

Addendum No. 1 to IFB #26-63



CITY OF SOMERVILLE, MASSACHUSETTS
Department of Procurement and Contracting Services
JAKE WILSON
MAYOR

To: All Parties on Record with the City of Somerville as Holding IFB #26-63 Restaurant Food Health Inspector

From: Felisa Gárate, Senior Procurement Manager

Date: 4/29/2026

Re: Revised Price Form (Section 3.0)

Addendum No. 1 to IFB #26-63

Please acknowledge receipt of this Addendum by signing below and including this form in your proposal package. Failure to do so may subject the proposer to disqualification.

NAME OF COMPANY / INDIVIDUAL: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE/FAX/EMAIL: _____

SIGNATURE OF AUTHORIZED INDIVIDUAL: _____

ACKNOWLEDGEMENT OF ADDENDA:

Addendum #1 _____ **#2** _____ **#3** _____ **#4** _____

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Revised Price Form (Section 3.0)

The annual estimated quantities have been revised on the Price Form (Section 3.0), is attached to this addendum.

Bidders **must** use the attached revised Price Form when submitting their sealed bid package.

IFB# 26-63
SECTION 3.0
PRICING

By signing this Price Form, the Proposer certifies the following bulleted statements and offers to supply and deliver the materials and services specified below in full accordance with the Contract Documents supplied by the City of Somerville entitled: Restaurant Food Health Inspector

- The bids will be received at the office of the Chief Procurement Officer, Somerville City Hall, 93 Highland Avenue, Somerville, MA 02143 no later than **5/6/2026 by 3PM EST**
- If the **awarded** vendor is a Corporation a “Certificate of Good Standing” (produced by the Mass. Sec. of State) must be furnished with the resulting contract (see Section 4.0.)
- **Awarded Vendor** must comply with Living Wage requirements (see Section 4.0; only for services)
- **Awarded Vendor** must comply with all applicable laws, including but not limited to the [Somerville Wage Theft Ordinance](#).
- **Awarded Vendor** must comply with insurance requirements as stated in Section 4.0.
- The Chief Procurement Officer reserves the right to accept or reject any or all bids and/or to waive any informalities if in her/his sole judgment it is deemed to be in the best interest of the City of Somerville.
- The following prices shall include delivery, the cost of fuel, the cost of labor, and all other charges.
- This form to be enclosed in sealed bid package.

Please provide Unit Price for the following and include any additional fees not listed:

Year 1 (7/1/2026 – 6/30/2027)				
Health Inspection Services	Unit	Annual Est. Quantities	Unit Cost Year 1	Sub-Total Year 1 (Est. Qts. X Unit Cost Yr. 1)
Routine Inspection	each	835	\$	\$
Risk Level 1 Routine Inspection	each	73	\$	\$
Re-inspection	each	635	\$	\$
Complaint Inspection	each	83	\$	\$
Pre-operational Inspection	each	33	\$	\$
Foodborne Illness Investigation	per hour	10 hrs.	\$	\$
Miscellaneous-Hourly Rate (Regular 7:30AM to 7:00PM (M-F))	per hour	832 hrs.	\$	\$
Total Estimated Cost for Year 1:				\$

Year 2 (7/1/2027 – 6/30/2028)				
Health Inspection Services	Unit	Annual Est. Quantities	Unit Cost Year 2	Sub-Total Year 2 (Est. Qts. X Unit Cost Yr. 2)
Routine Inspection	each	835	\$	\$
Risk Level 1 Routine Inspection	each	73	\$	\$
Re-inspection	each	635	\$	\$
Complaint Inspection	each	83	\$	\$
Pre-operational Inspection	each	33	\$	\$

Foodborne Illness Investigation	per hour	10 hrs.	\$	\$
Miscellaneous-Hourly Rate (Regular 7:30AM to 7:00PM (M-F))	per hour	832 hrs.	\$	\$
Total Estimated Cost for Year 2:				\$

Year 3 (7/1/2028 – 6/30/2029)				
Health Inspection Services	Unit	Annual Est. Quantities	Unit Cost Year 3	Sub-Total Year 3 (Est. Qts. X Unit Cost Yr. 3)
Routine Inspection	each	835	\$	\$
Risk Level 1 Routine Inspection	each	73	\$	\$
Re-inspection	each	635	\$	\$
Complaint Inspection	each	83	\$	\$
Pre-operational Inspection	each	33	\$	\$
Foodborne Illness Investigation	per hour	10 hrs.	\$	\$
Miscellaneous-Hourly Rate (Regular 7:30AM to 7:00PM (M-F))	per hour	832 hrs.	\$	\$
Total Estimated Cost for Year 3:				\$

Total Price (Total Estimated Cost of Years 1+2+3)	
Total Price in Numbers (123)	\$
Total Price in Words (abc)	

Name of Company/Individual:	
Address, City, State, Zip:	
Tel #	Email:
Signature of Authorized Individual	
Please acknowledge receipt of any and all Addenda (if applicable) by signing below and including this form in your bid package. Failure to do so may subject the proposer to disqualification.	
ACKNOWLEDGEMENT OF ADDENDA:	
Addendum #1 ___ #2 ___ #3 ___ #4 ___ #5 ___ #6 ___ #7 ___ #8 ___ #9 ___ #10 ___	