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## Addendum No. 3

**Project:** Camp Murray Parade Field Flagpole Replacement  
Camp Murray Parade Field  
Camp Murray, WA 98430  
State Project #: 2022-632  
**KMB Job No.:** 22076  
**Issue Date:** August 31, 2023  
**Bid Date:** September 6, 2023  
**To:** All Plan Holders  
**From:** Atika Jain, Project Manager

The following modifications to the Project Manual, Specifications and/or Drawings are to be incorporated into bid proposals that may be offered, and the subsequent construction. Bidders shall assess and include the full impact of the revision(s) on any and all related systems and work. Receipt and incorporation of this Addendum in the bid proposal shall be indicated on the Bid Form in the space provided.

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### PROJECT MANUAL:

#### 1. DIVISION 00 – PROCUREMENT AND CONTRACTING REQUIREMENTS

- A. Section 004113- BID FORM, FORM CONTRACTOR CERTIFICATION, WAGE THEFT PREVENTION – RESPONSIBLE BIDDER CRITERIA FORM  
1) **REMOVE** BID FORM and **REPLACE** with attached BID FORM
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#### END ADDENDUM NO. 3

This Addendum is being distributed to all listed plan holders. Recipients are responsible for dissemination of this information to all affected sub-bidders, suppliers, etc.

#### **Enclosures:**

- 1) Section 004113 – BID FORM (3 pages)

Project Name: Camp Murray Parade Field Flagpole Replacement Project No.: 2022-632

Contractor Name: \_\_\_\_\_

**STATE OF WASHINGTON  
MILITARY DEPARTMENT  
CONSTRUCTION & FACILITIES MANAGEMENT OFFICE  
BUILDING #36 QUARTERMASTER ROAD  
CAMP MURRAY, WASHINGTON 98430-5052**

**B I D F O R M**

In compliance with the contract documents, the following bid form is submitted:

1) BASE BID (*Including Trench Excavation Safety Provisions*)

(Please print dollar amount in space above)	\$	_____ (do not include Washington State Sales Tax)
<u>TRENCH EXCAVATION SAFETY PROVISIONS</u>	\$	_____ (Included also in Base Bid)

If the bid amount contains any work which requires trenching exceeding a depth of four feet, all costs for trench safety shall be included in the Base Bid **and indicated above** for adequate trench safety systems in compliance with Chapter 39.04 RCW, 49.17 RCW and WAC 296-155-650. Bidder must include a lump sum dollar amount in blank above (even if the value is \$0.00) to be responsive.

\_\_\_\_\_

2) BID ALTERNATES (*Specify whether additive or deductive*)

(1)	_____	\$	_____
(2)	_____	\$	_____

**Do not include** Washington State Sales Tax in **alternate amounts**.

The Owner reserves the right to accept or reject any or all bid prices within sixty (60) days of the bid date.

TIME FOR COMPLETION:

**Contract Time** - The undersigned hereby agrees to Substantially Complete all the work under the Base Bid (and accepted Alternates) within 120 calendar days after the date of Notice to Proceed.

**Final Completion** – All the Work shall be fully and finally completed in accordance with the contract documents within 30 calendar days after the date of Substantial Completion.

Project Name: Camp Murray Parade Field Flagpole Replacement Project No.: 2022-632

Contractor Name: \_\_\_\_\_

APPRENTICE UTILIZATION REQUIREMENTS

The apprentice labor hours required for this project are 0 % of the total labor hours. The undersigned agrees to utilize this level of apprentice participation.

FEDERAL AND STATE REQUIREMENTS

The undersigned agrees to perform the requirements set out and incorporated by reference in attached "DIVISION 00 SPECIAL CONDITIONS" section in the specifications, if applicable.

LIQUIDATED DAMAGES

The undersigned agrees to pay the Owner as liquidated damages the sum of \$ 100.00 for each consecutive calendar day that is in default after the Contract Time. Liquidated damages shall be deducted from the contract invoice after taxes and retainage.

RECEIPT OF ADDENDA

Receipt of the following addenda is acknowledged:

Addendum No. \_\_\_\_\_

Addendum No. \_\_\_\_\_

Addendum No. \_\_\_\_\_

Addendum No. \_\_\_\_\_

Addendum No. \_\_\_\_\_

Addendum No. \_\_\_\_\_

Name of Firm \_\_\_\_\_

NOTE: *If Bidder is a corporation, write State of Incorporation; if a partnership, give full names and addresses of all parties below.*

Signed by \_\_\_\_\_ Official Capacity \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_ FAX \_\_\_\_\_

State of Washington Contractor's License No. \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ E-mail address: \_\_\_\_\_

Employment Security Department No. \_\_\_\_\_

WA Unified Business No. \_\_\_\_\_ DUNS Number \_\_\_\_\_

