



Date of Issuance: 06/25/2021

Solicitation No. 0900000499

Requisition No. N/A

Amendment No. 2

Hour and date specified for receipt of offers is changed: ☒ No ☐ Yes, to: _____ CST

Pursuant to OAC 260:115-7-30(d), this document shall serve as official notice of amendment to the solicitation identified above. Such notice is being provided to all suppliers to which the original solicitation was sent.

Suppliers submitting bids or quotations shall acknowledge receipt of this solicitation amendment prior to the hour and date specified in the solicitation as follows:

Sign and return a copy of this amendment with the solicitation response being submitted; or,

If the supplier has already submitted a response, this acknowledgement must be signed and returned prior to the solicitation deadline. All amendment acknowledgements submitted separately shall have the solicitation number and bid opening date in the subject line of the email.

ISSUED FROM:

Lisa Bradley
Contracting Officer

405-522-4480
Phone Number

Lisa.bradley@omes.ok.gov
E-Mail Address

RETURN TO: OMESCPeBID@omes.ok.gov

Description of Amendment:

a. This is to incorporate the following:

Question and Answer Amendment to Solicitation 0900000499 for SW Contract 0837 (New)

Additional Question was received regarding specifications on the Glass Bead portion of this RFP.

1. Exhibit 1 only includes reflective glass beads specification for Type 1 and Type III (Large) Glass Beads. The solicitation price sheet has pricing for Type 1, II, III, and IV.

Answer: Yes. The beads are a difference in size from 1 to 4. We will still follow the AASHTO M247 requirements for all sizes of glass bead.

2. I have questions on the quantity being requested.

Answer: This contract is an indefinity quantity contract. Exact quantity is not known, or an exact quantity is not being asked for in this RFP. The approximate spend for all glass beads runs between \$500,000 and \$1,000,000 per year.

3. Revised Pricing Sheet Posted

b. All other terms and conditions remain unchanged.

Supplier Company Name (**PRINT**)

Date

Authorized Representative Name (**PRINT**) Title

Authorized Representative Signature