

May 23, 2017

To: All Contractors

From: Professional Roof Services (*epem*)

Re: Addendum #1
Delaware Hospital for the Chronically Ill
Powerhouse / Laundry / Garage Building
Roof Restoration & Repair Project
Contract # MJ3514000019

1. Prebid sign-in sheet is attached.
2. Bids are due on Tuesday, June 6, 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 Wednesday, May 31, 2017 at the end of the day.
4. Appointments to visit the site must be coordinated through myself or Mr. Patrick McKenna, my contact info is attached as a signature to this message Mr. McKenna's contact information can be found on the attached sign-in sheet.
5. The EPDM membrane used to flash the exhaust vents at Detail # D-CB-605 on the shingle roof areas will be primed with Clean Act Rinsable Primer. The product data sheet for this primer is attached to the addendum. Prior to installation of the specified coating system the primer will need to be applied using a Hudson-type Agricultural sprayer.
6. Coating shall be applied as described below.

Manual Application:

- a. Pour elastomeric coating onto roof in 24" rows and spread with ½" nap or foam roller.
 - b. Back roll elastomeric coating with an 18" wide 1/2" nap roller for even application. Quality check that coating meets 1.5 gallons per square (24.1 mils wet film thickness).
7. A revised Bid Form showing pre-set unit pricing for this project is attached.

8. Asbestos abatement work will be handled by the State of Delaware under a separate contract. The roofing contractor will be responsible for installation of temporary flashing in the areas that the abatement work will be occurring. Below is the requested list of materials containing Asbestos in the report provided by Harvard Environmental that is included in the specification.

Powerhouse Building (Roof Area #3): The following asbestos containing material was found within the existing roofing system.

- Roof Flashing – 240 sf – 2% Chrysotile
- Coping Stone Caulking – 60 lf – 3% Chrysotile
- Capstone Flashing Material – 5 sf – 5% Chrysotile

Laundry Building (Roof Areas #1, #2, #5 & #6): The following asbestos containing material was found within the existing roofing system.

Lower Roof Area (Roof Area # 1)

- Coping Stone Caulking – 66 lf – 3% Chrysotile
- Parapet Mastic – 262 sf – 5% Chrysotile

Upper Roof Area (Roof Area # 2)

- Coping Stone Caulking – 35 lf – 3% Chrysotile
- Flashing – 137 sf – 10% Chrysotile

Shingle Roof Areas (Roof Areas #5 & #6):

- No asbestos detected.

Garage Building (Roof Area #4): The following asbestos containing material was found within the existing roofing system.

- Roof Flashing – 184 sf – 3% Chrysotile

9. Contractor must supply his or her own toilet facilities. Entry into the building will be prohibited. Port-a-pot will be located at the northwest corner of the building near the courtyard with the ladder that was used to gain access to the roof.

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
Powerhouse / Laundry / Garage Bldg. Contract #MJ3514000019
Roof Restoration & Repair Project
Pre-Bid Meeting Sign-In Sheet

Name	Jonathan W. McDevitt	Name	Stephen Beaston
Company	J. Wilhelm Roofing Co., Inc.	Company	Wilkinson Roofing & Siding
Address	1960 S. West Blvd.	Address	1000 First State Blvd.
City, St, Zip	Vineland, NJ 08360	City, St, Zip	Wilmington, DE 19804
Phone/Fax	856-691-6161	Phone/Fax	302-998-0176 / 302-998-9719
Email	jon@wilhelmroofing.com	Email	jim@wilkinsonroofing.com
Name	John M. Peck	Name	Michael Cuocolo
Company	Garvey Roark, LLC	Company	P C Roofing Inc.
Address	600 B Snyder Ave.	Address	35 Southgate Blvd.
City, St, Zip	Wes Chester, PA 19382	City, St, Zip	New Castle, DE 19720
Phone/Fax	610-738-4661 / 610-738-8376	Phone/Fax	302-322-6767 / 302-322-8809
Email	john@garveyroark.com	Email	michael@pcroofinginc.com
Name	Bobby Maro	Name	Buck High
Company	D.A. Nolt, Inc.	Company	Tri-State The Roofers
Address	53 Cross Keys Road	Address	404 Mecco Dr.
City, St, Zip	Berlin, NJ 80843	City, St, Zip	Wilmington, DE 19804
Phone/Fax	856-753-9333 / 856-753-4963	Phone/Fax	302-995-7027 / 302-995-7527
Email	matt@danolt.com	Email	bhigh01@comcast.net
Name	Angleo Giakovmakis	Name	Patrick McKenna
Company	D. Project Inc.	Company	State of DE, OMB/DFM
Address	109 Speicher Dr.	Address	540 South Dupont Hwy.
City, St, Zip	Annapolis, MD 21401	City, St, Zip	Dover, DE 19901
Phone/Fax	301-887-7713	Phone/Fax	302-739-5644
Email	bill@dproject.com	Email	patrick.mckenna@state.de.us
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	Cell 302-561-5373	Phone/Fax	302-223-1582 / 302-223-1581
Email	bradsmith6@verizon.net	Email	rodney.holderbaum@state.de.us



CleanAct Rinseable Primer

Product Data Sheet



PRODUCT DESCRIPTION

CleanAct Rinseable Primer is a water-based, rinseable primer used directly on rubber roof (EPDM) applications to prepare the rubber substrate for acceptance of the **PremiumCoat® System**.

