ABSALOM JONES COMMUNITY CENTER
INTERIOR LIGHT FIXTURE REPLACEMENT
OMB/DFM CONTRACT #’S MC1002000463
ADDITIONAL #4

REVISED BID FORM:

1. Attached is the revised bid form to be utilized for this project.

Addendum #4
1. Addendum #4 Summary (this document) (1 page)
2. Specification (8 pages)
   a. 00 41 13

Summarized By: DEDC, LLC
    Matt Lano
Date: July 9, 2020
SECTION 00 41 13

BID FORM

For Bids Due: Thursday, July 16th, 2020 (11:00 a.m.) To: Ms. Ashlie Stanley
Construction Projects Manager
State of Delaware
Office of Management and Budget
540 South DuPont Highway, Suite 1
Dover, Delaware 19901

Name of Bidder: ____________________________

Delaware Business License No.: ____________________________ Taxpayer ID No.: ____________________________
(A copy of Bidder’s Delaware Business License must be attached to this form.)

(Other License Nos.): ____________________________

Phone No.: (______) ___________ - ___________ Fax No.: (______) ___________ - ___________

The undersigned, representing that he has read and understands the Bidding Documents and that this bid is made in accordance therewith, that he has visited the site and has familiarized himself with the local conditions under which the Work is to be performed, and that his bid is based upon the materials, systems and equipment described in the Bidding Documents without exception, hereby proposes and agrees to provide all labor, materials, plant, equipment, supplies, transport and other facilities required to execute the work described by the aforesaid documents for the lump sum itemized below:

$ ____________

(ALLOWANCE)

A $10,000 ten thousand dollar allowance shall be provided as part of the base bid of this project to cover miscellaneous items found during construction. Contractor shall use Allowance Authorization Form to document any allowance change orders. At closeout of the Contract, funds remaining in the Contingency allowance will be credited to Owner by Change Order.

Confirmed: ____________________________________

(Signature)

(ALTERNATES)

Alternate prices conform to applicable project specification section. Refer to specifications for a complete description of the following Alternates. An “ADD” or “DEDUCT” amount is indicated by the crossed out part that does not apply.

ALTERNATE No. 1: ___ Provide replacement emergency wall packs in existing backboxes previously serving emergency egress devices. (typical 12)

Add/Deduct: ____________________________________

($ ____________

DEDC, LLC
19P369
ALTERNATE No. 2: Provide new security flood light with photocell controls on exterior of Art Studio 207 overlooking back parking lot.

Add/Deduct: ____________________________________________________________

($                                          )
BID FORM

I/We acknowledge Addendums numbered ________ and the price(s) submitted include any cost/schedule impact they may have.

This bid shall remain valid and cannot be withdrawn for thirty (30) days from the date of opening of bids (60 days for School Districts and Department of Education), and the undersigned shall abide by the Bid Security forfeiture provisions. Bid Security is attached to this Bid.

The Owner shall have the right to reject any or all bids, and to waive any informality or irregularity in any bid received.

This bid is based upon work being accomplished by the Sub-Contractors named on the list attached to this bid.

Should I/We be awarded this contract, I/We pledge to achieve substantial completion of all the work within _____ calendar days of the Notice to Proceed.

The undersigned represents and warrants that he has complied and shall comply with all requirements of local, state, and national laws; that no legal requirement has been or shall be violated in making or accepting this bid, in awarding the contract to him or in the prosecution of the work required; that the bid is legal and firm; that he has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken action in restraint of free competitive bidding.

Upon receipt of written notice of the acceptance of this Bid, the Bidder shall, within twenty (20) calendar days, execute the agreement in the required form and deliver the Contract Bonds, and Insurance Certificates, required by the Contract Documents.

