
Signature of Bidder or Authorized Agent

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR BID**