



TETRA TECH

240 Continental Drive, Suite 200
Newark, DE 19713
Tel: 302-738-7551
Fax: 302-454-5989

Addendum

Delaware Department of Correction
James T Vaughn Correctional Center
V Building Roof Replacement
Smyrna, Delaware
OMB/DFM Contract No.: MJ3804000075

Tt Project No. 200-26912-14014

Addendum No. 1
to
Drawings and Project Manual

March 11, 2019

To: ALL BIDDERS

This ADDENDUM forms a part of the BIDDING AND CONTRACT DOCUMENTS and modifies the following documents:
Original DRAWINGS dated February 8, 2019,
PROJECT MANUAL dated March 6, 2019

Acknowledge receipt of the ADDENDUM in the space provided on the FORM OF PROPOSAL

This ADDENDUM consists of (2) page and the following:

ITEM 1-C-1: The walk-thru is scheduled for Tuesday, March 19, 2019 at 9:00 am. All people attending, including sub-contractors and vendors need to submit their security clearance to ernest.kulhanek@delaware.gov by March 12, 2019.

REISSUED PROJECT MANUAL SECTIONS

ITEM 1-C-2 Refer to BID FORM

1. DELETE Bid Form in its entirety and ADD new Bid Form attached to this addendum.

PROJECT MANUAL MODIFICATIONS

NONE

DRAWING MODIFICATIONS

NONE

ATTACHMENTS

PRE-BID SIGN IN SHEET
PRE-BID MEETING AGENDA
BID DOCUMENT REGISTER
SECURITY CLEARANCE APPLICATION
BID FORM

END OF ADDENDUM



PRE-BID MEETING SIGN-IN SHEET

OMB/DFM/DOC – James T. Vaughn Correctional Center
Bldg. V – Roof Replacement

Tt PROJECT NO.: 26912-14014
 DATE: March 6, 2019

Name	Company	Physical Address	Telephone	Fax	e-mail
1 Jim Selig	Tetra Tech	240 Continental Dr ^{Newark} DE	302-283-2222		james.selig@tetratech.com
2 Richard Middleton	CNJ CONT.	1189 ALABAMA RD SMYRNA	302-659-3750	302-659-0941	CNJX@aol.com
3 DENNIS VIRELLI	DANVOLT	856-753-9333	53 Cross Keys RD	Berlin	Matt Ott@deno.lt
4 Joe Seely	OMB/DFM				joseph.seely@delaware.gov
5 Eric Smeltzer	DOC				eric.smeltzer@delaware.gov
6 Ernie Kulhanek	JVCE-DOC		302-653-9261 ext 2338		Ernest.Kulhanek@delaware.gov
7 Bill Booth	COMMONWEALTH CONSTR. CO.	2317 PENN AVE WILM, DE 19806	302-654-6011	302-654-2604	booth@COMMONWEALTH-CONSTR.COM
8 RICHARD TARABOZZI	EAGLE ROOFING	454 POLLY DRUMMOND HILL RD. NEWARK, DE. 19711	302-824-0131		RICHARD@EAGLE-ROOFING.US
9 Kevin Burns	Eagle Roofing	454 - polly Drummond Hill Rd. Newark, De 19711	office 302-737-8000 302-229-9840	302-737-8008	Kevin@Eagle-roofing.us
10					
11					
12					
13					
14					



Pre-Bid Bid Information

Meeting Date: Wednesday, March 6, 2019 @ 9:00 a.m.

