DATE: April 24, 2009

TO: All Prospective Bidders  Cc: Procurement File

FROM: Sharon Quinn

RE: UMBC Math/Psych Roof Replacement (Project # 09-124)
BID # BC-20615-Q - ADDENDUM # 1

The following amends the above referenced Bid documents. Receipt of this addendum must be acknowledged by completing the enclosed "Acknowledgement of Receipt of Addenda" Form and submitting it along with the Technical Offer you return to the University.

The due date and time for the Technical Offer and Bid Price to be submitted to the University remains as 

|Monday, May 11, 2009 by 2:00 p.m. | to the issuing office. |

A. The following questions have been submitted to the University for a response:

1. QUESTION: What is the location of the Pre-Bid Meeting?

   ANSWER: The Pre-Bid Meeting will be held on 

   |Monday, April 27, 2009 at 10:00 a.m. | in the Facilities Management Conference Room 101. |

2. QUESTION: Are there any Bid Forms?

   ANSWER: Yes, Bid Forms will available after the Pre-Bid Meeting on Monday, 04/27/09.

Enclosure: Acknowledgement of Receipt of Addenda Form

END OF ADDENDUM # 1 DATED 04/24/09

This addendum was posted on the University’s eBid Board and eMaryland Market on 04/24/09. (Original with enclosures were not mailed)

MULTI-STEP BID NO.: BC-20615-Q
TECHNICAL OFFER &
BID PRICE DUE DATE: MONDAY, MAY 11, 2009 AT 2:00 P.M.

BID FOR: UMBC MATH/PSYCH ROOF REPLACEMENT (Project # 09-124)

NAME OF BIDDER: ____________________________________________

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned, hereby acknowledges the receipt of the following addenda:

Addendum No. 1       dated 04/24/09
Addendum No. _____     dated _________
Addendum No. _____     dated _________
Addendum No. _____     dated _________
Addendum No. _____     dated _________
Addendum No. _____     dated _________

As stated in this Addendum, this form is to be returned with your Technical Offer.

__________________________________________
Signature

__________________________________________
Printed Name

__________________________________________
Title

__________________________________________
Date

END OF FORM