

**Addendum  
No. 2**

Date: August 18, 2017  
Project: Governor Bacon Health Center  
Tilton South-1 Nurses Station  
MC3514000039

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The work herein shall be considered part of the bid documents for the referenced project and carried out in accordance with the following supplemental instructions issued in accordance with the Contract Documents without change in Contract Sum or Contract Time. Acknowledge receipt of addendum on the bid form as indicated.

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**General**

1. **Governor Bacon Health Center  
Tilton Building – South 1 Nurses Station  
MC3514000039**
2. **Bid Form:** Bid Form is revised. Submit bid using the bid form with the note “REV.1 8/18/17 Addendum2” in the heading (Included herein).
3. **Phasing:** Work shall be phased to ensure that the Nurse’s Station remains functional throughout construction. Phasing shall generally be as follows:
  - a. Phase 1: Complete demolition of Bedroom 136, Office 137 and Office 138 and plumbing demolition at floors above and below and complete construction of new Nurse Station 136, Office 136A, Office 137 and Office 138. Complete demolition of Closet 140 and construction of new Med Room 140.
  - b. Phase 2: Complete demolition of existing South 1 Nurse Station, Med Room 129 and complete construction of new Resident Lounge and Closet 129.
  - c. Additional Work: Renovation of Toilet Room 119T and installation of gate at North 1 Nurse Station may be completed in either phase.
4. **Salvage:** Owner shall have the option to take possession of all electrical fixtures, plumbing fixtures, equipment and furniture to be removed under the contract. Contractor shall coordinate with the Owner on scope of items to be retained and location to place items.

**Changes to Specifications**

1. Section 00 41 13 – Bid Form  
Revise Bid Form to include Alternate #1.

**Governor Bacon Health Center, Tilton Building – South-1 Nurses Station Project  
Delaware City, Delaware  
MC 3514000039**

**BID FORM**

**For Bids Due:** (DATE) \_\_\_\_\_ **To:** \_\_\_\_\_  
State of Delaware  
Division of Facilities Management  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\$ \_\_\_\_\_  
( \$ )

**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.

**ADD ALTERNATE #1** – Glass Fiber Reinforced Plastic Panels. Refer to Specification Section 01 23 00 – Alternates.

\$ \_\_\_\_\_  
( \$ )

**UNIT PRICES**

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

**None**

**ALLOWANCES**

The following allowance is set aside for unpredicted scope on the project, to be verified and billed as the project conditions dictate. Allowance is to be included in Base Bid. Allowance shall be utilized at the Owner's discretion and shall be returned to the Owner if not used.

**ALLOWANCE #1: \$10,000**

**Governor Bacon Health Center, Tilton Building – South-1 Nurses Station Project  
Delaware City, Delaware  
MC 3514000039**

**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 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:** \_\_\_\_\_  
(SEAL) ( Authorized Signature )  
\_\_\_\_\_  
( Title )  
**Date:** \_\_\_\_\_

**ATTACHMENTS**

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

**Governor Bacon Health Center, Tilton Building – South-1 Nurses Station Project**  
Delaware City, Delaware  
MC 3514000039

**BID FORM**

**SUBCONTRACTOR LIST**

In accordance with Title 29, Chapter 6962 (d)(10)b Delaware Code, the following sub-contractor listing must accompany the bid submittal. The name and address of the sub-contractor **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. **Note that all subcontractors listed below must have a signed Affidavit of Employee Drug Testing Program included with this bid.**

<u>Subcontractor Category</u>	<u>Subcontractor</u>	<u>Address (City &amp; State)</u>	<u>Subcontractors tax payer ID # or Delaware Business license #</u>
1. DEMOLITION	_____	_____	_____
4. CARPENTRY	_____	_____	_____
5. PAINTING	_____	_____	_____
6. FLOORING	_____	_____	_____
6. ELECTRICAL	_____	_____	_____
7. PLUMBING	_____	_____	_____
8. MECHANICAL	_____	_____	_____

**Governor Bacon Health Center, Tilton Building – South-1 Nurses Station Project  
Delaware City, Delaware  
MC 3514000039**

**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 the South-1 Nurses Station Project, MC3514000039 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 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.**