Prepared By: Jim Selinka

Tt Project No.: 200-26912-14014 JTVCC V Building - Roof Replacement / MJ3804000075

Regarding: General Pre-Bid Information - Agenda

Item Number

Item

1. Project consists of removal of existing shingle roofing system in its entirety, including plywood decking. The roof area is approximately 20,550 square feet. New work consists of installing a new shingle roofing system on new plywood decking, and sealing off gable wall ends. This roofing system, along with all necessary accessories, will take into account the particular requirements of the correctional facility. The roofing warranty will be 30 years from the date of Substantial Completion, with the first five years being non-prorated. The work shall also include installation of new roof gutters, and metal flashing/trims. Provide new curbs and flashing as required for existing mechanical units indicated to remain.
2. This is a mandatory Pre-Bid Meeting and Bidders are limited to those in attendance that are prequalified.
3. Project documents on CD can be obtained from Tetra Tech's office for a non-refundable handling fee of \$100 per set.
4. Sealed bids for this project will be received by 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 until 2:00 p.m. local time on Thursday, March 28, 2019, at which time they will be publicly opened and read aloud. Bidder bears the risk of late delivery. Any bids received after the stated time will be returned unopened.
5. The Wage Rates for this project shall be as determined by the Delaware Department of Labor and Division of Industrial Affairs for Sussex County. A certified copy has been included in the Project Manual. However, Contractors are responsible to contact the Delaware Department of Labor to receive verification of the most current Wage Rate Scale. Change order requests will be based upon these rates and the actual number of hours required to complete the work.
6. Only plan holders who obtained bid documents from Tetra Tech will receive the ADDENDAS.
7. A site visit is scheduled for Tuesday, March 19, 2019 at 9:00 am. All attendees are to meet at the Maintenance Shop and bring photo ID. Security forms will need to be submitted by e-mail no later than March 12, 2019 to Ernie Kulhanek, ernest.kulhanek@delaware.gov. Contractors will email OMB/DFM project manager Joseph Dean Seely, joseph.seely@delaware.gov with list of proposed site visit attendees.

8. All discrepancies, questions or requests for clarifications or interpretations must be submitted to the Architects office at least seven (7) days prior to bid due date, Friday, March 22, 2019. Submit e-mails to Jim Selinka's attention at james.selinka@tetrattech.com
9. Insurance requirements are listed in Section 00 81 13 General Contracting Requirements
10. A Bid Security, in the amount of ten percent (10%) of the total amount of the Base Bid plus all additive alternates is required.
11. No Addenda will be issued later than four (4) days prior to the date for receipt of Bids except an Addendum withdrawing the request for Bids or one which extends the time or changes the location for the opening of bids. Last addenda, if required will be issued Monday, March 25, 2019.
12. Each Bidder shall ascertain prior to submitting their Bid that they have received all Addenda issued, and shall acknowledge their receipt in the Bid in the appropriate space. List each Addendum individually on the Bid Form, (i.e. Addenda 1, 2, 3,etc.)
13. The Contractor must submit certified weekly payroll receipts directly to the Delaware Department of Labor as required.
14. The Front End Specifications requires a two (2) year installers Warranty and Guarantee Period after acceptance by the Owner.
15. The Front End Specifications, the Performance and Labor & Material Payment Bonds shall be maintained in full force (warranty bond) for a period of two (2) years after the date of the Certificate for Final Payment.
16. Facility restrooms are not available. Lockable Port-O-Sans shall be required.
17. Normal working hours are between 7:00 a.m. to 3:00 p.m., Monday thru Friday. No work on Saturdays, Sundays or State holidays.
18. Contractors are required to sign in at the Main Entrance each morning before entering through the sally port. All Contractors shall enter and leave as a group with an escort (Maintenance Personnel or Correctional Officer). Allow up to 1 hour to enter or leave the Facility.
19. Contractors are required to sign in each morning. Trucks should be kept clean, trash within the vehicle could increase the amount of time it takes the Correctional Officers to inspect the vehicles.
20. All vehicles and tool boxes shall be locked at all times. A list of tools must be supplied with each truck and/or gang box. Inventory shall be taken by the Contractors at the end of each work day. Correctional Officers reserve the right to inspect and inventory all trucks and gang boxes. Report all missing tools immediately. Leave all unnecessary tools at the shop. A job box can be stored in the mechanical room, if approved.
21. All utility shutdowns must be coordinated with DOC Maintenance.
22. No dumping will be allowed on the project site. Trash, debris and waste must be removed from the compound daily and from the site as required or directed. Dumpster location to be coordinated at the Pre-Construction Meeting.
23. A contingency allowance of \$15,000.00 is to be included in your base bid.
24. The Bid Form – Subcontractor List shall be reviewed, which list five (5) Sub-Contractor as follows: Roofing, and Electrical. Contractor must list themselves as

the Subcontractor for all work which they propose to accomplish. All subcontractors doing work on this project will need to be listed on the bid form. Is everyone in agreement as to the Sub-list or are there any you want to add or delete?

25. Contractors are required by the State of Delaware, as of the beginning of 2016 to have a Drug Testing Program that must comply with the State of Delaware's requirements and sign the Bid Form – Affidavit of Employee Drug Testing Program in acknowledgement. **The Prime Contractor shall be required to fill-out and sign the Bid Form – Affidavit of Employee Drug Testing Program in acknowledgement.**
26. Contractors are advised that they are not to leave any blank spaces on the Bid Forms. All spaces are to be filled in.
27. Only Prime Contractors are required to submit a copy of their Delaware Business license with their bid.
28. This is a tobacco free facility inside and outside the fence line on State property. No tobacco products will be allowed, including e-cigarettes and vapes.

J:\IER\26912\200-26912-14014\Construction\BidSupport\26912-14014 JTVCC V Building - Pre-bid Bid Agenda_03-06-19.doc

Bids Due: **9:00 a.m., Wednesday, March 6, 2019 at**
Office of Management and Budget
Division of Facilities Management
Thomas Collins Building
540 S. Dupont Hwy., Suite 1 (Third Floor)
Dover, DE 19901

REGISTER OF BID DOCUMENTS
PLEASE PRINT CLEARLY

\$ 100.00 per set

#01	Name of Company: <u>Eagle Roofing, LLC</u> Physical Address: <u>454 Polly Drummond Hill Rd.</u> City, State: <u>Newark, De. 19711</u> Contact: <u>Kevin Burns</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Phone: <u>302-229-9840</u> Fax: <u>302-737-8008</u> Date: <u>3/4/19</u> E-Mail: <u>Kevin @ Eagle Roofing . US</u>
#02	Name of Company: <u>D.A. NOLT, Inc.</u> Physical Address: <u>53 Cross Keys Rd.</u> City, State: <u>Berlin, NJ 08009</u> Contact: <u>MATT OTI</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Phone: <u>856-753-9333</u> Fax: <u>856-753-4963</u> Date: <u>3/6/19</u> E-Mail: <u>MATT @ DANOLT. COM</u>
#03	Name of Company: _____ Physical Address: _____ City, State: _____ Contact: _____ GC: YES <input type="checkbox"/> NO <input type="checkbox"/> Phone: _____ Fax: _____ Date: _____ E-Mail: _____

SECURITY CLEARANCE APPLICATION
DELAWARE DEPARTMENT OF CORRECTION

PLEASE PRINT CLEARLY

WHO SHOULD COMPLETE THIS FORM:

- i. Applicants requesting one-time access or occasional access (whether for one facility or multiple facilities)
- ii. Applicants requesting a badge for access to one or more facilities (frequent access for period of 1 year or more)
Note: These applicants will be directed to Human Resources after this form is approved
- iii. Individuals requesting to schedule an offender visit may be asked to complete this form.

Volunteers, interns and professional service visitors must attach a letter from their sponsoring organization. Letter must be on agency letterhead, signed by the agency's director and include the name and title/role of the applicant and the name of the program.

