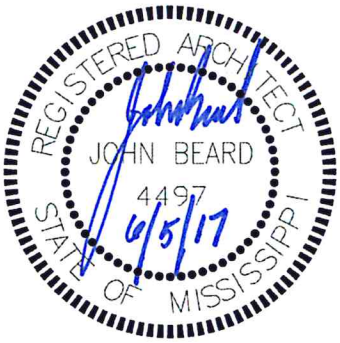
Beard + Riser
ARCHITECTS PLLC
201 MAIN STREET | GREENWOOD, MS 38930



ADDENDUM #2

Project: **Delta Health Alliance Sunflower County Childcare Coalition**
An Early Headstart Partnership
Childcare Repairs and Office Improvements, Bid Package #3
Sunflower County, Mississippi

Professional: **Beard + Riser Architects PLLC**
Date Issued: **June 5, 2017**
Pages: **9 including this page**

This addendum form is part of the Construction Documents, modifying and superseding where it is inconsistent with them. All other conditions of the Contract Documents remain unchanged. Acknowledge receipt of this addendum by inserting its number in the appropriate place on the bid proposal form:

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1. **Pre-Bid Conference:** A pre-bid conference was held on site May 25, 2017 @ 9AM. The minutes from that meeting are attached.
2. **Bid Form Revision:** Refer to Project Manual Division 0 – 004113 Bid Form. Replace this document with the Revised Bid Form attached.
3. **Alternates Form Revision:** Refer to Project Manual Division 0 – 004323 Alternates Form. Replace this document with the Revised Alternates Form attached.
4. **Hazardous Materials:** Hazardous materials testing and identification is the responsibility of the Contractor. Asbestos is to be abated in all work areas according to State and Federal regulations. Prior to replacement work being performed all asbestos containing materials shall be removed from the work area. A licensed asbestos contractor shall perform the abatement work as required by MDEQ. At least ten (10) days prior to any replacement work being performed, a State of Mississippi Demolition/Renovation Notification Form shall be sent to MDEQ. All asbestos containing materials shall be disposed of in accordance with all State and Federal regulations.

END OF ADDENDUM #1

Beard + Riser
ARCHITECTS PLLC

Pre-Bid Conference Agenda/Meeting Minutes

Project: **Delta Health Alliance**
Childcare Repairs and Office Improvements, Bid Package #3

Date: 05.25.17

Time: 9AM

Attending: Refer to attached attending list

Make introductions of all present:

1. Bidding
    a. Bid date
        i. Until 2 p.m. June 8, 2017.
        ii. Bids will be received at the Delta Health Alliance Promise Community Offices, 135 Front Street Indianola.
        iii. Drawings are available from Jackson Blueprint www.jaxblue.com online plan room - $100 printed set ($25 shipping) and $25 digital.
        iv. Follow the "Instructions to Bidders" section in project manual. Refer to the "Required Forms" section in the project manual.
        v. Bid Bond is required (5% of the total amount of the base bid).

    b. 65 calendar days from Notice to Proceed.

    c. 5% Bid bond is required.

    d. 100% Performance and Payment Bonds are required.

    e. Addenda
        i. Questions or clarifications will only be answered in writing via email or fax to the Professional.
        ii. Last day to issue addenda is June 6 at 2 pm (48 business hours prior to bid). Please be sure to have all questions to us in writing at least 24 or more hours before this deadline so we have time to answer each question properly.

f. Allowances: Purchase and installation of door Hardware $700 per exterior door and $400 per interior door. Purchase and installation of exterior signage $800.

g. Liquidated Damages: $250 per calendar day

h. Alternates: Add Alternate #1 - Add the cost of folding partition wall.
i. Refer to Project Manual for addition grant/project required forms.

2. Examination of the site
    a. It is critical that you become familiar with the site prior to submitting your bids.

3. General Scope of Work was described with a site visit following.

End of Agenda/Minutes

B+R
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ARCHITECTS PLLC

DATE: 05.25.17

MEETING: Pre-Bid Conference

PROJECT NAME: Delta Health Alliance
Childcare Repairs and Office Improvements

NAME	COMPANY	CELL PHONE	EMAIL
Joseph Robertson	Robertson Construction	(601-988-3385	Joe@Robertsonms.com
Kenny Hunter	ABG Contractors	601-923-4200	hunterkenny1@gmail.com
GARY VAUGHAN JR	VAUGHAN CONSTRUCTION	662-820-5482	VAUGHAN20@BELLSOUTH.NET
JOHN BEARD	BEARD + RISER PLLC	662-897-3878	JBEARD@BEARDRISER.COM.
ALONZO EVANS	AIA Builders LLC	662 299-2510	aiabuildersllc@gmail.com
TERRY EDWARDS	TIMBO'S CONST	662 902-0304	TIMBOSANDIFER AT YAHOO.COM

DOCUMENT 004113 - BID FORM - STIPULATED SUM (SINGLE-PRIME CONTRACT **(REVISED AS PER ADDEDNUM #2)**

1.1 BID INFORMATION

A. Bidder: _____.

B. Project Name: Delta Health Alliance Sunflower County Childcare Coalition, an Early Headstart Partnership, Childcare Repairs and Office Improvements – Bid Package #3.

