



ADDENDUM NO. 04

January 17, 2025

## UNIT PRICE CONTRACTS 2025

ERLANGER HEALTH SYSTEM

975 East 3<sup>rd</sup> Street

Chattanooga, TN 37403

This addendum consists of 1 items as follows:

1. The following Bid Form is replaced with a Revised Bid Form which is attached, and shall be used for the Unit Price Contracts Bid Submissions.
  - a. Electrical Bid Form

END OF ADDENDUM NO. 04

Ronald L Patterson

Planning & Construction

Project Manager & Lead Estimator

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423-778-7766

ELECTRICAL BID

BIDDER: \_\_\_\_\_

**PROPOSAL FORM UNIT PRICES**

**DATE:** \_\_\_\_\_

TO: Erlanger  
975 East Third Street  
Chattanooga, Tennessee 37403  
Attn.: Department of Planning and Construction

FROM: \_\_\_\_\_ BIDDER  
\_\_\_\_\_ ADDRESS  
\_\_\_\_\_ CITY / STATE  
\_\_\_\_\_ TELEPHONE NO.

The above Bidder is: ( ) Licensed ( ) Non-Licensed

Tn. License No \_\_\_\_\_

City License No. \_\_\_\_\_

GENERAL BID PROPOSAL NOTES:

Bids submitted for unit prices shall include all taxes, overhead, profit, insurance, labor burden, etc. for a complete total unit price.

The effective date of this Contract will be at the final execution by both parties. The contract will be for a period of twelve months beginning on that date. The Authority may, at its sole discretion, extend the Contract for up to two (2) additional twelve (12) month periods if the Unit Price Contractor is agreeable to extending the same Unit Price Rates.

Installer must be manufacturer approved, if applicable.

All contractors will provide Material Safety Data Sheets (MSDS) on all materials and products used at Erlanger Health System for every job.

Bids submitted for materials only, WILL NOT include sales tax.

**ELECTRICAL BID**

**CONTRACTOR NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**LABOR UNIT RATES**

ITEM

**MONDAY - FRIDAY LABOR UNIT RATES**

NO.	DESCRIPTION	UNIT PRICE Per HOUR		
		1ST SHIFT(7:00 AM to 3:00 PM)	2nd SHIFT(3:00 PM to 11:00 PM)	3rd SHIFT(11:00 PM to 7:00 AM)
1	<u>Labor Classification:</u>			
a.	<u>General Foreman</u>	\$ _____	\$ _____	\$ _____
b.	<u>Foreman-(Job Specific)</u>	\$ _____	\$ _____	\$ _____
c.	<u>Journeyman</u>	\$ _____	\$ _____	\$ _____
	<u>Apprentice</u>			
	<u>5th year</u>	\$ _____	\$ _____	\$ _____
d.	<u>Apprentice</u>			
	<u>4th year</u>	\$ _____	\$ _____	\$ _____
e.	<u>3rd year</u>	\$ _____	\$ _____	\$ _____
f.	<u>2nd year</u>	\$ _____	\$ _____	\$ _____
g.	<u>1st year</u>	\$ _____	\$ _____	\$ _____
h.	<u>Pre-apprentice</u>	\$ _____	\$ _____	\$ _____
i.	<u>Helper</u>	\$ _____	\$ _____	\$ _____
j.	<u>Project Manager</u>	\$ _____	\$ _____	\$ _____
k.	<u>Operator for Company Owned Bucket Truck</u>	\$ _____	\$ _____	\$ _____
l.	<u>Truck Driver for Material Delivery</u>	\$ _____	\$ _____	\$ _____
m.	<u>Field Safety Personal</u>	\$ _____	\$ _____	\$ _____
n.	<u>Overtime Differential for Standard Shift M-F</u> _____ <u>Times Shift Rate</u>			
o.	<u>Overtime Differential for Saturday Work</u> _____ <u>Times Shift Rate</u>			
p.	<u>Overtime Differential for Sunday Work</u> _____ <u>Times Shift Rate</u>			

**ELECTRICAL BID**

**CONTRACTOR NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>OWNED EQUIPMENT RATES-ALL SHIFTS (Labor not Included)</b>			
	<b>PER HOUR</b>	<b>PER DAY</b>	<b>PER WEEK</b>
Bucket Truck	\$ _____	\$ _____	\$ _____

<b>MARKUPS</b>		
<u>Material Cost Markup %</u>	_____ %	Cost Markups Above 15% Will Not be Allowed.
<u>Rental Equipment Cost Markup %</u>	_____ %	Cost Markups Above 15% Will Not be Allowed.
<u>3rd Party Subcontractor Cost Markup %</u>	_____ %	Cost Markups Above 15% Will Not be Allowed.

**ELECTRICAL BID**

**CONTRACTOR NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**INSURANCE REQUIREMENTS**

All subcontractors must carry type (A) insurance coverage to be eligible for contracts under \$50,000; subcontractors must carry type (B) insurance coverage for contracts \$50,000 or above. Please indicate by marking the appropriate line to indicate your type of insurance coverage.

(A)\_\_\_ (B)\_\_\_

Type A                      \$100,000 / \$300,000

Type B                      \$100,000 / 1,000,000

**Minority Owned, Female, OR Small Business as defined in specifications:**

Yes        \_\_\_\_\_        No        \_\_\_\_\_

AUTHENTICATION: The undersigned hereby acknowledges, as an Authorized agent, receipt of

- (1) INSTRUCTIONS TO BIDDERS
- (2) SPECIFICATIONS OF EQUIPMENT, PRODUCT, OR SERVICE;
- (3) TERMS AND CONDITIONS OF THIS PURCHASE AGREEMENT as well as any Addendums listed below.

**ADDENDUMS ACKNOWLEDGED:** \_\_\_\_\_

The undersigned offers and agrees if this bid is accepted, within sixty (60) days from date of opening, to furnish the services and/or material listed in any or all of the items at the price quoted opposite each item. Bids may not be withdrawn after bid opening without the consent of the Planning and Construction Department.

Respectfully submitted:

VENDOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NO: \_\_\_\_\_

AUTHORIZED  
*Signature* \_\_\_\_\_

(SEAL - IF BID IS BY A CORPORATION)