

CITY OF NORTH LITTLE ROCK, ARKANSAS
COMMERCE DEPARTMENT
Mary Beth Bowman, Director
Amy Smith, Assistant Director for Procurement
Crystal Willis, Admin. Sect./Assistant Purchasing Agent



120 MAIN STREET, North Little Rock, AR 72114
P.O. BOX 5757, North Little Rock, AR 72119
501-975-8881 Phone
501-975-8885 Fax

INVITATION TO BID/PROPOSAL COVER SHEET

Bid Number: 19-3590 Date Issued: May 8, 2019

Date & Time Bid Opening: May 10, 2019 at 10:00a.m.

37th Place Drainage Improvements Addendum #2

CNLR PROJECT NO. 19-3590

Plans and Specifications for the construction of the City of North Little Rock 37th Place Drainage Improvements project on which bids are to be received until 10:00 a.m., May, 10 2019, at the City of North Little Rock Commerce Department at 120 Main Street, North Little Rock are hereby modified and clarified as follows:

ARTICLE 1 – UPDATED BID FORM

A. OMIT ORIGINAL BID FORM FROM PROJECT MANUAL AND REPLACE WITH ATTACHED REVISED BID FORM.

Responses to relevant questions will be posted on the Commerce web page at www.nlr.ar.gov, click on the tab "Business", click on "Bids and Vendors" and then click on "Current Bids".

The City of North Little Rock encourages participation of small, minority, and woman own business enterprises in the procurement of goods, services, professional services, and construction, either as a general contractor or sub-contractor. It is further requested that whenever possible, majority contractors who require sub-contractors, seek qualified small, minority, and woman businesses to partner with them.

If you are obtaining this bid from our website, please be reminded that addendums may occur. It is therefore advisable that you review our listings for attachments including any changes to the bid.

Note: FAILURE TO FILL OUT AND SIGN THE INVITATION TO BID SHEET WILL RESULT IN REJECTION OF THE BID.

EXECUTION OF BID

Upon signing this page, the organization certifies that they have read and agree to the requirements set forth in this bid including conditions set forth and pertinent information requests.

Name of Firm: _____ Phone No.: _____

Arkansas Tax Permit No.: _____

Business Address: _____

Signature of Authorized Person: _____

Title: _____ Date: _____