

**ADDENDUM NO. 03  
TO REQUEST FOR BIDS  
PERIMETER SERVICE ROAD REHABILITATION  
JMAA PROJECT NO. 003-18  
DATED MAY 8, 2019**

This Addendum No. 3 ("Addendum") to the Request for Bids ("RFB") for the Perimeter Service Road Rehabilitation, Project Number 003-18, issued by the Jackson Municipal Airport Authority ("JMAA") as of this, the 12<sup>th</sup> day of June 2019.

1. Defined Terms. Capitalized terms used but not defined in the Addendum have the respective meanings given in the RFB.
2. Corrections and Clarifications.
  - 2.1. Attachment 12A – Good Faith Efforts Statement was listed as a requirement on the RFB Checklist but was inadvertently excluded from the RFB. The Good Faith Efforts Statement is included as Attachment 2 of this Addendum No. 3 and must be included with your submission
  - 2.2. Addendum No. 1, page 3 states all blank spaces on the Identification of Respondent Form must be completed but this form was inadvertently excluded from the RFB. This form is included as Attachment 3 to this Addendum No. 3 and must be included with your submission.
  - 2.3. A revised Statement of Affirmations Form is included as Attachment 4 of this Addendum No. 3 and must be included with your submission.
3. Extension of Deadline for Bids. The deadline for bids originally scheduled for Friday, June 14, 2019 at 2:00 p.m. CST has been extended to Wednesday, June 19, 2019 at 10:00 a.m. CST. The Bid Opening will be held at 10:15 a.m. in the **Staff Conference Room** on the 3<sup>rd</sup> Floor of the Main Terminal Building at Jackson-Medgar Wiley Evers International Airport.
4. Acknowledgement of Addendum. Per the General Requirements of the RFB, Bidders must acknowledge receipt of this and any other Addendum issued in support of this RFB utilizing the Acknowledgment of Receipt of Addendum form provided in this Addendum as Attachment 1. Submit completed Acknowledgement of Receipt of Addendum forms, for each Addendum issued, with the Bid.

Date: June 12, 2019

JACKSON MUNICIPAL AIRPORT AUTHORITY

A handwritten signature in black ink that reads "Bonnie Spears". The signature is written in a cursive, flowing style.

Bonnie Spears  
Procurement Specialist

# Attachment 1

## Acknowledgment of Receipt of Addendum

### Addendum No. 3

Issue Date: June 12, 2019

REQUEST FOR BIDS  
PERIMETER SERVICE ROAD  
DATED MAY 8, 2019  
JMAA PROJECT NO. 003-18

By signing this document, I \_\_\_\_\_, acknowledge the receipt of the above-mentioned addendum and that it shall be included with the Statement of Qualifications submitted for consideration for the above-mentioned Bid.

\_\_\_\_\_

Name of Firm

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



IDENTIFICATION OF RESPONDENT

1. Respondent's full legal name is: \_\_\_\_\_

2. Respondent is (mark one):

<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Individual
<input type="checkbox"/>	Limited Partnership	<input type="checkbox"/>	General Partnership
<input type="checkbox"/>	Limited Liability	<input type="checkbox"/>	Other Company

Respondent is registered in the State of \_\_\_\_\_.

3. Respondent's street and mailing addresses are as follows:

Street Address	Mailing Address
_____	_____
_____	_____
_____	_____
_____	_____

4. Respondent's representative regarding this Proposal is: \_\_\_\_\_

5. Telephone number, facsimile number and e-mail address for Respondent's representative:

Telephone number: \_\_\_\_\_  
Facsimile number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_

6. Affirmations:

I affirm that if selected for the Services in this Request for Statement of Qualifications, the insurance requirements established in Part III, Information Required from Respondents, Number 9 will be met and Certificates of Insurance shall be provided to JMAA with JMAA listed as additional insured prior to execution of an Agreement.

I affirm that if selected for the Services in this Request for Statement of Qualifications, I or my company will register to conduct business with the Mississippi Secretary of State as established in Part III, Information Required from Respondents, Number 2.3 prior to execution of an Agreement.

