



**Project Name** Mezzanine Ceiling Replacement

**Project Number** NHS-020-22

**Date** 10/14/2021

### **Addendum 1**

### **Requirements**

The contractor will need to provide pricing for this project using regular business hours as well as an alternate price for evening and weekend hours. Please see attached pricing form to be included in the sealed bids.

MEZZANINE CEILING REPLACEMENT

NHS-020-22

BOSTON PUBLIC HEALTH COMMISSION

PRICING FORM

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

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

\_\_\_\_\_

\_\_\_\_\_

PH \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

TAX ID # \_\_\_\_\_

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**COST ESTIMATION FORM**

PRICING FOR JOB TO BE COMPLETED DURING BUSINESS HOURS (MON- FRI) 8:00 AM – 5:00 PM

\$ \_\_\_\_\_

PRICING FOR WORK TO BE COMPLETED DURING EVENINGS AND WEEKENDS (MON- FRI) 5:00 PM –  
1:00 AM AND (SAT-SUN) 8:00AM – 5:00PM

\$ \_\_\_\_\_