

February 3, 2017

To: All Contractors

From: Professional Roof Services (*egem*)

Re: Addendum #1
Delaware Hospital for the Chronically Ill
Medical Center Building
Roof Replacement & Repair Project
Contract # MJ3514000016

1. Prebid sign-in sheet is attached.
2. Bids are due on Tuesday, February 21, 2017 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 Thursday, February 16, 2017 at 12:00 noon.
4. Appointments to visit the site must be made through Mr. Rodney Holderbaum or Mr. John Bell, their contact info can be found on the attached sign-in sheet.
5. Contractor must supply his or her own toilet facilities. Entry into the building will be prohibited.
6. A revised Bid Form showing the pre-set unit pricing and a revised subcontractor list for this project is attached.

End of Addendum

Cc: Patrick McKenna, OMB State of DE
Rodney Holderbaum, State of DE, DHSS/DMS – D.H.C.I. Facility Operations
John S. Bell, State of DE, DHSS/DMS – D.H.C.I. Facility Operations
Brad Smith, PRSI
Blaine Chipola, PRSI
Mike McGonigle, PRSI
Ken Myers, PRSI
File

State of Delaware
Delaware Hospital for the Chronically Ill
Medical Center Bldg. Contract #MJ3514000016
Roof Replacement & Repair Project
Pre-Bid Meeting Sign-In Sheet

Name	John M. Peck	Name	Jason Stallings
Company	Garvey Roark, LLC	Company	Quality Exteriors, Inc.
Address	600 B Snyder Ave.	Address	60 Hopkins Cemetery
City, St, Zip	West Chester, PA 19382	City, St, Zip	Harrington, DE 19952
Phone/Fax	610-738-4661 / 610-738-8376	Phone/Fax	302-398-9283 / 302-398-9290
Email	john@garveyroark.com	Email	Jason@gexteriorsinc.com
Name	Jim McKeever	Name	Ed Laut
Company	Wilkinson Roofing	Company	Allied Building Products
Address	1000 First State Park Blvd.	Address	2430 E. Tioga St.
City, St, Zip	Wilmington, DE 19804	City, St, Zip	Philadelphia, PA 19134
Phone/Fax	302-998-0176 / 302-998-9719	Phone/Fax	215-425-6780 / 215-739-3350
Email	jim@wilkinsonroofing.com	Email	Ed.laut@alliedbuilding.com
Name	Matthew Tetrick	Name	Rich Michel
Company	Farrell Roofing Inc.	Company	D.A. Nolt. Inc.
Address	201 W. Lake St.	Address	53 Cross Keys Road
City, St, Zip	Middletown, DE 19709	City, St, Zip	Berlin, NJ 08009
Phone/Fax	302-378-7663	Phone/Fax	856-753-9333 / 856-753-4963
Email	mrtetrick@farrellroofing.com	Email	rmichel@danolt.com
Name	Jonathan McDevitt	Name	Goutham Dass
Company	J. Wilhelm Roofing	Company	Narissa Building Company
Address	1960 S. West Blvd.	Address	501 South Broom Street
City, St, Zip	Vineland, NJ 08360	City, St, Zip	Wilmington, DE 19805
Phone/Fax	856-691-6161	Phone/Fax	302-507-6028
Email	jon@wilhelmroofing.com	Email	goutham@narissabldgco.com
Name	Mike McKeon	Name	Joe Havens
Company	RPJ Waste Services	Company	Jottan Inc.
Address	453 Pier Head Blvd.	Address	61 Cathy Lane
City, St, Zip	Smyrna, DE 19977	City, St, Zip	Florence, NJ 08518
Phone/Fax	302-653-9999	Phone/Fax	609-447-6200
Email	mike@rpjwaste.com	Email	salesadmin@jottan.com
Name	Patrick McKenna	Name	Larry Bathon
Company	State of DE, OMB/DFM	Company	Bathon Builders Inc.
Address	540 South DuPont Hwy.	Address	344 Appleton Road
City, St, Zip	Dover, DE 19901	City, St, Zip	Elkton, MD 21921
Phone/Fax	302-739-5644 / C-302-900-1061	Phone/Fax	410-498-0800
Email	Patrick.mckenna@state.de.us	Email	abathon@aol.com

State of Delaware
 Delaware Hospital for the Chronically Ill
 Medical Center Bldg. Contract #MJ3514000016
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 Pre-Bid Meeting Sign-In Sheet

Name	Brad Smith	Name	Rodney Holderbaum
Company	Professional Roof Services, Inc.	Company	DHSS/DMS – Facility Operations
Address	229 Lake Drive	Address	100 Sunnyside Road
City, St, Zip	Newark, DE 19709	City, St, Zip	Smyrna, DE 19977
Phone/Fax	302-561-5373	Phone/Fax	302-223-1582 / 302-223-1581
Email	Bradsmith6@verizon.net	Email	rodney.holderbaum@state.de.us
Name	John Bell	Name	
Company	DHSS/DMS – Facility Operations	Company	
Address	100 Sunnyside Road	Address	
City, St, Zip	Smyrna, DE 19977	City, St, Zip	
Phone/Fax	302-223-1584 / 302-223-1581	Phone/Fax	
Email	johns.bell@state.de.us	Email	

Delaware Hospital For The Chronically Ill
Smyrna, Delaware
Medical Center Building
Roof Replacement & Repair Project
Contract #MJ3514000016

BID FORM

For Bids Due: February, 21 2017 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 – MEDICAL CENTER BUILDING:

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:

\$ _____

In Words: _____

2. ALTERNATE # 1: MASONRY CAULKING AND WATERPROOFING.

Caulking and waterproofing will include the following:

- a. Application of the SIKA LM-15, Thorolastic Smooth and Enviroseal Double 7 for Brick products as described in Section 075216 of the Bidding Documents.

\$ _____

In Words: _____

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BID FORM

3. UNIT PRICES:

- a. Submit a square foot price for repair of existing concrete decking, over and above the 200 square feet included in the base bid. Base price on ½ inch thickness using SIKA 123 Plus or equal.
Include all necessary labor and material +/- \$ 5.00 /S.F.

- b. Submit a price for synthetic slate roofing tile replacement for any additional additional loose, broken or missing synthetic slate roofing tiles that will need to be replaced above and beyond the eighty five (85) shown on the drawing.
Include all necessary labor and material +/- \$ 80.00 /ea.

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.

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Smyrna, Delaware
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BID FORM

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
- (Others as Required by Project Manuals)

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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 & State)</u>	<u>Subcontractors tax payer ID # or Delaware Business license #</u>
1. Roofing	_____	_____	_____
2. Carpentry	_____	_____	_____
3. Sheet Metal	_____	_____	_____
4. Masonry	_____	_____	_____

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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 Delaware Hospital for the Chronically Ill's Medical Building Roof Replacement and Repair 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.

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**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.