



U.S. DEPARTMENT OF VETERANS AFFAIRS  
WASHINGTON, DC

DELAWARE COMMISSION OF VETERANS AFFAIRS

DELAWARE OFFICE OF MANAGEMENT AND BUDGET  
DIVISION OF FACILITIES MANAGEMENT

**DELAWARE VETERANS MEMORIAL CEMETERY  
MILLSBORO, DELAWARE  
DE-16-23  
BID SET DOCUMENTS**

**ADDENDUM NO. 5**

July 16, 2019

**NOTICE TO BIDDERS:**

Please take into account the following in preparing bids for the subject project.

All statements in this Addendum shall supersede statements in Addendum Nos. 1, 2, 3, & 4, the main body of the Project Manual and items shown on the Bid Set Document Plans, dated 5/15/19, with which they conflict. Work and materials not specifically mentioned herein shall be as described in the main body of the specifications and as shown on the plans.

Attach this Addendum to the Contract Documents. It modifies and becomes part of the Contract Documents. Acknowledge the receipt of this Addendum on the Bid Form (Section 00 41 13-3 within the Project Manual).

Attached herewith are the following:

- Project Manual Revision (see below for description);

Below is a list of the attached revisions that have been made to the Project Manual Revision as part of Addendum No. 5.

1. Bid Form – 00 41 13: Revised to indicate the correct bid date of July 18, 2019 and to indicate “Addendum No. 5”. There are no other revisions to the Bid Form with this Addendum.

***Please note per the State of Delaware’s Advertisement to Bid Notice that the Pre-Bid Meeting held on June 19, 2019 was a prerequisite for bidding on this contract and the attached documents are “for information only; you must purchase a set of documents in order to submit a bid.”***

P:\Land Projects\24059 Veterans Cemeteries\24059.16 Veterans Cemetery Millsboro Columbarium\Addendum\Addendum 5\Addendum 5 2019-0716.docx

**For Bids Due:** July 18, 2019

**To:** State of Delaware  
DOS Commission of Veterans Affairs  
802 Silver Lake Blvd. Suite 100  
Dover, DE 19904

**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.:** (        ) \_\_\_\_\_ - \_\_\_\_\_

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:

\$ \_\_\_\_\_  
(\$ \_\_\_\_\_)

Alternate prices conform to applicable project specification section. Refer to specifications for a complete description of the following Alternates. An "ADD" or "DEDUCT" amount is indicated by the crossed out part that does not apply.

ALTERNATE No. 1: Gates and Ornamental Cast Aluminum Fence along Patriots Way

Add/Deduct: \_\_\_\_\_  
(\$ \_\_\_\_\_)

ALTERNATE No. 2: 2'x2' Brick-Faced Piers with Limestone Cap along Patriots Way – 50' O.C.

Add/Deduct: \_\_\_\_\_  
(\$ \_\_\_\_\_)

**BID FORM**

**UNIT PRICES**

Unit prices conform to applicable project specification section. Refer to the specifications for a complete description of the following Unit Prices:

		<b><u>ADD</u></b>	<b><u>DEDUCT</u></b>
UNIT PRICE No. 1:	<u>Removal of unsatisfactory soil material and replacement with satisfactory soil</u>	\$ _____	\$ _____
UNIT PRICE No. 2:	<u>Provide and Install Precast Concrete Columbarium Wall</u>	\$ _____	\$ _____
UNIT PRICE No. 3	<u>Provide and Install Precast Limestone Columbarium Cap</u>	\$ _____	\$ _____
UNIT PRICE No. 4	<u>Install Sod</u>	\$ _____	\$ _____
UNIT PRICE No. 5	<u>Install Seed &amp; Mulch</u>	\$ _____	\$ _____
UNIT PRICE No. 6	<u>Install Valve-In-Head Sprinkler</u>	\$ _____	\$ _____
UNIT PRICE No. 7	<u>Install 2½ inch PVC Pipe</u>	\$ _____	\$ _____
UNIT PRICE No. 8	<u>Install Two Wire Cable</u>	\$ _____	\$ _____

**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 until October 31, 2019 (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(s) of Employee Drug Testing Program  
Bid Security  
(Others as Required by Project Manuals)

**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 &amp; State)</u>	<u>Subcontractors tax payer ID # or Delaware Business license #</u>
1. Site Work	_____	_____	_____
2. Irrigation	_____	_____	_____
3. Landscaping	_____	_____	_____
4. Masonry	_____	_____	_____
5. Concrete	_____	_____	_____
6. Electrical	_____	_____	_____
7. Fencing	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

**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 *(Project or Contract Number)* 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 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.**