



MARYLAND TRANSIT ADMINISTRATION

MARYLAND DEPARTMENT OF TRANSPORTATION

Martin O'Malley, Governor • Anthony G. Brown, Lt. Governor
Beverley K. Swaim-Staley, Secretary • Ralign T. Wells, Administrator

MEMORANDUM

TO: Holders of Contracts Documents

FROM: Nannette C. Gibson, Procurement Administrator
Maryland Transit Administration
Procurement Division
6 Saint Paul Street, 7th Floor
Baltimore, Maryland 21202-1614

SUBJECT: Addendum No. 1
Invitation for Bids (IFB) for
Contract No. MTA-1372 Sale Removal and Disposal of Forty (40) Scrap Buses
SALES REMOVAL and DISPOSAL of FORTY (40) SCRAP BUSES

DATE: March 14, 2012

Issued herewith and effective this date is Addendum No. 1.

ITEM ONE:

- **The due date, location, and public opening of “sealed bids” remain unchanged, as originally stated in the IFB: “All bids must be received, no later than 2:00 P.M. (Eastern Standard Time), on March 20, 2012”.**

ITEM TWO:

- **The quantity of scrap buses has changed. The MTA has change the total from forty-one (41) buses to the Sale Removal and Disposal of Forty (40) Scrap Buses.**

The information issued with this Addendum will become part of the contract awarded to the successful bidder. If you have any questions regarding this Addendum, please contact me at 410-767-0813 or by e-mail at ngibson@mta.maryland.gov

A handwritten signature in cursive script that reads "Nannette C. Gibson". The signature is written in black ink and is positioned above the printed name.

Nannette C. Gibson
Procurement Administrator
MTA Procurement Division

cc: Contract File

MARYLAND TRANSIT ADMINISTRATION
WILLIAM DONALD SCHAEFER TOWER
6 ST. PAUL STREET
BALTIMORE, MD 21202-1614

BID OPENING: March 20, 2012

TIME: 2:00 P.M.

LOCATION: MARYLAND TRANSIT ADMINISTRATION
PROCUREMENT DIVISION - 7TH FLOOR
WILLIAM DONALD SCHAEFER TOWER
6 SAINT PAUL STREET
BALTIMORE, MD 21202-1614

CONTRACT NO. MTA-1372
SALE, REMOVAL AND DISPOSAL
OF FORTY (40) SCRAP BUSES
BID FORM

Forty (40) Total Bid: \$ _____

Signature of Authorized Representative

Date

Name of Authorized Representative:

Please Type

Firm Name: _____

Address: _____

Phone Number: _____

Federal ID or Social Security No.: _____

ADDENDUM NO.1