



Florida Department of Transportation

RICK SCOTT
GOVERNOR

3400 West Commercial Blvd.
Fort Lauderdale, FL 33309

JIM BOXOLD
SECRETARY

April 9, 2015

Dear Bidders:

RE: ADDENDUM ONE – deleted pay item

Contract E4R05, FM 42596035201, Palm Beach County Traffic Signals

The electronic bid file (ebs) has been revised to reflect the change in pay item 110-4.

You must acknowledge **addendum one** when you submit your bid.

Sincerely,

Marsha Taylor

Procurement Office
District 4 District Contracts

mt

Copy: Jose Guerrero, Margaret Simpkins, File

DATE: 4/6/2015 1 of 2

TO: Project Review (CO-PROJREV)

FROM: Jose Guerrero, Project Manager

COPIES: DDE, DCPME

SUBJECT: **Revision Number** 01 - Letting (mo./yr.) 05/2015

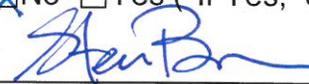
Financial Project ID 425960-3-52-01 (Lead number only)

Proposal/Contract ID E4R05

Federal Funds: No Yes Federal Aid No. N/A

County: Palm Beach State Road No. Various

Mandatory Only: No Yes (*If Yes, Signatures Not Required.)

*Concurred by:  Date: 4/6/15
Signature of Director of Transportation Development or Designee

I have reviewed for effects on the Specifications Package and a package revision is
is not required. *Approved By:  Date: 4/6/15
Signature of District Specifications Engineer

If FA Oversight, *Authorized By: _____ Date: _____
Print Name of FHWA Engineer

REVISIONS RECEIVED IN THE PROJECT REVIEW OFFICE WITHIN 15 WORK DAYS OF THE LETTING MUST BE APPROVED BY THE DISTRICT SECRETARY.

NO REVISIONS ALLOWED WITHIN 5 WORK DAYS OF THE LETTING WITHOUT APPROVAL.

*Approved By: _____ Date: _____
Signature of District Secretary

SUPPLEMENTAL SPECIFICATIONS PACKAGE NUMBER _____ (____ Pages).

REISSUED SPECIFICATIONS PACKAGE _____ (____ Pages).

PLANS REVISION NUMBER _____ (____ Sheets):

CONTRACT TIME REVISED: No Yes (If yes, _____ Total Calendar Days)

DATE: 4/6/2015_____

2 of 2

Financial Project ID 425960-3-52-01 (Lead number only)

Proposal/Contract ID E4R05

PLANS REVISION NUMBER N/A

<u>Sheet No(s).</u>	<u>Rev. Date</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUPPLEMENTAL SPECIFICATIONS PACKAGE NUMBER _____

<u>Sheet No(s).</u>	<u>Rev. Date</u>	<u>Description</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Summary of Quantities (TRNS*PORT)

Pay Item	Sheet No.	Add. / Del. / Rev.	Old Quantity	New Quantity
110-4	1	Delete	40	0