I. Bidder acknowledges that it is Bidder’s responsibility to ascertain whether any Addenda have been issued and if so, to obtain copies of such Addenda as stated in the Advertisement for Bids, page 1. Bidder therefore agrees to be bound by all Addenda that have been issued for this Bid.

This Addendum forms a part of the Contract Documents and modifies the original Bidding Documents (Bid Release 1) and consists of 2 pages (plus attachments). The following changes, additions, or deletions shall be made to the following documents as indicated, and all other conditions shall remain the same.

II. CLARIFICATIONS

A. PRE-BID QUESTIONS – Questions received from bidders and responses are as follows:

1.a. Q. In soils report 10.4.1, it states upper 18" below mat slabs are to have Engineered fill per spec 10.4.3. Sheet C-3.0 has RG=Top of 12 inches of imported granular non-expansive fill per geo report, is the 6" layer of AB under mat slab considered as part of the 18" of non-expansive fill? Are we to place 12" or 18" non-expansive fill?

A. Per the Soils Report, Drawing #11, the Earthwork & Site Demolition Contractor shall be responsible for the 12-inch thickness of imported, non-expansive engineered fill, top of that fill would equal the RG designation on the C-3.0 drawings. The Cast-in-Place Concrete Contractor shall be responsible for the 6 inches of Non-Recycled Class 2 Aggregate Base below the mat slab.

1.b. Q. For over-excavation are we to over-excavate to variable depths throughout pad and open areas or do we need to over-excavate to the deepest depth across the whole area?

A. This is a means and method. Please refer to the Soils Report, included in Volume 1 of the Specifications.
III. BIDDING/CONTRACT DOCUMENTS AND DIVISION 1 SPECIFICATIONS - VOLUME 1 OF 2

A. BID FORMS: REPLACE the Bid Form for .04 Elevator, with the revised Bid Form for .04 Elevator, attached to this Addendum.

1. Section 8.0 Alternates has been corrected to clarify the discrepancy that Alternate No. 1 is an Additive Alternative.

IV. DIVISIONS 2 – 17 SPECIFICATIONS – VOLUME 2 OF 2

No modifications made.

V. DRAWINGS

No modifications made.

UNIVERSITY OF CALIFORNIA, MERCED

By: ProWest Constructors
Construction Manager / University’s Representative’s Consultant

[Signature]
Earl Rush
Vice President Preconstruction

Enclosures:
8 ½ x 11”:
Bid Form - Bid Form - .04 Elevator
Exhibit 1B

Full Size Drawings:
None

END OF ADDENDUM NO. 4 - BID RELEASE 1
REVISED
BID FORM

FOR:
PROJECT NO. 906270
HOUSING 4: THE SUMMITS

UNIVERSITY OF CALIFORNIA
MERCED CAMPUS, MERCED COUNTY
MERCED CALIFORNIA

BID TO:
PHYSICAL PLANNING, DESIGN & CONSTRUCTION
UNIVERSITY OF CALIFORNIA, MERCED
767 E. YOSEMITE AVE., SUITE C
MERCED CALIFORNIA 95340
TELEPHONE: (209) 228-4479

FOR THE FOLLOWING WORK:
ALL ELEVATOR AND ASSOCIATED WORK AS DEFINED IN SECTION 01 12 00.04 SCOPE OF WORK – ELEVATOR

BID FROM:
(Name of Firm Submitting Bid)

(Address)

(City)    (State)    (Zip Code)

(Telephone Number)    (Fax Number)

(Date Bid Submitted)

Note: All portions of this Bid Form must be completed and the Bid Form must be signed before the Bid is submitted. Failure to do so will result in the Bid being rejected as non-responsive.
1.0 BIDDER’S REPRESENTATIONS

Bidder, represents that a) Bidder and all Subcontractors, regardless of tier, has the appropriate current and active Contractor's license required by the State of California and the Bidding Documents; b) it has carefully read and examined the Bidding Documents for the proposed Work on this Project; c) it has examined the site of the proposed Work and all Information Available to Bidders; d) it has become familiar with all the conditions related to the proposed Work, including the availability of labor, materials, and equipment. Bidder hereby offers to furnish all labor, materials, equipment, tools, transportation, and services necessary to complete the proposed Work on this Project in accordance with the Contract Documents for the sums quoted. Bidder further agrees that it will not withdraw its Bid within 60 days after the Bid Deadline, and that, if it is selected as the apparent lowest responsive and responsible Bidder, that it will, within 10 days after receipt of notice of selection, sign and deliver to University the Agreement in triplicate and furnish to University all items required by the Bidding Documents. If awarded the Contract, Bidder agrees to schedule and execute the work in accordance with the Master Project Schedule to be developed, maintained and updated by the University’s Representative’s Consultant (ProWest Constructors, Construction Manager). Bidder agrees to fully complete the Work within the Contract Time.

