

August 24, 2015

To: All Contractors

From: Professional Roof Services (*BJC*)

Re: Addendum #4
Re-bid for the Roof Repair, Restoration and Replacement Project on the
Main and 1912 Buildings at the Emily P. Bissell Hospital

1. Pre-bid sign-in sheet is attached.
2. Bids are due on Thursday, September 3, 2015 at 2:00 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. Last day of questions will be Monday, August 31, 2015 at the close of business.
4. Appointments to visit the site must be made through Mr. Alan Kocenko. Mr. Kocenko's contact info can be found on the attached sign-in sheet. Please give them at least 24 hours advance notice prior to scheduling your visit.
5. The Masonry Repair portion of spec section 075216 - Bissell Hospital 1912 Building Modified Roof Replacement has been handled by the state under a separate contract.
6. Copy of Bid Form to be used is attached for your use.
7. Updated plans from DEDC show the unit in the northwest corner of Roof Area 8, Main Building, will remain. Contractor will be responsible to disconnect the electric, coolant and gas lines, lift unit, install roofing and flashing, lower unit to wood sleepers, reconnect utilities and re-charge unit, start and test unit.

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8. One (1) set of existing rail cubs on Roof Area 6, on the 1912 Building, will remain in place to be re-used.
9. Section 5.0, page 16 of the Main Building's Roof Replacement Section should read BASE SHEET / EXISTING LIGHTWEIGHT CONCRETE INSULATION, ROOF AREAS 2, 6, 8 & 10.
10. Contractor's must **attach** a copy of their State of Delaware Business License to the Bid Form.
11. Please list acknowledgement of addenda as #1, #2, #3 & #4 on the Bid Form.

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

State of Delaware
 Emily Bissell Hospital Main & 1912 Bldg.
 Roof Repair, Restoration and Replacement Project
 Contract #MJ3514000010
 Pre-Bid Meeting 08/19/15 – Re-Bid

Name	John M. Peck	Name	Andy Bakon
Company	Garvey Roark, LLC	Company	Schlosson & Associates
Address	600B Snyder Ave.	Address	2047 Sunset Lake Rd.
City, State, Zip	West Chester, PA 19382	City, State, Zip	Newark, DE 19714
Phone/Fax	(610) 738-4661 (610) 738-8376	Phone/Fax	(302) 738-7333 (302) 738-5692
Email	john@garveyroark.com	Email	abakonsa@hotmail.com
Name	Adam Creed	Name	Alan Kocenko
Company	H K Griffith	Company	DHSS Facility Operations
Address	115 Happy Lane	Address	3000 Newport Gap Pike
City, State, Zip	Newark, DE 19711	City, State, Zip	Wilmington, DE 19703
Phone/Fax	(302) 368-4635 / (302) 368-4624	Phone/Fax	(302) 319-8413
Email	adamcreed@hkgriffith.com	Email	Alan.kocenko@state.de.us
Name	Stephanie Bleacher	Name	Terri McCall
Company	Wilkinson Roofing and Siding, Inc.	Company	OMB/DFM
Address	1000 First State Blvd.	Address	540 South Dupont Hwy. 3 rd Floor
City, State, Zip	Wilmington, DE 19804	City, State, Zip	Dover, DE 19901
Phone/Fax	(302) 998-0176 (302) 998-9719	Phone/Fax	(302) 739-5644 (302) 739-3037
Email	Stephanie@wilkinsonroofing.com jim@wilkinsonroofing.com	Email	
Name	John Sullivan	Name	Buck High
Company	DA Nolt	Company	Tri-State Roofers
Address	53 Cross Key Rd.	Address	404 Meco Drive
City, State, Zip	Berlin, NJ	City, State, Zip	Wilmington, DE 19804
Phone/Fax	(856) 753-9333	Phone/Fax	(302) 995-7027 (302) 995-7527
Email		Email	Bhigh01@comcast.net
Name	Jim McCullough	Name	Matthew Tetrich
Company	Mechanical Solutions & Assoc.	Company	Farrell Roofing Inc.
Address	127A Brinton Lake Rd. PO Box 67	Address	201 W. Lake St.
City, State, Zip	Concordville, PA 19331	City, State, Zip	Middletown, DE 19709
Phone/Fax	(484) 840-0220	Phone/Fax	(302) 378-7663
Email	jimmccullough@mechsolutions1.com	Email	mrtetrich@farrellroofing.com
Name	Matt Papa	Name	
Company	P & C Roofing Inc.	Company	
Address	35 Southgate	Address	
City, State, Zip	New Castle, DE 19720	City, State, Zip	
Phone/Fax	302-322-6767 / 302-322-8809	Phone/Fax	
Email	matt@pproofinginc.com	Email	

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

BID FORM

For Bids Due: September 3, 2015 at 2:00 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 1/2 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 1/2 inches of polyisocyanurate and 1/2 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)

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.