I affirm that if selected for the Services in this Request for Statement of Qualifications, I or my company will obtain a City of Jackson Mississippi Business Privilege License as established in Part III, Information Required from Respondents, Number 2.3 prior to execution of an Agreement.

The undersigned hereby represents everything in this Statement of Qualifications is true, correct and complete.

The undersigned acknowledges and agrees that JMAA reserves the right to reject any and all Proposals, to re-advertise for Services, and to waive any informalities, technicalities, and irregularities in the Statement of Qualifications received at any time prior to execution of the Agreement for any reason.

Respectfully submitted,  
RESPONDENT:

\_\_\_\_\_  
Legal Name of Respondent

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Title of Signatory

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

PERSONALLY APPEARED BEFORE ME, the undersigned authority in and for the said County and State, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, within my jurisdiction, the within named \_\_\_\_\_ (Name), who acknowledged that he/she is \_\_\_\_\_(Title) of \_\_\_\_\_(Company Name), and that for and on behalf of said Company, and as its act and deed, he/she executed the above and foregoing instrument, after first having been duly authorized by said Company so to do.

\_\_\_\_\_  
Notary Public

My Commission Expires:

\_\_\_\_\_

[S E A L]

**EXHIBIT 14**

**STATEMENT OF AFFIRMATIONS**

**I. Terminated Contracts, Forfeiture, Bankruptcies**

Regarding all contracts of the Respondent (or any subsidiary, parent or affiliate of the Respondent) for services, similar to the services sought by the RFB that were terminated, either voluntarily or involuntarily, prior to the expiration of their respective terms during the past five (5) years: the name, location and address of the other party(ies) to said contracts, if any, and the date(s) of termination;

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Regarding any forfeited or canceled sureties or bonds within the past five (5) years, the name and address of the surety and date of the forfeiture or cancellation;

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A detailed description of any judgements and any pending or threatened lawsuits involving Respondent (or any wholly-owned subsidiary, parent or affiliate of the Respondent) during the past five (5) years for work or services similar to the Services sought by this RFB;

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A description, date of filing and court address for any petition in bankruptcy filed by or against the Respondent (or any wholly-owned subsidiary, parent or affiliate of the Respondent) during the past five (5) years.

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\*If additional room is required, please attach additional pages following this Exhibit.

**II. Insurance**

By checking the box, Respondent affirms that it has the capability to meet the insurance requirements outlined in Section 25 of Attachment 13 of the RFB prior to execution of an agreement with JMAA.

**III. Independent Contractor**

By checking the box, Respondent affirms that: (i) at all times it will be regarded as an independent Contractor and shall at no time act as the employee or agent of JMAA; (ii) nothing contained in any Agreement shall be deemed or construed by JMAA, Respondent or any third party as creating the relationship of principal and agent, partners, employer and employee, or any other similar such relationship between JMAA and Respondent; and (iii) it shall not be entitled to participate in any employee benefit or welfare programs offered by or through JMAA including, without limitation, participation in any retirement plan, any workers compensation insurance coverage, health insurance plan or other benefit.

**IV. Governing Law, Jurisdiction and Venue**

By checking the box, Respondent affirms that this Agreement, and the rights and obligations of JMAA and Respondent hereunder, shall be governed by and construed in accordance with the laws of the State of Mississippi, without regard to the principles of conflict of law, and venue shall be solely in a Mississippi state court of competent jurisdiction for any law suit or litigation, of any type or nature, arising out of and/or regarding this Agreement.

**V. Attorneys' Fees**

By checking the box, Respondent affirms that as to any action that shall be brought on account of any breach of or to enforce or interpret any of the terms, covenants or conditions of an Agreement, the prevailing party shall be entitled to recover, as part of its costs, its actual and reasonable attorneys' fees.

Respectfully submitted,  
RESPONDENT:

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Legal Name of Respondent



Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Signatory

\_\_\_\_\_  
Title of Signatory