February 6, 2018

ADDENDUM 1
Bid 18M10, Grass Mowing Services

DUE DATE: February 21, 2018, at 2:00 P.M.

Please be advised of the following:

1. Due to the pending inclement weather, please be reminded that if FCPS offices are closed or delayed, that the pre-bid meeting will be cancelled and not re-scheduled. Vendors are reminded that they should email questions regarding this bid to my attention, billie.laughland@fcps.org, no later than 4:00 P.M. local time, on Thursday February 8, 2018.

2. For the fastest, most reliable information, regarding closures and/or delays check the following:
   - www.fcps.org
   - Social Media: FCPS on Twitter and FCPS on Facebook
   - Email/Text Messages: Sign up for FindOutFirst email and emergency-only text messages
   - FCPS TV: Comcast Channel 18 (Frederick area)
   - Local radio and TV stations

3. Section II, #6. Invoicing Completion, page 26, paragraph d, replace this paragraph with the following:

   Receiving Reports ARE required. The Lead Custodian or a school administrator will verify that the service was performed and notify the Operations Department of any issues or damage. FCPS retains the right to utilize security cameras installed at the schools to verify the time of arrival and departure contractors. Intentional falsification of invoices will be grounds for termination of contract.

4. A copy of the Receiving Report mentioned above is included with this addendum as Attachment 2.

Sincerely,

Billie Laughland

Billie Laughland, Purchasing Agent
billie.laughland@fcps.org

BL/mg

Copy: John Carnahan, Custodial Services Manager
Bid File

Attachment: Receiving Report
FREDERICK COUNTY PUBLIC SCHOOLS
HAYWARD COMPLEX – OPERATIONS DEPARTMENT
7446 HAYWARD ROAD
FREDERICK, MARYLAND  21702

RECEIVING REPORT

TO BE COMPLETED BY THE CONTRACTOR:

BUILDING/SCHOOL NAME:
____________________________________________________________________

BUILDING/SCHOOL NUMBER: _________________________________________________________________

DATE OF SERVICE: ___________________________________________________________________________

CONTRACTOR OR COMPANY NAME COMPLETING SERVICE: ____________________________________

SIGNATURE OF EMPLOYEE THAT PERFORMED SERVICE: ______________________________________________________________

DESCRIPTION OF SERVICE BEING PERFORMED: __________________________________________

TO BE COMPLETED BY THE LEAD CUSTODIAN:

DID YOU OBSERVE THE PERFORMANCE OF THE SERVICE?  ____YES  ____NO

WAS PERFORMANCE SATISFACTORY?  ____YES  ____NO

IF NO, PLEASE EXPLAIN: _________________________________________________________________

_______________________________________________________________________________________

NAME OF FCPS EMPLOYEE: _____________________________________________________________

SIG NATURE OF FCPS EMPLOYEE: ________________________________________________________

(PLEASE PRINT)