



SEDGWICK COUNTY, KANSAS
DIVISION OF FINANCE
Purchasing Department
Joseph Thomas, Purchasing Director
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Phone: 316 660-7255 Fax: 316 383-7055
<http://sedgwickcounty.org/finance/purchasing.asp>

ADDENDUM 1
#16-0070
EXTERIOR PAINT @ 271 W. 3RD

July 15, 2016

The following is to ensure that vendors have complete information prior to submitting a bid. Here are some clarifications regarding the bid for the exterior painting at 271 W. 3rd.

Clarifications

Section I - Purpose

Liquidated damages will not be included in this scope of work. Painting operations must be coordinated around the construction activity at the building expected to conclude in August and County business activity which will start September 2, 2016. Very limited access to the adjacent east parking lot will be available to the painting contractor after September 2.

Section III – Scope of Work

Concrete and Masonry Coatings

Item 2.02, B, 5: Change as follows.

- a. Concrete surfaces to receive one coat, EIFS surfaces to receive 2 coats.
- b. First Coat: S-W Sherlastic Elastomeric Masonry Coating, A5-600 Series (4-6 mils dry per coat).
- c. Second Coat: S-W Sherlastic Elastomeric Masonry Coating, A5-600 Series (4-6 mils dry per coat).

Please use the REVISED Bid Form (at the end of this document) when submitting your bid.

Firms interested in submitting a bid must respond with complete information and **deliver on or before 1:45 p.m. CDT, July 26, 2016**. Late bids will not be accepted and will not receive consideration for final award.

“PLEASE ACKNOWLEDGE RECEIPT OF THIS ADDENDUM ON THE BID RESPONSE PAGE.”

Kim Evans
Purchasing Agent

REQUEST FOR BID
16-0070
EXTERIOR PAINT @ 271 W. 3rd

The undersigned, on behalf of the Bidder, certifies that: (1) this offer is made without previous understanding, agreement or connection with any person, firm, or corporation submitting a bid on the same project; (2) is in all respects fair and without collusion or fraud; (3) the person whose signature appears below is legally empowered to bind the firm in whose name the bidder is entered; (4) they have read the complete Request for Bid and understands all provisions; (5) if accepted by the County, this bid is guaranteed as written and amended and will be implemented as stated; and (6) mistakes in writing of the submitted bid will be their responsibility.

NAME _____

DBA/SAME _____

CONTACT _____

ADDRESS _____ **CITY/STATE** _____ **ZIP** _____

PHONE _____ **FAX** _____ **HOURS** _____

STATE OF INCORPORATION or ORGANIZATION _____

COMPANY WEBSITE ADDRESS _____ **E-MAIL** _____

NUMBER OF LOCATIONS _____ **NUMBER OF PERSONS EMPLOYED** _____

TYPE OF ORGANIZATION: Public Corporation _____ Private Corporation _____ Sole Proprietorship _____

Partnership _____ Other (Describe): _____

BUSINESS MODEL: Small Business _____ Manufacturer _____ Distributor _____ Retail _____

Dealer _____ Other (Describe): _____

Not a Minority-Owned Business: _____ **Minority-Owned Business:** _____ (Specify Below)

___ African American (05) ___ Asian Pacific (10) ___ Subcontinent Asian (15) ___ Hispanic (20)

___ Native American (25) ___ Other (30) - Please specify _____

Not a Woman-Owned Business: _____ **Woman-Owned Business:** _____ (Specify Below)

___ Not Minority -Woman Owned (50) ___ African American-Woman Owned (55)

___ Asian Pacific-Woman Owned (60) ___ Subcontinent Asian-Woman Owned (65) ___ Hispanic Woman Owned (70)

___ Native American-Woman Owned (75) ___ Other – Woman Owned (80) – Please specify _____

ARE YOU REGISTERED TO DO BUSINESS IN THE STATE OF KS: _____ Yes _____ No

INSURANCE REGISTERED IN THE STATE OF KS WITH MINIMUM BEST RATING OF A-VIII: _____ Yes _____ No

☐ Yes, I would like to be on the emergency vendor list. ☐

☐ No, I would not like to be on the emergency vendor list.

After Hours Phone #: _____ **Emergency Contact Name:** _____

After Hours Fax #: _____

CONTINUED ON NEXT PAGE

I. Response Form (2 of 2)

PRICING

BASE BID

To complete the Base Bid Work, in the time stipulated, in accordance with the Bidding Documents for the lump sum price of:

Dollars (\$_____).

Days to Completion_____

ACKNOWLEDGE RECEIPT OF ADDENDA: All addendum(s) are posted to our RFQ/RFP web page and it is the vendor's responsibility to check and confirm all addendum(s) related to this document by going to www.sedgwickcounty.org/finance/purchasing.asp.

NO._____, DATED _____; NO._____, DATED _____; NO._____, DATED _____

In submitting a response to this document, vendor acknowledges acceptance of all sections of the entire document and has clearly delineated and detailed any exceptions.

Signature_____ Title_____

Print Name_____ Dated _____