

**ADDENDUM-1**

**Repair & Maintenance of Kitchen Equipment**

**IFB No. KER-1730900117**

Posted: 10/7/2016

Bidders are advised, the following revision(s) have been amended to IFB No. KER-1730900117, and will supersede any original terms and/or conditions where mentioned throughout the IFB's proposal, all other terms and conditions remain the same.

The Addendum affects Section(s):

CONTRACT PROPOSAL, Page 3 of the Bid Package

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**AMENDED TO:**

**Please see amended CONTRACT PROPOSAL, form below.  
The amended CONTRACT PROPOSAL form had the opening date and IFB No. information added to it. Please use this updated form when submitting your bid.**

Purchasing Department  
Purchaser: Leon Ho  
Phone: 415-241-6468 x 1607  
Email: [hol@sfusd.edu](mailto:hol@sfusd.edu)

**CONTRACT PROPOSAL (Indefinite Quantity)**

**RETURN ONE SIGNED ORIGINAL  
COPY OF THIS PAGE AND THE  
REQUIRED DOCUMENTS**

**BIDS WILL BE OPENED AT 2:00 P.M., October 25<sup>th</sup>, 2016**

**AT: SAN FRANCISCO UNIFIED SCHOOL DISTRICT  
PURCHASING DEPARTMENT  
135 VAN NESS AVENUE, ROOM 123  
SAN FRANCISCO, CA 94102  
TEL: 415-241-6468  
FAX: 415-241-6487**

**IFB No. KER-1730900117**

**DATE: \_\_\_\_\_**

DELIVER BID, properly executed, to Purchaser, prior to opening time, in sealed envelope. Write the IFB/Contract Proposal Number on the outside of the envelope. Include one completed and signed copy of this Contract Proposal Page. Include other pages as indicated. Retain Bidder's Duplicate copy for your file.

**DO NOT INCLUDE SALES OR EXCISE TAXES IN BID PRICES.** (See Section 18 "Taxes; Payment of Taxes.")

Upon receipt of a Contract Acceptance, the undersigned hereby agrees to furnish all articles and/or services within the dates specified, in the manner and at the prices stated, in accordance with the bid and contract proposal general and special terms and conditions, which together with the executed Contract Acceptance, constitute the Contract between the District and the undersigned, when authorized by the Board of Education and funds are certified by the District's Chief Financial Officer.

Name under which business is conducted \_\_\_\_\_

Business Street Address \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_ City State Zip Code

IF SOLE OWNER, sign here:

I sign as sole owner of the business named above.

\_\_\_\_\_

IF PARTNERSHIP, sign here:

The undersigned certify that we are partners in the business named above and that we sign this Contract with full authority so to do. (One or more partners sign)

\_\_\_\_\_

IF CORPORATION, execute here:

The undersigned certify that they sign this Contract with full and proper authorization so to do.

Corporate Name \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Signed \_\_\_\_\_ Title \_\_\_\_\_

Incorporated under the laws of the State of \_\_\_\_\_

Do you have an affirmative Action Policy? \_\_\_\_\_