



City of Concord, New Hampshire

PURCHASING DIVISION

COMBINED OPERATIONS & MAINTENANCE FACILITY

311 NORTH STATE STREET

CONCORD, NH 03301

(603) 225-8530 FAX: (603) 230-3656

www.concordnh.gov/Purchasing

October 17, 2011

ADDENDUM NUMBER TWO RFP09-12 REAL ESTATE APPRAISAL SERVICES

TO ALL FIRMS OF RECORD: This addendum forms a part of and modifies the proposal and contract documents and technical specifications for the project named above. The following additions, changes and clarifications are made to the original proposal documents:

1. **Revised Proposal Sheet.** Please remove the Proposal Sheet provided as part of Addendum #1 and replace it with the attached Revised Proposal Sheet. The City wants to emphasize that we understand each appraisal will have a different cost based on the size and circumstances of the transaction.

PLEASE BE ADVISED THAT THE PROPOSER MUST ACKNOWLEDGE RECEIPT OF ADDENDUM ONE AND TWO ON THE SIGNATURE PAGE OF THE PROPOSAL SHEET.

CITY OF CONCORD, NEW HAMPSHIRE

DOUGLAS B. ROSS
PURCHASING MANAGER

**CITY OF CONCORD, NEW HAMPSHIRE
 REVISED PROPOSAL SHEET
 10.17.11
 RFP09-12, REAL ESTATE APPRAISAL SERVICES**

THE UNDERSIGNED HEREBY OFFERS TO PROVIDE THE REQUIRED LAND APPRAISAL SERVICES, IN ACCORDANCE WITH THE TERMS, CONDITIONS AND SPECIFICATIONS OF RFP09-12, FOR THE BELOW LISTED PRICES:

1. APPRAISAL PRICES (Including overhead multiplier). IT IS UNDERSTOOD THAT SPECIFIC PRICE PROPOSALS WILL BE OBTAINED FOR ACTUAL PARCELS OF LAND WHEN THEY BECOME AVAILABLE.

<u>PARCEL SIZE</u>	<u>PRICE IF APPRAISED BY A FIRM PRINCIPLE</u>	<u>PRICE IF APPRAISED BY A FIRM ASSOCIATE</u>
A. 10-20 ACRES:	\$ _____	\$ _____
B. 21-49 ACRES:	\$ _____	\$ _____
C. 50-99 ACRES:	\$ _____	\$ _____
D. 100-200 ACRES:	\$ _____	\$ _____
E. 200-300 ACRES:	\$ _____	\$ _____
F. 50 - 99 ACRES CONSERVATION EASEMENT:	\$ _____	\$ _____
G. 100 – 200 ACRES CONSERVATION EASEMENT:	\$ _____	\$ _____

2. HOURLY RATES (Including overhead multiplier).

A. HOURLY RATE FOR FIRM PRINCIPLE(S): \$ _____

B. HOURLY RATE FOR FIRM ASSOCIATE(S). PLEASE IDENTIFY EACH ASSOCIATE BY JOB TITLE AND HOURLY RATE.

(1) _____ \$ _____

(2) _____ \$ _____

(3) _____ \$ _____

3. OVERHEAD MULTIPLIER (Includes mileage, printing, supplies, profit etc).

A. YOUR COST x MULTIPLIER = OUR COST: _____

THE UNDERSIGNED ACKNOWLEDGES:

1. THAT HE/SHE IS AN AUTHORIZED AGENT OF THE VENDOR SUBMITTING THIS PROPOSAL
2. THE RECEIPT OF THE FOLLOWING ADDENDA _____
3. THE FIRM SUBMITTING THIS PROPOSAL HAS NEVER DEFAULTED ON ANY MUNICIPAL, COUNTY, STATE, FEDERAL OR PRIVATE CONTRACT

COMPANY: _____

SIGNED BY: _____

PRINTED OR TYPED NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____ FAX NUMBER: _____

TOLL FREE NUMBER: _____ E-MAIL: _____

CELL PHONE NUMBER: _____ PAGER: _____

PRIMARY POINT OF CONTACT: _____

PAYMENT TERMS AND CONDITIONS: _____

PLEASE FILL OUT, SIGN AND RETURN TO:

The City of Concord
Douglas B. Ross, Purchasing Manager
Combined Operations & Maintenance Facility
311 North State Street
Concord, NH 03301
603-230-3656
603-230-3656 (Fax)
dross@concordnh.gov

Due Date/Time: October 21, 2011 Not Later Than 2:00 PM