ADDENDUM NUMBER 1 ON INVITATION TO BID ITB20KO-117

TITLE: Chilled Water Pipe Replacement – Dental Science Building Floors 8, 9 and 10

Mandatory pre-bid meeting was held at the site on August 19, 2019 at 10:30 AM. Bid opening will be held September 11, 2019 at 3:00 PM in UF Procurement Services, 971 Elmore Drive, Gainesville, FL 32611.

This addendum shall be considered part of the Contract Documents for the above mentioned project as though it had been issued at the same time and incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original Contract documents, this addendum shall govern and take precedence. Bidders are hereby notified that they shall acknowledge receipt of the addendum.

NOTES:

1. See attached Mandatory Pre-bid Meeting minutes.

2. See attached Prequalification Form. This form must be completed and submitted with your bid.

3. Revise Section 00100, Item 1.11, Award or Rejection of Bids to read:

   The Contract, if awarded, will be awarded to the responsible and responsive bidder who has proposed the lowest Contract Sum and has met the prequalification requirement as described on the Prequalification Form, subject to the owner’s right to reject any or all bids and to waive informality and irregularity in the bids and in the bidding.

Karen Olitsky
Procurement Agent III

PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM 1 AND RETURN WITH YOUR BID. FAILURE TO ACKNOWLEDGE THIS ADDENDUM COULD CONSTITUTE REJECTION OF YOUR BID.

VENDOR NAME

VENDOR ADDRESS

SIGNATURE
1. Introductions and Mandatory Sign In
2. Review of purchasing requirements – see ITB
   a. Deadline for Contractor question and requests for clarification is 8/27 at 5:00PM
   b. Procurement will distribute any addenda and post online
   c. Refer to ITB for project duration requirements
3. The engineer reviewed the base bid, alternate, and phasing requirements of contract document including the drawings and specifications.
4. The owner is having an ACM survey and work plan prepared that will be available to bidders prior to the bid date.
5. The contractor shall coordinate with the user’s representative for accessing spaces and relocation of any necessary equipment needed for installation or demolition of the work. The contractor shall protect all finishes, equipment, and furnishings to prevent damage.
6. Alternates are listed on the plans and shown on the bid form.
7. Staging: The contractor will have access to a basement space for staging materials and job boxes. The contractor will be able to use exterior space for a roll-off.
8. All work is after normal occupant operating hours. Contractor operating hours are 6PM-7:30AM.
9. Badging is required per UF requirements. All work in Dental must be coordinated through the Dental department staff.
10. Building restrooms will be available for contractor use provided that the privilege is not abused.
11. The contractors were provided with access to walk through the 8, 9, & 10th floor spaces and view all existing conditions to provide the work as specified.

Distribution:

Robert Hatker (PD&C)
UF HSC Dental Science CHW Pipe Replacement – Floor 8, 9, & 10

PREQUALIFICATION FORM

MANDATORY REQUIREMENT: PROVIDE TYPED RESPONSES AND COMPLETE ALL FIELDS – SUBMIT WITH BID FORM

Provide evidence of at least three (3) completed renovation projects by your firm within the last five (5) years with a minimum mechanical bid price of $250,000. Each project should be representative of the proposed project scope of work with phased construction and have included installation of piping systems in an occupied building. Information must be contained only on this form. No supplemental information will be evaluated.

REPRESENTATIVE PROJECT #1

Project Name: ________________________________

Name of project owner (Reference): ________________________________

Owner mailing address: ____________________________________________

City: __________________ State: __________________ Zip: _____________

Owner phone number: __________________ Owner email address: ________

Description of Work Performed: ____________________________________

Mechanical subcontractor: ________________________________________

Mechanical subcontractor foreman name: _____________________________

Architect/Engineer: ______________________________________________

Original Contract Amount: __________ Change Order Amount: __________ Bond Amount: __________

Date Commenced: ______________ Date Completed: ________________

Was time extension necessary? _____________________________

Were any penalties imposed? _____________________________

Were liens, claims, or stop notices filed? ____________________

REPRESENTATIVE PROJECT #2

Project Name: ________________________________

Name of project owner (Reference): ________________________________

Owner mailing address: ____________________________________________

City: __________________ State: __________________ Zip: _____________

Owner phone number: __________________ Owner email address: ________

Description of Work Performed: ____________________________________

Mechanical subcontractor: ________________________________________

Mechanical subcontractor foreman name: _____________________________

Architect/Engineer: ______________________________________________

Original Contract Amount: __________ Change Order Amount: __________ Bond Amount: __________

Date Commenced: ______________ Date Completed: ________________

Was time extension necessary? _____________________________

Were any penalties imposed? _____________________________

Were liens, claims, or stop notices filed? ____________________

REPRESENTATIVE PROJECT #3

Project Name: ________________________________

Name of project owner (Reference): ________________________________

Owner mailing address: ____________________________________________

City: __________________ State: __________________ Zip: _____________

Owner phone number: __________________ Owner email address: ________

Description of Work Performed: ____________________________________

Mechanical subcontractor: ________________________________________

Mechanical subcontractor foreman name: _____________________________

Architect/Engineer: ______________________________________________

Original Contract Amount: __________ Change Order Amount: __________ Bond Amount: __________

Date Commenced: ______________ Date Completed: ________________

Was time extension necessary? _____________________________

Were any penalties imposed? _____________________________

Were liens, claims, or stop notices filed? ____________________