2.0 ADDENDA

Bidder acknowledges that it is Bidder's responsibility to ascertain whether any Addenda have been issued and if so, to obtain copies of such Addenda from University’s Facility at the appropriate address stated on Page 1 of the Advertisement for Bids. Bidder therefore agrees to be bound by all Addenda that have been issued for this Bid.

3.0 (NOT USED)

4.0 LUMP SUM BASE BID

$   ,   ,   .

(Place figures in appropriate boxes.)

Bidder includes in the Lump Sum Base Bid the following allowance(s):  NONE.

5.0 SELECTION OF APPARENT LOW BIDDER

Refer to the Instructions to Bidders for selection of apparent low bidder.

6.0 UNIT PRICES (NOT USED)
7.0 DAILY RATE OF COMPENSATION FOR COMPENSABLE DELAYS

Bidder shall determine and provide in the space below, the daily rate of compensation for any Compensable Delay caused by University at any time during the performance of the Work:

(MINIMUM AMOUNT ALLOWED IS $1.00)

$ \underline{\phantom{0}}, \underline{\phantom{0}}, \underline{\phantom{0}}, \otimes \underline{\phantom{0}} \times 10 \quad \text{multiplier}

(Place figures in appropriate boxes.)

Failure to fill in a dollar figure for the daily rate for Compensable Delay shall render the bid non-responsive. University will perform the extension of the daily rate times the multiplier.

The daily rate shown above will be the total amount of Contractor entitlement for each day of Compensable Delay caused by University at any time during the performance of the Work and shall constitute payment in full for all delay costs, direct or indirect (including, without limitation, compensation for all extended home office overhead and extended general conditions), of the Contractor and all subcontractors, suppliers, persons, and entities under or claiming through Contractor on the Project. The number of days of Compensable Delay shown as a "multiplier" above is not intended as an estimate of the number of days of Compensable Delay anticipated by the University. The University will pay the daily rate of compensation only for the actual number of days of Compensable Delay, as defined in the General Conditions; the actual number of days of Compensable Delay may be greater or lesser than the "multiplier" shown above.

8.0 ALTERNATES

In order for a Bid to be responsive, Bidder must submit an additive bid, a deductive bid, or a “no change” bid, for each Alternate listed below. The failure to do so shall result in the Bid being rejected as non-responsive. The failure to quote an amount, unless the bidder marks the “no change” box, will result in the Bid being rejected as non-responsive.

The Contract Time will change by the number of days, if any, specified for each accepted Alternate.

ALTERNATE NO. 1

Description: ADDITIVE Alternate for the 5-year extended maintenance service contract (see Section 14 21 00, paragraph 1.06.B.1).

Bid for Alternate No. 1:

If “ADDITIVE” is intended, indicate by placing figures in the corresponding boxes. If “No Change” is intended, indicate by marking the “No Change” box.

Deduct $ \underline{\phantom{0}}, \underline{\phantom{0}}, \underline{\phantom{0}}, \underline{\phantom{0}} \cdot \underline{\phantom{0}}

\[ \square \text{No Change: Bidder will perform this Alternate without change to Contract Sum.} \]

No extension of time will be granted if this Alternate is accepted.

University reserves the right to accept this Alternate within 90 calendar days after the date University signs the Agreement.
9.0 LIST OF SUBCONTRACTORS

Bidder will use Subcontractors for the Work: (Yes or No) _____________

If yes, provide in the spaces below (a) the name and the location of the place of business of each subcontractor who will perform work or labor or render service to the prime contractor in or about the construction of the work or improvement, or a subcontractor licensed by the state of California who, under subcontract to the prime contractor, specifically fabricates and installs a portion of the work or improvement according to detailed drawings contained in the plans and specifications, in an amount in excess of 1/2 of 1 percent of the prime contractor's total bid, (b) the portion of the work which will be done by each subcontractor. The prime contractor shall list only one subcontractor for each such portion as is defined by the prime contractor in its bid.

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<th>Subcontractor</th>
<th>Work Activity</th>
<th>Name</th>
<th>Location (City)</th>
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(Note: Add additional pages if required.)
10. LIST OF CHANGES IN SUBCONTRACTORS DUE TO ALTERNATES

The information below must be provided for all changes in first-tier Subcontractors if University selects Alternates. List changes in Subcontractors only for those portions of the Work valued in excess of 1/2 of 1% of Bidder's Total Bid.

<table>
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<th>Alternate No.</th>
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(Note: Add additional pages if required.)

11.0 SCOPE OF WORK

Bidder includes the scope of work as defined in Section 01 12 00.04 – Elevator.
12.0 BIDDER INFORMATION

TYPE OF ORGANIZATION:

( CORPORATION, PARTNERSHIP, INDIVIDUAL, JOINT VENTURE, etc. )

If a corporation, corporation is organized under the laws of:

the State of ________________________________

NAME OF PRESIDENT OF THE CORPORATION:

__________________________________________

NAME OF SECRETARY OF THE CORPORATION:

__________________________________________

IF A PARTNERSHIP, NAMES OF ALL GENERAL PARTNERS:

__________________________________________

__________________________________________

__________________________________________

CALIFORNIA CONTRACTORS LICENSE(S):

(Name of Licensee) ________________________ (Classification) ________________________

(License Number) ________________________ (Expiration Date) ________________________

(For Joint Venture, list Joint Venture's license and licenses for all Joint Venture partners.)
13.0 **BIDDER QUALIFICATION**

Bidder must complete the following experience requirements. Bidder’s failure to meet these requirements shall be considered nonresponsive, and the Bid shall be rejected.