I am / We are an Individual / a Partnership / a Corporation

By ________________ Trading as ________________________________

(Individual’s / General Partner’s / Corporate Name)

(State of Corporation)

Business Address: ______________________________________

____________________________________________________

____________________________________________________

Witness: ____________________________ By: ____________________________

( Authorized Signature )

(SEAL)

( Title )

Date: ________________________________

ATTACHMENTS

Sub-Contractor List
Non-Collusion Statement
Affidavit(s) of Employee Drug Testing Program
Bid Security
(Others as Required by Project Manuals)
In accordance with Title 29, Chapter 69, Section 6962(d)(10)b of the Delaware Code, the following subcontractor listing must accompany any bid submittal. The bidder must list in each category the full name and address (City & State) of the sub-contractor that the bidder will be using to perform the work and provide material for that subcontractor category. Should the bidder’s listed subcontractor intend to provide any of their subcontractor category of work through a third-tier contractor, the bidder shall list that third-tier contractor’s full name and address (City & State). If the bidder intends to perform any category of work itself, it must list its full name and address. For clarification, if the bidder intends to perform the work themselves, the bidder may not insert “not applicable”, “N/A”, “self” or anything other than its own full name and address (City & State). To do so shall cause the bid to be rejected. In addition, the failure to produce a completed subcontractor list with the bid submittal shall cause the bid to be rejected. If you have more than three (3) third-tier contractors to report in any subcontractor category, print out additional page(s) containing the appropriate category, complete the rest of your list of third-tier contractors for that category, notate the addition in parentheses as (CONTINUATION) next to the subcontractor category and an asterisk (*) next to any additional third-tier contractors, and submit it with your bid.

<table>
<thead>
<tr>
<th>Subcontractor Category</th>
<th>Subcontractor</th>
<th>Address (City &amp; State)</th>
<th>Subcontractors tax payer ID # or Delaware Business license #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ELECTRICAL</td>
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<td></td>
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<tr>
<td>A.</td>
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<td>B.</td>
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<tr>
<td>C.</td>
<td></td>
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</tr>
</tbody>
</table>
BID FORM

NON-COLLUSION STATEMENT

This is to certify that the undersigned bidder has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal submitted this date to the Office of Management and Budget, Division of Facilities Management.

All the terms and conditions of MC1002000463 have been thoroughly examined and are understood.

NAME OF BIDDER: ____________________________________________________________

AUTHORIZED REPRESENTATIVE (TYPED): ______________________________________

AUTHORIZED REPRESENTATIVE (SIGNATURE): _________________________________

TITLE: _____________________________________________________________________

ADDRESS OF BIDDER: _______________________________________________________

_________________________________________________________________________

E-MAIL: _________________________________________________________________

PHONE NUMBER: _________________________________________________________

Sworn to and Subscribed before me this ______________________ day of __________________ 20___.

My Commission expires _______________________. NOTARY PUBLIC _________________.

THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED.
AFFIDAVIT
OF
EMPLOYEE DRUG TESTING PROGRAM

4104 Regulations for the Drug Testing of Contractor and Subcontractor Employees Working on Large Public Works Projects requires that Contractors and Subcontractors implement a program of mandatory drug testing for Employees who work on Large Public Works Contracts funded all or in part with public funds.

We hereby certify that we have in place or will implement during the entire term of the contract a Mandatory Drug Testing Program for our employees on the jobsite, including subcontractors that complies with this regulation:

Contractor/Subcontractor Name: ____________________________________________

Contractor/Subcontractor Address: __________________________________________

Authorized Representative (typed or printed): _________________________________

Authorized Representative (signature): _______________________________________

Title: __________________________________________________________________

Sworn to and Subscribed before me this _____________ day of _________________ 20____.

My Commission expires _______________. NOTARY PUBLIC _____________________________.

THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED.
AFFIDAVIT
OF
CONTRACTOR QUALIFICATIONS

We hereby certify that we will abide by the contractor’s qualifications outlined in the construction bid specifications for the duration of the contract term.

In accordance with Title 29, Chapter 69, Section 6962(d)(10)b.3 of the Delaware Code, after a contract has been awarded the successful bidder shall not substitute another subcontractor whose name was submitted on the Subcontractor Form except for the reasons in the statute and not without written consent from the awarding agency. Failure to utilize the subcontractors on the list will subject the successful bidder to penalties as outlined in the General Requirements Section 5.2 of the contract.

Contractor Name: ________________________________

Contractor Address: ___________________________________________

___________________________________________________________________________

Authorized Representative (typed or printed): _______________________________

Authorized Representative (signature): ________________________________

Title: ______________________________

Sworn to and Subscribed before me this ________________ day of ________________ 20___.

My Commission expires ________________. NOTARY PUBLIC ____________________________________

THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED.