

October 19, 2016

To: All Contractors

From: Professional Roof Services (*egem*)

Re: Addendum #1
Delaware Hospital for the Chronically Ill
Dietary/Dining Hall Building
Roof Replacement & Restoration Project
Contract # MJ3514000020

1. Prebid sign-in sheet is attached.
2. Bids are due on Thursday, November 3, 2016 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 Friday, October 28, 2016 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. 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.
6. A revised Bid Form showing the pre-set unit pricing for this project is attached.
7. No additional subcontractors have been added to the list provided.

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's
 Dietary and Dining Hall Bldg.
 Contract # MJ3514000020
 Pre-Bid Meeting 10/18/2016

Name	John M. Peck	Name	Joe Havens
Company	Garvey Roark, LLC	Company	Jottan, Inc.
Address	600 B Snyder Avenue	Address	61 Cathy Lane
City, St, Zip	West Chester, PA 19382	City, St, Zip	Florence, NJ 08518
Phone/Fax	610-738-4661 / 610-738-8376	Phone/Fax	609-447-6200 / 609-447-6202
Email	john@garveyroark.com	Email	joe@jottan.com
Name	Jim McKeever	Name	Ashlie Stanley
Company	Wilkinson Roofing	Company	Quality Exteriors, Inc.
Address	1000 First State Blvd.	Address	60 Hopkins Cemetery Road
City, St, Zip	Wilmington, DE 19804	City, St, Zip	Harrington, DE 19952
Phone/Fax	302-998-0176 / 302-998-9719	Phone/Fax	302-398-9283 / 302-398-9290
Email	jim@wilkinsonroofing.com	Email	jason@qexteriorsinc.com Ashlie@qexteriorsinc.com
Name	Matt Bowen	Name	Rich Michel
Company	ABC Supply Co.	Company	D.A. Nolt, Inc.
Address	1500 First State Blvd.	Address	53 Cross Keys Road
City, St, Zip	Stanton, DE 19804	City, St, Zip	Berlin, NJ 08009
Phone/Fax	302-420-0507 / 302-994-5904	Phone/Fax	856-753-9333
Email	matthew.bowen@abcsupply.com	Email	rmichel@danolt.com
Name	John McLaughlin	Name	Johnathan W. McDevitt
Company	H.K. Griffith Inc.	Company	J. Wilhelm Roofing
Address	115 Happy Lane	Address	1960 S. West Blvd.
City, St, Zip	Newark, DE 19711	City, St, Zip	Vineland, NJ 08360
Phone/Fax	302-368-4635 / 302-368-4624	Phone/Fax	856-691-6161 / 856-691-0461
Email	john@hkgriffith.com	Email	jon@wilhelmroofing.com

Name	Ken Myers	Name	Rodney Holderbaum
Company	P.R.S.I.	Company	DHSS/DMS – Facility Operations
Address	229 Lake Drive	Address	100 Sunnyside Road
City, St, Zip	Newark, DE 19702	City, St, Zip	Smyrna, DE 19977
Phone/Fax	302-731-5770 / 302-731-5771	Phone/Fax	302-223-1582 / 302-223-1581
Email	myerska@comcast.net	Email	rodney.holderbaum@state.de.us
Name	Pat McKenna	Name	John Bell
Company	Dept. of Facilities Management	Company	DHSS/DMS – Facility Operations
Address	540 S. Dupont Highway	Address	100 Sunnyside Road
City, St, Zip	Dover, DE 29851	City, St, Zip	Smyrna, DE 19977
Phone/Fax	302-739-5644	Phone/Fax	302-223-1584 / 302-223-1581
Email	patrick.mckenna@state.de.us	Email	johns.bell@state.de.us

Delaware Hospital For The Chronically Ill
Smyrna, Delaware
Dietary / Dining Hall
Roof Replacement & Restoration Project
Contract #MJ3514000020

BID FORM

For Bids Due: November 3, 2016 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 – DIETARY / DINING HALL:

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: Restoration system over the properly prepared single ply roof systems known as Roof Areas 3 & 4.

Restoration work will include but not limited to:

- a. Application of the two-coat Roof Mate Coating system with reinforced seams as described in Section 075075 of the Bidding Documents application will include the roof repairs described in Section 073115 of the Bidding Documents.

\$ _____

In Words: _____

Delaware Hospital For The Chronically Ill
Smyrna, Delaware
Dietary / Dining Hall
Roof Replacement & Restoration Project
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BID FORM

3. UNIT PRICES:

- a. Submit a square foot price for replacement of the existing wood decking over and above the 100 square feet included in the Base Bid. Base price on 5/8 inch CDX plywood.
Labor and Material + \$ 7.50 /S.F.
- b. Submit a square foot price for repair of metal decking, over and above the 200 square feet included in the base bid. Base price on prepping and priming the existing decking with Red Oxide Primer.
(Labor and Material) + \$ 5.00 /S.F.
- c. Submit a square foot price for replacement of existing metal decking, over and above, the 100 square feet included in the base bid. Base price on “nesting” new decking over existing.
(Labor and Material) + \$ 10.00 /S.F.
- d. Submit a square foot price for replacement of existing wet polyisocyanurate insulation based on 3.0 inches thick.
(Labor and Material) + \$ 10.00 /S.F.
- e. Submit a price for installation of any required additional interior drains. Base price on Smith Model 1310 with metal dome. Three inch, no piping.
(Labor and Material) ADD \$ \$1,900.00 /each.

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.

Delaware Hospital For The Chronically Ill
Smyrna, Delaware
Dietary / Dining Hall
Roof Replacement & Restoration Project
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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)

Delaware Hospital For The Chronically Ill
Smyrna, Delaware
Dietary / Dining Hall
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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. Mechanical (Drains)	_____	_____	_____
3. Carpentry	_____	_____	_____
4. Sheet Metal	_____	_____	_____

Delaware Hospital For The Chronically Ill
Smyrna, Delaware
Dietary / Dining Hall
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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 Dietary / Dining Hall Roof Replacement and Restoration 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.

Delaware Hospital For The Chronically Ill
Smyrna, Delaware
Dietary / Dining Hall
Roof Replacement & Restoration Project
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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.