**A. SAFETY PROGRAM**

Is the entity’s Experience Modification Rate (EMR) less than 1.25 for each of the past 3 premium years? (Not applicable for self insured firms)

Yes ☐ No ☐ Self Insured ☐


**B. LIST ONE COMPLETED PROJECT BY BIDDER:**

List one project completed by Bidder within the last 3 years, valued at least $337,000.00 that demonstrates prior experience regarding this “Scope of Work”:

**ELEVATOR:**

Project Name: ___________________________________________________________

Project Address: _________________________________________________________

Owner’s Name: __________________________________________________________

Owner’s Contact Person: ________________________ Phone No. ____________________

General Contractor: ______________________________________________________

General Contractor’s Contact Person: ________________________ Phone No. ____________________

Original Contract Sum: ___________________________ Completion Date: ______________

Description of the Work: __________________________________________________

All information requested above must be provided or your bid could be deemed non-responsive.
C. **LIST ONE COMPLETED PROJECT BY BIDDER’S FIELD SUPERINTENDENT:**

List one completed similar project within the last 3 years, valued at least $337,000.00 by the below listed Field Superintendent that demonstrates prior experience regarding this “Scope of Work”:

**ELEVATOR:**

Field Superintendent Name*:_____________________________________________________

Employer’s Name:__________________________ Phone No.__________________________

Project Name:___________________________________________________________

Project Address:___________________________________________________________

Owner’s Name:____________________________________________________________

Owner’s Contact Person:__________________________ Phone No.________________________

General Contractor’s Name:____________________________________________________

General Contractor’s Contact Person:__________________________ Phone No.________________________

Original Contract Sum:__________________________ Completion Date:________________________

Description of the Work:___________________________________________________________

*Substitution of Bidder’s Field Superintendent is not allowed unless approved by the University Representative. The substituted Field Superintendent is to possess experience equal to or exceeding previously listed superintendent.

*All information requested above must be provided or your bid could be deemed non-responsive.*
14.0 REQUIRED COMPLETED ATTACHMENTS

The following documents are submitted with and made a condition of this Bid:

1. Bid Security in the form of Bid Bond or Certified Check

15.0 DECLARATION

I, _______________________________ (Printed name), hereby declare that I am the _______________________________ (Title) of _______________________________ (Name of bidder) submitting this Bid Form; that I am duly authorized to execute this Bid Form on behalf of Bidder; and that all information set forth in this Bid Form and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date.

I further declare that this bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation; that the bid is genuine and not collusive or sham; that the bidder has not directly or indirectly induced or solicited any other bidders to put in a false or sham bid, and has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding’ that the bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder, or to secure an advantage against the public body awarding the contract of anyone interested in the proposed contract’ that all statements contained in the bid are true; and, further, that the bidder has not, directly or indirectly, submitted his for her bid price or any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, or paid , and will not pay any fee to any corporation, partnership, company association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid.

I declare, under penalty of perjury, that the foregoing is true and correct and that this declaration was subscribed at: _______________________________ (Name of City if within a City, otherwise Name of County), in the State of ________________, on ________________ (Date).

______________________________
(Signature)
DECLARATION OF CONTRACTOR / SUBCONTRACTOR
MINIMUM OCCUPATIONAL SAFETY AND HEALTH QUALIFICATIONS

CERTIFICATION PURSUANT TO GOVERNMENT CODE SECTION 4420

The minimum occupational safety and health qualifications for each Contractor and Subcontractor are as follows:

1) Contractor/Subcontractor has no serious and willful violations of Part 1 (commencing with Section 6300) of Division 5 of the Labor Code during the five (5)-year period prior to execution of this certification.

2) Contractor/Subcontractor has maintained a Workers' Compensation Experience Modification Rate (EMR) that averages below 1.25 for the past three years. If Contractor/Subcontractor has been in business for less than three years, then they must have maintained a workers' compensation Experience Modification Rate (EMR) that averages below 1.25 for all years they have been in business.

3) Contractor/Subcontractor has instituted an injury prevention program pursuant to Section 3201.5 or 6401.7 of the Labor Code and will provide University with a complete copy upon request.

The undersigned certifies that (1) it meets the minimum occupational safety and health qualifications set forth above and, (2) declares, under penalty of perjury, that the foregoing is true and correct.

Firm Name: [List California license classification(s)]

Firm Address:

Printed Name: Title:

Signature: Date:

This declaration was duly executed on the above listed date at:

__________________ / __________________ / __________________
Name of City (if within a city) County State