



2215 North 30th Street, Suite 300, Tacoma, WA 98403-3350
253.383.2422 TEL 253.383.2572 FAX
www.ahbl.com

ADDENDUM NO. 02

August 30, 2016

Project: Asphalt Surface Improvements, Kent Readiness Center Washington Military Department, State Project #2016-625

The additions, clarifications, and corrections herein shall be made to the Specifications, Drawings, and Schedules for the above-referenced project, and shall be included in the scope of work and proposals to be submitted. References made below to the Specifications and Drawings shall be used as a general guide only. The Bidders themselves shall determine the work affected by the Addendum items.

GENERAL ITEMS

Item #G01 **Fog Seal**

ADD #02 All references to "Seal Coat" shall be replaced with "Fog Seal". All existing asphalt surfaces shall receive a **Fog Seal** in accordance with WSDOT specifications and the contract documents.

Item #G02 **SUBMITTAL TIME / DATE**

ADD #02 **BID EXTENSION: BIDS ARE DUE PRIOR TO 2:00 PM, Wednesday, 9/7/2016.**
Same Location.

Item #BF01 **Bid Form**

ADD #02 **Alt. Bid Item: (Additive Bid: Sand Seal)**
Shall include all additional costs (above the base bid cost for Fog Seal) to perform all work required to Seal Coat all existing asphalt surfaces in-lieu of performing a Fog Seal. The Seal Coat shall adhere to WSDOT 5-02 using a clean sand or fine aggregate.

END OF ADDENDUM

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

BID PROPOSAL

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

1. BASE BID: Fill out one bid item as described below (*Including Trench Excavation Safety Provisions*)

_____ \$ _____
(Please print dollar amount in space above) (Do not include Washington State Sales Tax)

TRENCH EXCAVATION SAFETY PROVISIONS

\$ 0.00
(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. Alt. Bid #1: (Additive Bid – Sand Seal) _____ \$ _____
(Do not include Washington State Sales Tax)

3. UNIT PRICE:
Extruded curbing, Removal & Replacement, per 10 LF _____ \$ _____
(Do not include Washington State Sales Tax)

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

The undersigned hereby agrees to complete all the work under the Base Bid within 60 calendar days after the date of Notice to Proceed.

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. Voluntary workforce diversity goals for this apprentice participation are identified in the Instructions to Bidders and Supplemental Conditions. Bidders may contact the Department of Labor & Industries, Apprenticeship Section, to obtain information on available apprenticeship programs.

Apprenticeship Requirements

Voluntary numerical MWBE goals of 10% MBE and 6% have been established for this project. Achievement of the goals is encouraged. Bidders may contact the Office of Minority and Womens Business Enterprise to obtain information on certified firms.

Liquidated Damages

The undersigned agrees to pay the Owner as liquidated damages the sum of \$ 200.00 for each consecutive calendar day that is in default after the Contract Time. Liquidated damages shall be deducted from the contract by change order.

Receipt of Addenda

Receipt of the following addenda is acknowledged:

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 # _____ DUNS #: _____