

July 31, 2018

To: All Contractors

From: Professional Roof Services (*egem*)

Re: Addendum #3
Delaware Hospital for the Chronically Ill - Candee Building
Roof Repair & Restoration Project
Contract # MJ3514000022

1. Bids are due on Tuesday, August 7, 2018 at 1:30 P.M. Location is the State of Delaware, Office of Management and Budget, Division of Facilities Management, Small Conference Room, at the Thomas Collins Building, 540 S. DuPont Highway, Suite 1 (Third Floor), Dover, DE 19901.
2. Last day of questions will be Wednesday, August 1, 2017 at the end of the day.
3. The Masonry Brick Waterproofing identified in paragraph 5.0 of Specification Section 07 54 17 shall be included in the base bid.
4. In lieu of using the Roof Mate Butter Grade Flashing, Roof Mate Fabric and a final layer of Roof Mate Butter Grade Flashing to completely embed the fabric on all of the seams. The following application may be used.

Strip in all seams with Roof Mate Coating at a rate of at 1.5 gallons per 100 square feet (24.1 wet mils) then embed strips of Roof Mate Fabric by brushing or rolling into place from the center out in order to ensure adequate bleed through and adhesion. Allow to dry for 24 – 48 hours but no more than 72 hours. Followed by application of the base coat and finish coat as specified.

5. 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).

6. At all flashing and membrane defects, roof penetrations and splits these areas must be treated with an 8" wide area of Roof Mate Butter Grade Flashing, Roof Mate Fabric and a final layer of Roof Mate Butter Grade Flashing to completely embed the Fabric. Feather the Butter Grade onto the existing substrate. (Approx 32 wet mils per course).
7. A revised Bid Form showing the correct amount of wet insulation to be replaced as part of the base bid for this project and an updated subcontractor list is attached. This updated bid form will need to be submitted for this project.
8. Contractor is responsible for all jobsite safety requirements during this project.
9. Professional Roof Services, Inc. and Rhett H. Jones, AIA shall be named as an additionally insured by the awarded roofing contractor on this project.

End of Addendum

Cc: Patrick McKenna, OMB State of DE
Natalie Curran, OMB State of DE
John S. Bell, State of DE, DHSS/DMS – D.H.C.I. Facility Operations
Isaac Henry, State of DE, DHSS/DMS – D.H.C.I. Facility Operations
Stephen Zerhusen, State of DE, DHSS/DMS – D.H.C.I. Facility Operations
Blaine Chipola, PRSI
Brad Smith, PRSI
Mike McGonigle, PRSI
File

Delaware Hospital For The Chronically Ill
Smyrna, Delaware
Candee Building
Roof Repair & Restoration Project
Contract #MJ351400022

BID FORM

For Bids Due: Tuesday-August 7, 2018 at 1:30 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 – CANDEE BUILDING: SINGLE PLY MEMBRANE REPAIR (REFERENCE SECTION 07 54 17 FOR BASE BID)

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 FLUID APPLIED MEMBRANE WATERPROOFING RESTORATION COATING SYSTEM ON ROOF AREA # 2. (REFERENCE SECTION 07 56 00 FOR INFORMATION ON ALTERNATE # 1)

Add alternate includes powerwashing the membrane, priming and installing the specified reinforced EnergyStar rated coating system.

\$ _____

In Words: _____

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BID FORM

3. **ALTERNATE # 2: INSTALLATION OF FLUID APPLIED MEMBRANE WATERPROOFING RESTORATION COATING SYSTEM ON ROOF AREA # 3. (REFERENCE SECTION 07 56 00 FOR INFORMATION ON ALTERNATE # 2)**

Add alternate includes powerwashing the membrane, priming and installing the specified reinforced EnergyStar rated coating system.

\$ _____

In Words: _____

4. **ALTERNATE # 3: INSTALLATION OF FLUID APPLIED MEMBRANE WATERPROOFING RESTORATION COATING SYSTEM ON ROOF AREA # 4. (REFERENCE SECTION 07 56 00 FOR INFORMATION ON ALTERNATE # 3)**

Add alternate includes powerwashing the membrane, priming and installing the specified reinforced EnergyStar rated coating system.

\$ _____

In Words: _____

5. **ALTERNATE # 4: INSTALLATION OF FLUID APPLIED MEMBRANE WATERPROOFING RESTORATION COATING SYSTEM ON ROOF AREA # 5. (REFERENCE SECTION 07 56 00 FOR INFORMATION ON ALTERNATE # 4)**

Add alternate includes powerwashing the membrane, priming and installing the specified reinforced EnergyStar rated coating system.

\$ _____

In Words: _____

6. **ALTERNATE # 5: INSTALLATION OF FLUID APPLIED MEMBRANE WATERPROOFING RESTORATION COATING SYSTEM ON ROOF AREA # 7. (REFERENCE SECTION 07 56 00 FOR INFORMATION ON ALTERNATE # 5)**

Add alternate includes powerwashing the membrane, priming and installing the specified reinforced EnergyStar rated coating system.

\$ _____

In Words: _____

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7. **ALTERNATE # 6: INSTALLATION OF FLUID APPLIED MEMBRANE WATERPROOFING RESTORATION COATING SYSTEM ON ROOF AREA # 8. (REFERENCE SECTION 07 56 00 FOR INFORMATION ON ALTERNATE # 6)**

Add alternate includes powerwashing the membrane, priming and installing the specified reinforced EnergyStar rated coating system.

\$ _____

In Words: _____

8. **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 200 square feet included in the Base Bid.
Include all necessary labor and material \$ _____/S.F.

- b. Submit a square foot price for replacement of additional wet insulation, over and above the 2,540 square feet included in the limit of repair required to be included in the Base Bid. Base price on 4.5 inches of polyisocyanurate insulation and fully adhered Cured EPDM Single Ply membrane.
Include all necessary 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 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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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

UBCONTRACTOR 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. Roof Coating	_____	_____	_____

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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 Candee 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**

104 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 comply with this regulation:

Contractor/Subcontractor Name: _____

Contractor/Subcontractor Address: _____

Authorized Representative (typed or printed): _____

Authorized Representative (signature): _____

Title: _____

worn 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.