CATTARAUGUS COUNTY

DEPARTMENT OF NURSING HOMES

ADDENDUM NO. 1

FOR

NH Bid #1 – Operation and Management of Laundry Services for the Pines Healthcare & Rehabilitation Centers

ADDENDUM DATE: November 2, 2021

The following changes shall be made to the Contract Specifications:

- **A)** Alternate Item to be listed with the Optional Additional Services (Please replace Page 21 with the attached page):
 - "Provide Laundry Delivery Services" between Pines Healthcare & Rehabilitation Center –
 Olean Campus and Pines Healthcare & Rehabilitation Center Machias Campus
 Service to include the following:
 - a) Labor and Truck/Van transportation for up to 8 county supplied linen carts/bins.
 - 1) Cart dimensions: 48"L x 28-1/2" W x 66-1/2"H (fabric flaps covering sides)
 - 2) Bin dimensions: 60"L x 24" W x 69"H (hard Plastic)
 - b) Roundtrip transport shall happen six (6) times per week (Monday through Saturday).
 - c) Transport clean and soiled linen(s) and personal laundry from between Pines Healthcare & Rehabilitation Center campuses.
- B) Bid Opening will be postponed:
 - 1) Bids will be received until <u>Wednesday</u>, <u>November 17</u>, <u>2021 at 1:45PM</u> after which they will be opened at 2:00PM.

PLEASE ACKNOWLEDGE RECEIPT OF ADDENDUM NO. 1 IMMEDIATELY BY PROVIDING THE INFORMATION BELOW AND FAXING THIS SHEET TO:

Cattaraugus County Department of Public Works (716) 938-2754

Company Name:	Signed:	
Date:	Printed Name of Signatory:	

The Pines Healthcare & Rehabilitation Centers Operated by Cattaraugus County Department of Nursing Homes

Laundry Services BID PROPOSAL FORM

Please complete the following as indicated:

Re 1.	equi	red Services Total Annual Management / Processing Fee:		
	\$	(Annual Cost for the period 1/15/22 – 1/14/24)		
2.		Total Annual Management / Processing Fee as indicated above:		
	\$	(for the period 1/15/24 – 1/14/26)		
	\$	(for the period $1/15/26 - 1/14/28$)		
O J	ptio	n for Providing Additional Services Total Annual Management / Processing Fee including items listed at the bottom of Page 26		
	\$	(Annual Cost for the period 1/15/22 – 1/14/24)		
2.		Total Annual Management / Processing Fee as indicated above:		
	\$	(for the period $1/15/24 - 1/14/26$)		
	\$	(for the period $1/15/26 - 1/14/28$)		
3.		Turnaround time needed to clean and return personal laundry to Machias		
P r	ovio	ding Laundry Delivery Services as specified in Addendum No. 1 Total Annual Management / Processing Fee:		
	\$	(Annual Cost for the period 1/15/22 – 1/14/24)		
2.		Total Annual Management / Processing Fee as indicated above:		
	\$	(for the period $1/15/24 - 1/14/26$)		
	\$	(for the period $1/15/26 - 1/14/28$)		
		Authorized Signature Date		
		Printed Name Phone Number		
		Street Address Fax Number		
		City, State, Zip Email Address		