

**Town of Pittsfield  
112 Somerset Avenue  
Pittsfield, ME 04967**

**Addendum #1  
Engineering Services**

**September 15, 2020**

**Engineering Cost Estimates for Capital Improvement Planning and Project Completion**

**REQUEST FOR QUOTATIONS**

Quotations must be submitted in a sealed envelope plainly marked on the outside, **“Engineering Cost Estimates for Capital Improvement Planning and Project Completion”** and shall be addressed to Town of Pittsfield, 112 Somerset Avenue, Pittsfield, Maine 04967. All quotations shall be received by 11:00 A.M. on Friday, September 18, 2020.

Due to the difference in projects which were submitted by Public Works shortly before the Council meeting, the bid specifications should have the additional language added as follows:

\*This is the total engineering cost of all projects for this phase. Please note that these projects will be under consideration only. The Town is not going to commission all of these projects. The intent is to select one (1) of the projects for completion in 2021 if funding is received. Therefore, please provide a breakdown of each \* so that we can determine the engineering cost per project. A spreadsheet, list or printout from a computer costing program as supplemental information is adequate as long as it is clear as to the total engineering cost of an entire project on the project list.

**Town of Pittsfield  
Engineering Cost Estimates for Capital Improvement Planning and Project Completion**

**QUOTATION**

Total Price to Not Exceed for each Phase:

COST ESTIMATES FOR CAPITAL IMPROVEMENT PLANNING      \$ \_\_\_\_\_

PHASE I OF PROJECT:      \$ \_\_\_\_\_ \*

    Preliminary and Final Design  
    Public Participation Meetings

PHASE II OF PROJECT:      \$ \_\_\_\_\_ \*

    Environmental Permitting and Documentation, and Other Permits  
    Complete Bid Documents for Contractors to Bid Project  
    Evaluation of Bids and Recommendation

PHASE III OF PROJECT:      \$ \_\_\_\_\_ \*

    Construction Administration  
    Inspections  
    As built Plans and electronic files  
    Coordination Meeting/s  
    Certification of Project

NAME AND ADDRESS OF FIRM:

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NAME OF AUTHORIZED PERSON: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_