



ADDENDUM # 1

January 6, 2016

Address all questions to:
Christy Tran
Multnomah County Purchasing
501 SE Hawthorne Blvd. Suite 125
Portland, OR 97214
503-988-7997
E-mail: christy.tran@multco.us

BID NO: 4000004390
TITLE: RTU and Chiller Replacement
CLOSING DATE: January 26, 2016 / NOT LATER THAN 2:00 p.m.

This Addendum is issued to the above referenced to BID make the following changes, additions, deletions, and/or clarifications:

1. Addition **Addendum 1, Attachment 1**

The attendee list from the Mandatory Construction Pre-Bid meeting on January 5, 2016 is attached as **Addendum 1, Attachment 1**.

CONTRACTOR ACKNOWLEDGEMENT OF ADDENDUM: _____

c: M. Diblasi; K. Porter
C. Tran; K. Braeme-Burr
File

Construction Pre-Bid Meeting Attendance List
MULTNOMAH COUNTY OREGON

BID # / RFP # AND TITLE: 4000004390 - RTU AND CHILLER REPLACEMENT

DATE / TIME OF CONFERENCE: JANUARY 5, 2016 AT 1PM

ADDRESS OF CONFERENCE SITE: 11540 NE INVERNESS AVENUE, PORTLAND, OR 97220

PRE-BID ATTENDANCE IS: MANDATORY OPTIONAL

One Representative Per Company - Please Print Legibly

1	COMPANY INFORMATION	REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____ *SUB CONTRACTOR _____		
	COMPANY NAME: <i>JRT mechanical</i>	NAME: <i>John Tapani</i>	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS:	PHONE: <i>360 869-8404</i> FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY: <i>Battle ground</i> STATE: <i>WA</i> ZIP: <i>98604</i>	EMAIL ADDRESS: <i>JohnT@SRTmechanical.com</i>	BUSINESS CARD PROVIDED: YES ___ NO <input checked="" type="checkbox"/>
2	COMPANY INFORMATION	REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____ *SUB CONTRACTOR _____		
	COMPANY NAME: <i>Northwest Control CO.</i>	NAME: <i>Jesse Taylor</i>	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS: <i>8750 SE Milwaukie</i>	PHONE: ⁵⁰³ <i>793-1567</i> FAX: <i>503-7607</i>	*SUB CONTRACTOR TRADE/SVC:
	CITY: <i>Milwaukie</i> STATE: ZIP:	EMAIL ADDRESS: <i>jessetaylor@northwest-control.com</i>	BUSINESS CARD PROVIDED: YES <input checked="" type="checkbox"/> NO ___
3	COMPANY INFORMATION	REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR <input checked="" type="checkbox"/> *SUB CONTRACTOR _____		
	COMPANY NAME: <i>Hydro Temp Mechanical</i>	NAME: <i>Daniel Jeffery</i>	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS: <i>28465 SW Boberg Rd.</i>	PHONE: <i>503 793 6395</i> FAX: <i>503 582 1914</i>	*SUB CONTRACTOR TRADE/SVC:
	CITY: <i>Wilsonville</i> STATE: <i>OR</i> ZIP: <i>97070</i>	EMAIL ADDRESS: <i>Danielj@hydrotempmechanical.com</i>	BUSINESS CARD PROVIDED: YES ___ NO <input checked="" type="checkbox"/>
4	COMPANY INFORMATION	REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____ *SUB CONTRACTOR <input checked="" type="checkbox"/>		
	COMPANY NAME: <i>Bockman's Soda Inc</i>	NAME: <i>Calvin Bockman</i>	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS: <i>10145 SW Melrose St</i>	PHONE: <i>503 288-4571</i> FAX: <i>503 294-2050</i>	*SUB CONTRACTOR TRADE/SVC: <i>DEMO</i>
	CITY: <i>Portland</i> STATE: <i>OR</i> ZIP: <i>97225</i>	EMAIL ADDRESS: <i>bsb@rock.com</i>	BUSINESS CARD PROVIDED: YES <input checked="" type="checkbox"/> NO ___

