

EMERGENCY MEDICAL AND INFIRMARY SERVICES FOR THE NEW YORK STATE FAIR

IFB #0191

Addendum 3 Issued September 24, 2018 Amendment

Page 6, Section 2.2 D of the IFB shall be amended as follows:

D. Triage Coverage

- (i) Provide ~~one (1)~~ two (2) Emergency Medical Technicians (EMTs) on-site between the hours of 8:00 a.m. and 11:00 p.m. each day of each State Fair held during the term of the Agreement for triage coverage (shifts may be split among ~~one~~ four or more EMTs provided ~~one (1)~~ two (2) EMTs ~~is~~ are scheduled at all times during the hours of 8:00 a.m. and 11:00 p.m. each day).
- (ii) The EMTs assigned to the Infirmary shall be certified as Emergency Technicians by the New York State Department of Health.

The Submission Documents shall be amended as follows:

- Replace “Attachment 1 - Bid Form” with the revised “Attachment 1 – Bid Form” updated 9/24/2018.

New York State Department of Agriculture and Markets
IFB#0191: EMERGENCY MEDICAL AND INFIRMARY SERVICES
FOR THE NEW YORK STATE FAIR

ATTACHMENT 1 - BID FORM (Revised 9/24/2018)

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 195 | |
| Nurse | | x 195 | |
| Triage/EMT | | x 390 | |
| Cleaning Personnel | | x 187 | |
| TOTAL LABOR | | | \$ _____ |

| | |
|--|--------------|
| Maximum Allowance for Reimbursement for Medical Supplies per Section 2.2 G. of this IFB: | + \$5,000.00 |
|--|--------------|

TOTAL LABOR AND MEDICAL SUPPLIES: \$ _____

Signature

Name (please print)

Company

Date