

**EMERGENCY MEDICAL AND INFIRMARY SERVICES
NEW YORK STATE FAIR**

IFB #0180

**Addendum 2
Issued May 11, 2018
Amendment**

The Submission Documents shall be amended as follows:

-Replace "Attachment 1 - Bid Form" with the revised "Attachment 1 – Bid Form" updated 5/11/2018.

New York State Department of Agriculture and Markets
IFB#0180: EMERGENCY MEDICAL AND INFIRMARY SERVICES
FOR THE NEW YORK STATE FAIR

ATTACHMENT 1 - BID FORM (revised 5/11/2018)

NOTE: Bidders must provide a Bid Price for each item below. The Bid Form must not be altered in any way. Estimated hours are subject to change depending on the Department's needs at the Department's sole discretion. The selected contractor will only be paid for the actual number of hours worked. The hourly rates below shall include all costs and profit (includes but is not limited to: Direct & Indirect Costs, Payroll, Fringe Benefits, Overhead and Profit, and Medical Equipment necessary to operate the Infirmary per Section 2.2 F. of this IFB). Prices bid on the Bid Form shall be honored throughout the term of the awarded contract subject to any price adjustment pursuant to Section 5.3 of this IFB.

Title	Hourly Rate	Multiplied by Estimated Number of Hours for Evaluation Purposes	Total (Hourly Rate Multiplied by the Estimated Number of Hours for Evaluation Purposes)
Operations Services		x 98	
Physician		x 182	
Nurse		x 182	
Triage/EMT		x 442	
Cleaning Personnel		x 187	
TOTAL LABOR			\$ _____

Maximum Allowance for Reimbursement for Medical Supplies per Section 2.2 G. of this IFB:	+ \$5,000.00
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TOTAL LABOR AND MEDICAL SUPPLIES: \$ _____

Signature

Name (please print)

Company

Date