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	COMPANY INFORMATION GENERAL CONTRACTOR _____ *SUB CONTRACTOR _____	REPRESENTATIVE	BUSINESS
5	COMPANY NAME: Arctic Structural	NAME: Scott Davis	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS: 2310 Columbia Blvd	PHONE: 9712667121 FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY: Portland STATE: OR ZIP: 97211	EMAIL ADDRESS: sdavis@arcticstructural.com	BUSINESS CARD PROVIDED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
6	COMPANY NAME: PORTLAND MECHANICAL	NAME: DANA SHEETS	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS: 20W S.E. HANNA HARVESTER DR	PHONE: 503-793-2221 FAX: 503-656-6574	*SUB CONTRACTOR TRADE/SVC:
	CITY: MILLWAUKIE STATE: OR ZIP: 97222	EMAIL ADDRESS: DSHEETS@PML-G.com	BUSINESS CARD PROVIDED: YES <input checked="" type="checkbox"/> NO ___
7	COMPANY NAME: Heinz Mechanical	NAME: Dan Justice	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS: 2615 St. Helens Rd	PHONE: 503-519-1594 FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY: Portland STATE: OR ZIP: 97210	EMAIL ADDRESS: danj@heinz-mech.com	BUSINESS CARD PROVIDED: YES <input checked="" type="checkbox"/> NO ___
8	COMPANY NAME: Bull Run Electrical Inc	NAME: Kyle Ruffhardt	STATE CERTIFIED: MBE ___ WBE ___ ESB <input checked="" type="checkbox"/>
	MAILING ADDRESS: PO Box 1147	PHONE: 503-668-4800 FAX: 668-5045	*SUB CONTRACTOR TRADE/SVC:
	CITY: SANDY STATE: OR ZIP: 97055	EMAIL ADDRESS: KYLER@BULLRUNELECTRICAL.COM	BUSINESS CARD PROVIDED: YES ___ NO <input checked="" type="checkbox"/>
9	COMPANY NAME: L.D. Inc.	NAME: Craig Delfenbaugh	STATE CERTIFIED: MBE ___ WBE ___ ESB <input checked="" type="checkbox"/>
	MAILING ADDRESS: 3472 Matheny Rd NE	PHONE: 503-949-6181 FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY: Gervais STATE: OR ZIP: 97026	EMAIL ADDRESS: L.D.Incorporated@hotmail.com	BUSINESS CARD PROVIDED: YES ___ NO <input checked="" type="checkbox"/>

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10	COMPANY INFORMATION		REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____	*SUB CONTRACTOR <input checked="" type="checkbox"/>		
	COMPANY NAME: JH KELLY		NAME: MARK SMITH	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS: 827 3 rd Ave L		PHONE: 360-674-4332 FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY: Longview	STATE: WA ZIP: 98632	EMAIL ADDRESS: msmith@jhkelly.com	BUSINESS CARD PROVIDED: YES <input checked="" type="checkbox"/> NO ___
11	COMPANY INFORMATION		REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR <input checked="" type="checkbox"/>	*SUB CONTRACTOR _____		
	COMPANY NAME: Just Right Heating and Cooling		NAME: Daniel Miranda	STATE CERTIFIED: MBE <input checked="" type="checkbox"/> WBE ___ ESB ___
	MAILING ADDRESS: 15009 NE 21st St		PHONE: 360-741-6298 FAX: 503-777-4202	*SUB CONTRACTOR TRADE/SVC: Denver HVAC
	CITY: Vancouver	STATE: WA ZIP: 98684	EMAIL ADDRESS: daniel@justrightheat.com	BUSINESS CARD PROVIDED: YES <input checked="" type="checkbox"/> NO ___
12	COMPANY INFORMATION		REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____	*SUB CONTRACTOR _____		
	COMPANY NAME:		NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS:		PHONE: FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY:	STATE: ZIP:	EMAIL ADDRESS:	BUSINESS CARD PROVIDED: YES ___ NO ___
13	COMPANY INFORMATION		REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____	*SUB CONTRACTOR _____		
	COMPANY NAME:		NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS:		PHONE: FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY:	STATE: ZIP:	EMAIL ADDRESS:	BUSINESS CARD PROVIDED: YES ___ NO ___
14	COMPANY INFORMATION		REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____	*SUB CONTRACTOR _____		
	COMPANY NAME:		NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS:		PHONE: FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY:	STATE: ZIP:	EMAIL ADDRESS:	BUSINESS CARD PROVIDED: YES ___ NO ___

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15	COMPANY INFORMATION	REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____ *SUB CONTRACTOR _____		
	COMPANY NAME:	NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS:	PHONE: FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY: STATE: ZIP:	EMAIL ADDRESS:	BUSINESS CARD PROVIDED: YES ___ NO ___
16	COMPANY INFORMATION	REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____ *SUB CONTRACTOR _____		
	COMPANY NAME:	NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS:	PHONE: FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY: STATE: ZIP:	EMAIL ADDRESS:	BUSINESS CARD PROVIDED: YES ___ NO ___
17	COMPANY INFORMATION	REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____ *SUB CONTRACTOR _____		
	COMPANY NAME:	NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS:	PHONE: FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY: STATE: ZIP:	EMAIL ADDRESS:	BUSINESS CARD PROVIDED: YES ___ NO ___
18	COMPANY INFORMATION	REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____ CONTRACTOR _____		
	COMPANY NAME:	NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS:	PHONE: FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY: STATE: ZIP:	EMAIL ADDRESS:	BUSINESS CARD PROVIDED: YES ___ NO ___
19	COMPANY INFORMATION	REPRESENTATIVE	BUSINESS
	GENERAL CONTRACTOR _____ *SUB CONTRACTOR _____		
	COMPANY NAME:	NAME:	STATE CERTIFIED: MBE ___ WBE ___ ESB ___
	MAILING ADDRESS:	PHONE: FAX:	*SUB CONTRACTOR TRADE/SVC:
	CITY: STATE: ZIP:	EMAIL ADDRESS:	BUSINESS CARD PROVIDED: YES ___ NO ___