C. Project Location: Sunflower County, Mississippi

D. Owner: Delta Health Alliance Sunflower County Childcare Coalition, an Early Headstart Partnership.

E. Architect: Beard + Riser Architects PLLC

1.2 CERTIFICATIONS AND BASE BID

A. **Office Renovations**, Single-Prime (All Trades) Contract: The undersigned Bidder, having carefully examined the Procurement and Contracting Requirements, Conditions of the Contract, Drawings, Specifications, and all subsequent Addenda, as prepared by Beard + Riser Architects PLLC and Architect's consultants, having visited the site, and being familiar with all conditions and requirements of the Work, hereby agrees to furnish all material, labor, equipment and services, including all scheduled allowances, necessary to complete the construction of the above-named project, according to the requirements of the Procurement and Contracting Documents, for the stipulated sum of:

1. _____ Dollars ($_____).
2. The above amount may be modified by amounts indicated by the Bidder on the attached Document 004321 "Allowance Form" and Document 004323 "Alternates Form."

1.3 BID GUARANTEE

A. **Office Renovations**: The undersigned Bidder agrees to execute a contract for this Work in the above amount and to furnish surety as specified within ten days after a written Notice of Award, if offered within sixty days after receipt of bids, and on failure to do so agrees to forfeit to Owner the attached cash, cashier's check, certified check, U.S. money order, or bid bond, as liquidated damages for such failure, in the following amount constituting five percent (5%) of the Base Bid amount above:

1. _____ Dollars ($_____).

In the event Owner does not offer Notice of Award within the time limits stated above, Owner

B. In the event Owner does not offer Notice of Award within the time limits stated above, Owner will return to the undersigned the cash, cashier's check, certified check, U.S. money order, or bid bond.

1.4 SUBCONTRACTORS AND SUPPLIERS

A. The following companies shall execute subcontracts for the portions of the Work indicated:

1. Mechanical Work:_____.
2. Plumbing Work:_____.
3. Electrical Work:_____.

1.5 TIME OF COMPLETION

A. The undersigned Bidder proposes and agrees hereby to commence the Work of the Contract Documents on a date specified in a written Notice to Proceed to be issued by Architect, and shall fully complete the Work within sixty (65) calendar days.

1.6 BID SUPPLEMENTS

A. The following supplements are a part of this Bid Form and are attached hereto.
1. Bid Form Supplement - Bid Bond Form (AIA Document A310).
2. Bid Form Supplement – Alternates Form Document 00423.

1.7 CONTRACTOR'S LICENSE

A. The undersigned further states that it is a duly licensed contractor, for the type of work proposed, in the State of Mississippi, and that all fees, permits, etc., pursuant to submitting this proposal have been paid in full.

1.8 SUBMISSION OF BID

A. Respectfully submitted this ____ day of _____, 2016.

B. Submitted By:_____

(Name of bidding firm or corporation).

C. Authorized Signature:_____

(Handwritten signature).

D. Signed By:_____

(Type or print name).

E. Title:_____

(Owner/Partner/President/Vice President).

F. Witness By:_____

(Handwritten signature).

G. Attest:_____

(Handwritten signature).

H. By:_____

(Type or print name).

I. Title:_____

(Corporate Secretary or Assistant Secretary).

Street Address:_____.

J. City, State, Zip:_____.

K. Phone:_____.

L. License No.:_____.

M. Federal ID No.:_____

(Affix Corporate Seal Here).

END OF DOCUMENT 004113

DOCUMENT 004323 - ALTERNATES FORM **(REVISED AS PER ADDEDNUM #2)**

1.1 BID INFORMATION

A. Bidder: _____.

B. Prime Contract: _____.

C. Project Name: Delta Health Alliance Sunflower County Childcare Coalition, an Early Headstart Partnership, Childcare Repairs and Office Improvements – Bid Package #3.

D. Project Location: Sunflower County, Mississippi.

E. Owner: Delta Health Alliance Sunflower County Childcare Coalition, an Early Headstart Partnership.

F. Architect: Beard + Riser Architects PLLC.

1.2 BID FORM SUPPLEMENT

A. This form is required to be attached to the Bid Form.

1.3 DESCRIPTION

A. The undersigned Bidder proposes the amount below be added to or deducted from the Base Bid if particular alternates are accepted by Owner. Amounts listed for each alternate include costs of related coordination, modification, or adjustment.

B. If the alternate does not affect the Contract Sum, the Bidder shall indicate "NO CHANGE."

C. If the alternate does not affect the Work of this Contract, the Bidder shall indicate "NOT APPLICABLE."

D. The Bidder shall be responsible for determining from the Contract Documents the effects of each alternate on the Contract Time and the Contract Sum.

E. Owner reserves the right to accept or reject any alternate, in any order, and to award or amend the Contract accordingly within 60 days of the Notice of Award unless otherwise indicated in the Contract Documents.

F. Acceptance or non-acceptance of any alternates by the Owner shall have no effect on the Contract Time unless the "Schedule of Alternates" Article below provides a formatted space for the adjustment of the Contract Time.

1.4 SCHEDULE OF ALTERNATES

A. Alternate No. 1: Add the cost for purchase and installation of folding partition wall and associated structure and framing:

1. ADD____ DEDUCT____ NO CHANGE____ NOT APPLICABLE____.
2. _____ Dollars ($_____).
3. ADD____ DEDUCT____ calendar days to adjust the Contract Time for this alternate.

1.5 SUBMISSION OF BID SUPPLEMENT

A. Respectfully submitted this ____ day of _____, 2016.

B. Submitted By:_____(Insert name of bidding firm or corporation).

C. Authorized Signature:_____(Handwritten signature).

D. Signed By:_____(Type or print name).

E. Title:_____(Owner/Partner/President/Vice President).

END OF DOCUMENT 004323