WHO SHOULD NOT COMPLETE THIS FORM:

- (1) Attorneys
- (2) Employees of DOC's contracted medical/behavioral health provider (please contact DOC's Human Resources directly)

SECTION: PERSONAL INFORMATION & CRIMINAL HISTORY

NAME: _____
(LAST) (FIRST) (MIDDLE)

PLEASE LIST ALL OTHER NAMES YOU HAVE USED INCLUDING MAIDEN, NICKNAMES AND RELIGIOUS NAMES:

DOB: _____ PLACE OF BIRTH: _____ SSN#: _____

SEX: MALE / FEMALE RACE: _____ DRIVER'S LICENSE #: _____ STATE: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: HOME: (____) _____ WORK: (____) _____

EMAIL: _____

PLEASE LIST WHICH FACILITY(IES) YOU ARE REQUESTING ACCESS TO:

PLEASE SELECT TYPE OF ACCESS REQUESTED

- ____ Offender Visit
____ One Time Access (i.e. single event) *No badge issued
____ Occasional Volunteer or Service Provision (Less than 3 days per week or less than 165 days per year for a period of one year or less) * No badge issued
____ Frequent/Long Term Volunteer or Service Provision (At least 3 days per week or 165 days per year for a period of one year or more) * You will be directed to HR to fill out a badge application packet after this form has been approved by the respective DOC Bureau Chief

DO YOU HAVE ANY ARRESTS FOR CHARGES OTHER THAN TRAFFIC TICKETS (WHETHER CONVICTED, DISMISSED, NOLLE PROSSED, OR PARDONED)? NO/YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.

COUNTRY: _____ DATE: _____

OFFENSE: _____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A TRAFFIC TICKET? NO /YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.

COUNTRY: _____ **DATE:** _____

OFFENSE: _____ **SENTENCE:** _____

ARE YOU PRESENTLY UNDER DEPT. of CORRECTION SUPERVISION: NO/YES (IF YES, WHAT): _____

ARE YOU RELATED TO OR KNOW ANYONE INCARCERATED AT A DOC FACILITY: NO/ YES

IF YES, NAME OF INMATE AND YOUR RELATIONSHIP TO THEM: _____

SECTION 2: JUSTIFICATION FOR SECURITY CLEARANCE REQUEST DO NOT COMPLETE THIS SECTION IF APPLYING FOR AN OFFENDER VISIT. IF REQUESTING ONE-TIME PRISON ACCESS FOR A SINGLE EVENT, ONLY ANSWER THE QUESTIONS MARKED WITH AN ASTERISK (*).

***REASON FOR CLEARANCE:** _____

***DATE(S) OF ACTIVITY:** _____ ***ORGANIZATION:** _____

***PROGRAM NAME:** _____

***JOB TITLE:** _____ ***HOW LONG EMPLOYED/VOLUNTEERING:** _____

ORGANIZATION ADDRESS, PHONE NUMBER, AND EMAIL:

WHAT TYPE OF VOLUNTEER OR PROFESSIONAL SERVICES WILL YOU BE PROVIDING?

DESCRIBE YOUR QUALIFICATIONS FOR PROVIDING PROFESSIONAL OR VOLUNTEER SERVICES:

LIST ANY PAST OR PRESENT PROFESSIONAL OR VOLUNTEER ORGANIZATIONS YOU PARTICIPATED IN (INCLUDE NAME, LENGTH OF SERVICE, CONTACT PERSON, AND PHONE NUMBER OR EMAIL):

SECTION 3: PLEASE READ AND SIGN ALL APPLICANTS MUST COMPLETE THIS SECTION

I understand that DOC authorities will verify my criminal record information. I also understand that my application may be rejected for any reason.

SIGNATURE: _____ DATE: _____

DOC USE ONLY:

The following is the result of the DELJIS and NCIC records checks:

DELAWARE WANTS/WARRANTS _____ DELWARE CRIMINAL HISTORY _____

NCIC WANTS/WARRANTS _____ NCIC CRIMINAL HISTORY _____

DELJIS/NCIC INVESTIGATOR _____ SIGNATURE _____ DATE _____

APPROVED _____ APPROVAL EXPIRES ON: _____

DENIED _____

IF DENIED, PLEASE INDICATE REASON BELOW:

- (1) Dishonest/incomplete application;
- (2) Active pending charges/warrants/capiases;
- (3) Any criminal conviction within the past two years;
- (4) Any incarceration in a Delaware correctional facility within the past three years;
- (5) Pending litigation against DOC involving applicant, arrest for escape, conviction for smuggling prison contraband, affiliation with confirmed security threat group, or previous institutional misconduct relating to the security, life, safety, and health of the facility while incarcerated;
- (6) Other (See Investigation for info).

