BERNARDON

ARCHITECTURE INTERIOR DESIGN LANDSCAPE ARCHITECTURE

ADDENDUM No.: 03

Project Name:	EXTERIOR RENOVATIONS at Fenwick Island Lightkeeper's House State of Delaware Contract Number: MC2006000140
Bernardon Proj. No.:	8347.01-16
Date of Issue:	March 07, 2018
Notice No. 1:	Attach this addendum to the Project Manual for this project. It modifies and becomes part of the Bidding Documents. Work or material not specifically mentioned herein is to be as described in the main body of the specification and as shown on the drawings.
Bids Due:	Tuesday, March 13, 2018 by 11:00AM Division of Facilities Management Thomas Collins Building 540 South DuPont Highway, Suite 1, Dover, DE 19901

General Clarifications:

None

Clarifications to the Drawings:

None

Clarifications to the Project Manual:

Replace Section 00 41 13 "BID FORM" in its entirety with that attached.

T:\8347.01-16 F.I. Light Keeper's House\Issued\Issued for Bid\Addendum 03\MC2006000140 Addendum-003.docx

BID FORM

For Bids Due:	Tuesday March 13, 2018	To:	 State of Delaware Office of Management and Budget, Division of Facilities Management Thomas Collins Building 540 S. DuPont Highway, Suite 1 (Third Floor) Dover, DE 19901
Name of Bidde	r:		
Delaware Busin (<u>A copy of Bido</u>	ness License No.: ler's Delaware Business Licens	se must be a	Taxpayer ID No.: attached to this form.)
(Other License	Nos.):		
Phone No.: ()		Fax No.: ()
			stands the Bidding Documents and that this bid is made in accordance

the understand, representing that he has read and understands the blocking bocuments and that this old 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:

\$			
(\$)		

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: Wood window replacement

UNIT PRICE No. 1: Replace wood shingle siding

(\$

Add/Deduct:

)

UNIT PRICES

Unit prices conform to applicable project specification section. Refer to the specifications for a complete description of the following Unit Prices:

<u>ADD</u> <u>DEDUCT</u> \$_____\$____

Bernardon LLC Project No.: 8347.01-16 BID FORM 00 41 13 - 1

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
By(Individual's / General Partner's / Corporate Name)	
(State of Corporation)	_
Business Address:	
Witness:	_ By:
(SEAL)	
	(Title) Date:
ATTACHMENTS Sub-Contractor List	

Sub-Contractor List Non-Collusion Statement Affidavit of Employee Drug Testing Program Bid Security (Others as Required by Project Manuals)

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BID FORM

SUBCONTRACTOR LIST

In accordance with Title 29, Chapter 6962 (d)(10)b <u>Delaware Code</u>, the following sub-contractor listing must accompany the bid submittal. The name and address of the subcontractor **must be listed for each category** where the bidder intends to use a sub-contractor to perform that category of work. In order to provide full disclosure and acceptance of the bid by the *Owner*, it is **required that bidders list themselves as being the sub-contractor for all categories where he/she is qualified and intends to perform such work.** This form must be filled out completely with no additions or deletions.

Subcontractor Category	<u>Subcontractor</u>	Address (City & State)	<u>Subcontractors tax payer ID #</u> or Delaware Business license #
1. Carpentry			
2. Mason			
3. Roofer			
4. Painter (RRP Certified)			
5. Electrician			
6. Selective Demolition			

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 (Project or Contract Number) 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.

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