

April 13, 2015

To: All Contractors

From: Professional Roof Services (*ejem*)

Re: Addendum #2
Roof Repair, Restoration and Replacement Project on the
Main and 1912 Buildings at the Emily P. Bissell Hospital

1. An updated bid form with an alternate for the replacement roofing providing installation of a 3-ply built up modified roofing system for this job is attached.

Main Building - The roof system will be composed of two layers of Type VI fiberglass felt and one ply of an approved SBS modified smooth surface membrane set in Type IV low fuming asphalt. The surface of the roof will be covered with a flood coat of asphalt and promptly covered with pea gravel.

1912 Building - The roof system will be composed of two layers of Type VI fiberglass felt and one ply of an approved SBS modified mineral surfaced membrane set in Type IV low fuming asphalt. The surface of the roof will be coated with two applications of a white water-based acrylic coating.

On the proposal for this job please make sure to provide separate quotations for the base bid and the alternate.

2. Bids are still due on Thursday, April 16, 2015 at 2:30 P.M. Location is the State of Delaware, Office of Management and Budget, Division of Facilities Management, at the Thomas Collins Building, 540 S. DuPont Highway, Suite 1 (Third Floor), Dover, DE 19901.
3. With the addition of this alternate to the original specification, the last day for questions will be extended from Monday, April 13, 2015 until Wednesday, April 15, 2015 at the close of business.

End of Addendum

Cc: Mike Topolski, DHSS Facility Operations
Terri McCall, State of DE OMB/DFM
Natalie Curran, State of DE OMB/DFM
Stephen King, State of DE OMB/DFM
Mike Sanders, Harvard Environmental
Blaine Chipola, PRSI
Brad Smith, PRSI
Mike McGonigle, PRSI
File

Emily P. Bissell Hospital
Main and 1912 Building
Roof Repair, Restoration and Replacement
Contract #MJ3514000010

BID FORM

For Bids Due: April 16, 2015 at 2:30 P.M.

To: State of Delaware
Office of Management & Budget
540 South DuPont Highway
Suite 1
Dover, DE 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.:** () _____ - _____

1. BASE BID – EMILY P. BISSELL HOSPITAL MAIN AND 1912 BUILDING ROOF REPAIR, RESTORATION AND REPLACEMENT:

Replacement of designated roofs with a two-ply cold process modified roof with a flood and gravel surface. New perimeter and projection flashings will be installed along with new drains and edge metals. Restoration will include roof repairs and the installation of a white liquid applied coating. Designated roofs will receive miscellaneous roof repairs.

\$ _____

In Words: _____

2. ALTERNATE #1 - EMILY P. BISSELL HOSPITAL MAIN AND 1912 BUILDING ROOF REPAIR, RESTORATION AND REPLACEMENT:

Replacement of designated roofs with a three-ply built-up modified bituminous roof system with a flood and gravel surface. New perimeter and projection flashings will be installed along with new drains and edge metals. Restoration will include roof repairs and the installation of a white liquid applied coating. Designated roofs will receive miscellaneous roof repairs.

\$ _____

In Words: _____

3. UNIT PRICES:

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

- a. Submit a square foot price for repair of metal decking, over and above the 400 square feet included in the base bid. Base price on prepping and priming the existing decking with Red Oxide Primer.
(Labor and Material) +\$ _____ /S.F.
- b. Submit a square foot price for replacement of existing metal decking, over and above, the 400 square feet included in the base bid. Base price on "nesting" new decking over existing.
(Labor and Material) +\$ _____ /S.F.
- c. Submit a square foot price for repair of concrete decking, over and above the 200 square feet included in the base bid. Base price on ½ inch thickness of Sika Top 123 Plus.
(Labor and Material) +\$ _____ /S.F.
- d. Submit a square foot price for replacement of existing wood decking, over and above the 50 square feet included in the base bid. Base price on 5/8 inch CDX plywood.
(Labor and Material) +\$ _____ /S.F.
- e. Submit a square foot price for replacement of lightweight concrete insulation, over and above the 1,200 square feet included in the base bid. Base price on 3 ½ inches of polyisocyanurate and ½ inch Securock adhered to the concrete decking.
(Labor and Material) +\$ _____ /S.F.

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 sixty (60) 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

Bid Security

(Others as Required by Project Manuals)

BID FORM

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Emily P. Bissell Hospital
Main and 1912 Buildings
Roof Repair, Restoration and Replacement
Contract #MJ3514000010

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, address and Subcontractors tax payer ID# or Delaware Business License# **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.**

<u>Subcontractor Category</u>	<u>Subcontractor</u>	<u>Address (City & State)</u>	<u>Subcontractors tax payer ID# or Delaware Business license#</u>
1. Roofing Contractor	_____	_____	_____
2. Carpentry	_____	_____	_____
3. Mechanical (Drains)	_____	_____	_____
4. Sheet Metal	_____	_____	_____
5. Mechanical (Units)	_____	_____	_____

Emily P. Bissell Hospital
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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 Emily P. Bissell Hospital Main and 1912 Building Roof Repair, Restoration and Replacement Project 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.