REVIEWER'S SIGNATURE: _____ DATE: _____

A GUIDE TO THE PREVENTION AND REPORTING OF SEXUAL ABUSE AND MISCONDUCT WITH OFFENDERS

PREA Information for Contractors, Vendors, and Volunteers with Limited Contact with Offenders

Please Read, Sign, and Return this Acknowledgement Form with the Security Clearance Application

Staff Sexual Misconduct

Delaware Department of Correction (DDOC) policy 8.60 specifically forbids any activity associated with or that promotes acts of sexual conduct, including sexual harassment between offenders and DOC staff. In this definition, “staff” includes: contractors, vendors and volunteers of the DOC. An “offender” means someone incarcerated in a correctional facility or under supervision in the community. DDOC policy 8.60 contains detailed descriptions of what constitutes sexual misconduct and staff misconduct of a sexual nature (Policy 8.60 is available on the DDOC website at: http://www.doc.delaware.gov/downloads/policies/policy_8-60.pdf)

Forms of sexual misconduct include, but are not limited to:

1. Any behavior of a sexual nature directed toward an offender by a Department staff, contract staff, or volunteer.
2. Inappropriate touching between offenders and staff.
3. All completed, attempted, threatened, or requested sexual acts between Department staff and the offender.
4. Sexual comments and conversations with sexually suggestive innuendos or double meanings.
5. Display or transmittal of sexually suggestive posters, objects, or messages.

Depending on the investigation findings of an alleged incident, the outcome may result in the loss of your job/assignment and the possibility of criminal charges. In addition, persons accused of sexual harassment in civil or criminal proceedings may be held personally liable for damages to the person harassed.

An Abuse of Power

Due to the imbalance of power between offenders and staff in correctional settings, sexual interactions between staff (who have power) and offenders (who lack power) are unprofessional, unethical and illegal. Some offenders who lack power may become sexually involved with staff in an effort to equalize the imbalance of power. Occasionally an offender may try to use sex to improve his/her standing or circumstances (e.g., better job, avoid disciplinary action, affect a release plan, gain privileges, etc.). As a DOC contractor, vendor or volunteer, your designated assignments place you in a position of authority over the offenders with whom you interact in a professional capacity. It is not possible to have a relationship as equals because you have a responsibility to maintain custody, evaluate work performance, and/or provide input to issues that affect release dates, return to prison, or other sanctions.

Because of the imbalance of power between offenders and staff, vendors, contractors and volunteers, there can never be a consensual relationship between staff and offenders. In fact, the law states “consent” is not a defense to prosecution. Here are some factors to consider.

History of Victimization

Some staff don't think of offenders as 'victims' of staff sexual misconduct, especially when the offender appears to be a willing participant or even initiated the sexual or 'romantic' interactions with a staff member. The offender is always the victim because of the imbalance of power. The consent or willingness of an offender to participate may be a survival strategy or a learned response to previous or current victimization. Many offenders have a history of victimization (physical and/or sexual abuse), which may make them especially vulnerable to the sexual overtures of persons in positions of authority. Their perception of affection/love may be skewed by this background of abuse, making it impossible for them to refuse advances of a staff member.

In some instances, particularly for female offenders, their survival in the community has been directly related to using their sexuality to obtain the means to survive. Coupled with low self-esteem, this carries over into their conduct in prison and while under community supervision.

As the person in authority, it is your responsibility to discourage, refuse and report any overtures as well as maintain professional boundaries at all times. Boundaries in relationships can be difficult. If you question your professional boundaries with an offender or feel uncomfortable with his/her actions or advances toward you, talk to another person you respect and/or bring this matter to the attention of a DOC employee before it gets out of control.