PACKAGING & SHELF LIFE

2 gallon (7.6 liter) bucket
5 gallon (19 liter) pail

Shelf life 9 months if unopened containers stored between 40°F and 70°F.

GAF

1 Campus Drive
Parsippany, NJ 07054
1-800-ROOF-411
gaf.com

GAF Liquid-Applied

February 2016, supercedes January 2016

For technical, system, and warranty information, visit gaf.com or call 1-800-766-3411.

USES & ADVANTAGES

- Excellent rinseable primer for preparing the rubber roof surface.
- Deep cleans the rubber by removing dirt, grit, talc and oxidation with very little effort.
- Low cost per square foot.
- No special tools or equipment necessary.
- Low VOC (< 5 g/L)

PHYSICAL PROPERTIES

CLEANACT RINSEABLE PRIMER	
Appearance	Clear
Color	Colorless to Light Purple
State	Liquid
Odor Characteristic	Mild odor
pH	6.0 – 8.5

Vapor Density	1.0 water
Melting Point	32°F (0°C)
Boiling Point	212°F (100°C)
VOC	< 5 g/l
Evaporation Rate	< 1.0 water

APPLICATION INSTRUCTIONS

SURFACE PREPARATION: Mechanically remove all loose, laitance, grease or other contamination by blowing or sweeping.

APPLICATION: **CleanAct Rinseable Primer** is a ready-to-use material. It can be applied using a Hudson-type agricultural sprayer, as well as through conventional or airless spray equipment. Safety glasses with side shields and latex gloves are recommended when transferring **CleanAct Rinseable Primer** from the shipping container to the sprayer. If using a Hudson sprayer, adjust spray nozzle to achieve a uniform spray pattern with a 3 to 4 foot (1 to 1.3m) arc. If using airless spray equipment, use a .015" to .019" (.3 to .4mm) reversible tip with a 40 to 50° fan angle. Application rate is 500 ft² per gallon (12.2 m²/l) over new or existing black EPDM surfaces. Over surfaces containing heavy deposits of dirt, wash first with United Cleaning Concentrate (UCC) prior to applying **CleanAct Rinseable Primer**.

Allow **CleanAct Rinseable Primer** to stand a minimum of 20 minutes to wet out and react with the black EPDM surface. Clean the EPDM with fresh water using a minimum 3500 psi (24,131 kPa) pressure washer fan width should be 12' at the surface. Begin the power rinse at the lowest point on the roof and work slowly upwards, keeping the pressure washer tip within 12' (30 cm) of the EPDM surface in order to remove mica and inorganic release agents. Once the highest point on the roof is reached, work down again with a final, clean water rinse. The final rinse can be done at a faster pace than the initial pressure wash, and the water should be clear with no soap bubbles present.

COVERAGE: Coverage may vary due to surface condition of substrate. Average coverage is approximately 500 ft² per gallon.

LIMITATIONS & PRECAUTIONS

Do not apply **CleanAct Rinseable Primer** at temperatures below 50°F (10°C), or when there is possibility of temperatures falling below 32°F (0°C) within a 4-hour period after application. **CleanAct Rinseable Primer** will

freeze and become unusable at temperatures below 32°F (0°C). Do not ship or store unless protection from freezing is available.

SAFETY & HANDLING

For specific information regarding safe handling of this material please refer to the Safety Data Sheet (SDS).

CLEAN UP

Thoroughly rinse application equipment with clean water.

See applicable warranties and guarantees for complete coverage and restrictions.

Delaware Hospital For The Chronically Ill
Smyrna, Delaware
Powerhouse / Laundry / Garage Building
Roof Restoration & Repair Project
Contract #MJ3514000019

BID FORM

For Bids Due: June 6, 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 – POWERHOUSE / LAUNDRY / GARAGE 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: INSTALLATION OF AN ALUMINUM CROSSOVER

A new aluminum crossover will be installed across the parapet wall between Roof Areas 2 and 3 in the location shown on the drawing. New aluminum crossover installation will also include new rail curbs to be installed and flashed as specified.

\$ _____

In Words: _____

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BID FORM

3. ALTERNATE # 2: DEMOLITION AND CAPPING OF EXISTING CHIMNEY STACK

The chimney next to the building noted on the drawing in red located on the north side of Roof Area # 3 will be capped. The existing concrete wash on top of the chimney will be removed and the chimney will be capped as described in the bidding documents.

\$ _____

In Words: _____

4. ALTERNATE # 3: REBUILD AREAS OF LOOSE, CRACKED AND MISSING BRICK:

Masonry Brick Wall located above Shingle Roof (Roof Area #5) is in poor condition. Areas of loose, cracked and missing brick will be re-built as described in the bidding documents. The areas are designated on the drawing.

\$ _____

In Words: _____

5. UNIT PRICES:

- a. Submit a square foot price for plywood deck replacement based on installation of 5/8 inch thick CDX Plywood over and above the 20 square feet included in the Base Bid.
Include all necessary labor and material \$ 8.00 /S.F.
- b. Submit a square foot price for replacement of additional wet insulation, over and above the 325 square feet included in the Base Bid. Base price on 2.0 inches of polyisocyanurate insulation and fully adhered TPO membrane.
Include all necessary labor and material \$ 20.00 /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 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.

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BID FORM

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
(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	_____	_____	_____
5. Mechanical (Drains)	_____	_____	_____
6. Demolition	_____	_____	_____

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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 Powerhouse / Laundry / Garage Building Roof Restoration 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.