



The Village of Oak Park
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February 12, 2024

**Village of Oak Park
Variable Frequency Drive Electrician Hourly Rate
Project Number: 24-111
Addendum No. 1**

To: All Prospective Bidders

This addendum is regarding the Request of Bids (RFB) for the above referenced project.

1. All bidders are to submit their rate schedules on the attached form labeled "Section IV: Bid Form".

Please contact me if you have any questions.

Thank you,

Orlando Velasquez
Senior Pumping Station Operator
Public Works Department
Office: 708.358.5749
Email: OVelasquez@Oak-Park.US

VILLAGE OF OAK PARK (VILLAGE)
VARIABLE FREQUENCY DRIVE (VFD) ELECTRICIAN HOURLY RATES
PROJECT NUMBER: 24-111
SECTION IV: BID FORM

INSTRUCTIONS:
Pricing shall be valid January 1, 2024 to December 31, 2024
Hourly rates listed below shall include entire hourly rate package, including salary, benefits, overhead, etc. for one (1) technician per hour.
The rates provided below shall apply to all quotes/invoices issued by the contractor in response to the Village's requests for service.
The Village's goal is to maintain its VFDs with Original Equipment Manufacturer (OEM) parts; all parts used or provided by vendor shall be made by the OEM, unless otherwise approved by the Village.

| | <u>Rate Type</u> | <u>Dollar Amount</u> | <u>Details</u> |
|---|---|----------------------|----------------|
| 1 | Regular Hourly Rate. (Define regular hours in Details Section) | \$ _____ | |
| 2 | After Hours/ Overtime (Extension of work day) Hourly Rate. (Define applicable time frame for "after hours") | \$ _____ | |
| 3 | Double Time/ Sunday and Holiday Hourly Rate | \$ _____ | |
| 4 | Emergency Call-Out Hourly Rate - if applicable. (Define applicable time frame) | \$ _____ | |
| 5 | Travel Time Rate/Fee - if applicable. | \$ _____ | |
| 6 | Replacement Parts Mark-Up Rate | _____ % | |

This Bid is offered for acceptance by the Village of Oak Park within sixty (60) calendar days from the date of opening. The Bidder has read and agrees to all terms and conditions of this RFB.

Company Name: _____

Address: _____

City: _____ State: _____

Date: _____

Signature: _____

24/7 Emergency Call-Back Number

Printed name: _____

Email: _____

Phone: _____