Red Flags:

The following are behaviors or 'red flags' that may signal you or someone you work with is in danger of engaging in sexual misconduct with an offender:

- Spending a lot of time with a particular offender
- Change in appearance of an offender or staff member
- Deviating from agency policy for the benefit of a particular offender
- Sharing personal information with an offender
- Horseplay
- Overlooking infractions of a particular offender
- Doing favors for an offender
- Consistently volunteering for a particular assignment or shift
- Coming to work early/staying at work late
- Flirting with an offender

Some Other Things to Consider:

Amorous or sexual relationships with an offender are seldom a secret. Such behavior will subject you to disrespect and manipulation from other offenders that may be aware of your situation. Once in a relationship, professional judgment becomes clouded and the normal defenses that exist to protect you will be compromised. When acting on emotions, you may take actions that would otherwise be considered inappropriate in a correctional environment (either in custody or in the community).

Amorous or sexual relationships are inappropriate and illegal when they occur between an offender and any staff member, contractor, vendor or volunteer. Offenders depend upon staff to provide for their board and care, ensure their safety, address their health care needs, supervise their work and conduct, and act as role models for socially acceptable conduct. Your conduct and the decisions you make reflect not only on your own reputation, but also on that of your peers and the agency you represent.

How to Maintain Appropriate Boundaries:

Most staff/offender sexual misconduct occurs only after seemingly innocent professional boundaries have been crossed. The following behaviors will assist you in maintaining appropriate boundaries:

- Maintain professional distance
- Focus behavior on duties and assignments
- Do not become overly close with offenders
- Do not share your own or other staff person’s personal information with or around offenders
- When speaking to offenders about other staff, refer to the staff by their title or as Ms. or Mr.
- When speaking to offenders refer to them as Ms. or Mr. and their last name
- Do not accept gifts or favors from offenders
- Be knowledgeable of Departmental policy and procedure, rules of conduct and laws regarding sexual misconduct and sexual harassment.

A Duty to Report

Staff must report any inappropriate staff/offender behavior immediately. The presence of illegal and unethical behavior by staff compromises the security and safety of the agency. Staff that fail to report such behavior will be held accountable and sanctioned through dismissal. All efforts will be made to ensure the confidentiality of the reporting staff member.

I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED IN THIS DOCUMENT.

SIGNATURE: _____

DATE: _____

PRINTED NAME: _____

ORGANIZATION / COMPANY _____

PROGRAM NAME: _____

**“V” BUILDING ROOF REPLACEMENT
AT THE
JAMES T. VAUGHN CORRECTIONAL CENTER
SMYRNA, DELAWARE
OMB/DFM CONTRACT NO.: MJ3804000075**

UNIT PRICE No. 2: Provide truss top chord repairs as shown on detail 13/A-501. Note, contractor is to include six (6) repairs in their base bid.

ADD

\$ _____

UNIT PRICE No. 3: Provide truss heel repairs as shown on detail 14/A-501. Note, Contractor is to include six (6) repairs in their base bid.

ADD

\$ _____

**“V” BUILDING ROOF REPLACEMENT
AT THE
JAMES T. VAUGHN CORRECTIONAL CENTER
SMYRNA, DELAWARE
OMB/DFM CONTRACT NO.: MJ3804000075**

BID FORM

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.

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 of Employee Drug Testing Program
- Bid Security
- (Others as Required by Project Manuals)

**“V” BUILDING ROOF REPLACEMENT
AT THE
JAMES T. VAUGHN CORRECTIONAL CENTER
SMYRNA, DELAWARE
OMB/DFM CONTRACT NO.: MJ3804000075**

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.

<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. Electrical	_____	_____	_____

**“V” BUILDING ROOF REPLACEMENT
AT THE
JAMES T. VAUGHN CORRECTIONAL CENTER
SMYRNA, DELAWARE
OMB/DFM CONTRACT NO.: MJ3804000075**

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 *MJ3804000075* 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.

**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, including subcontractors 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.