

HAGERSTOWN HOUSING AUTHORITY
HAGERSTOWN, MARYLAND

ADDENDUM NO. 1

CFP 519-18 SIDING RENOVATIONS AT SCATTERED SITES MD6-010, AMP 1

March 8, 2021

To: All prime Contractors and all others to whom a Requests for Quotes has been issued.

Acknowledge receipt of this Addendum by inserting its number and date on the Cost Quote Submission Form. Failure to do so may subject quoter to disqualification. This addendum forms a part of the Purchase Order Documents.

**The due date for quotes has been extended to
Friday, March 12, 2021 at 11:00AM.**

- ITEM NO. 1.01:** A two-day time extension has been issued. The new due date for quotes is **Friday, March 12, 2021 at 11:00AM.**
- ITEM NO. 1.02:** Clarification: There are two (2) separate solicitations for siding renovations at two (2) Scattered Sites communities. This solicitation is CFP 519-18 Siding Renovations at Scattered Sites, MD6-010 which has 20 units. The scope of work is the same for both solicitations.
- ITEM NO. 1.03:** Clarification: MSB plans and MSB specifications call for leaf guards on new gutters. Leaf guards shall be metal micro mesh type, such as Raptor Gutter Guards, or approved equal. This type of leaf guard can be snapped into the gutter or attached to the roof under the first row of shingles. Refer to drawings for details.
- ITEM NO. 1.04:** Clarification: The specifications call for completion by July 31, 2021 or as mutually agreed between the owner and the contractor. Lead time for materials, contractors schedule, and administrative requirements are factors establishing the actual construction period.
- ITEM NO. 1.05:** Contractors are to submit quotes on the attached **Revised** Cost Quote Submission Form.
- ITEM NO. 1.06:** Clarification: Addendum No. 1, dated 03/08/21 is composed of this HHA Addendum No. 1, dated 03/08/21 and MSB Addendum No. 1, dated 03/05/21 in the email MSB drop box link.

END OF HHA ADDENDUM NO. 1

REVISED COST QUOTE SUBMISSION FORM

CFP 519-18 Siding Renovations at Scattered Sites, MD6-010, AMP 1

to

**The Housing Authority of the City of Hagerstown
35 West Baltimore Street
Hagerstown, MD 21740**

Date: _____

Gentlemen:

1. **COST QUOTE:** The undersigned, having familiarized himself with the local conditions affecting the cost of the work, and with the Specifications and Drawings in the Request for Quotes dated February 12, 2021, hereby proposes to furnish all labor, materials, equipment, and services required to complete the scope of work as specified and described in the by the RFQ documents for CFP 519-18 Siding Renovations at Scattered Sites, MD6-010, AMP 1, in accordance therewith, for the sum as listed for each community:

A. Scattered Sites, MD6-010 (20 units):

Total Lump Sum Quote for all Buildings/Units:

_____ \$ _____
written figures

2. **UNIT PRICES (in place, for additional work, if required):**

a) \$ _____ per sq. ft. for replacement of existing sheathing (1/2", etc. plywood)

b) \$ _____ per sq. ft. for replacement of existing sheathing (3/4", etc. plywood)

Price to include **all** costs including removal of existing, installation, delivery, equipment, overhead, profit, taxes, insurance, accessories, etc. Unit prices will be used for any additional work, if required.

3. **BID BOND AND PERFORMANCE & PAYMENT BOND(S):** Not required.

4. **DAVIS-BACON WAGES, CERTIFIED PAYROLL REPORTS AND CERTIFICATE OF INSURANCE:** Required

5. **CONTRACTOR QUALIFICATION FORM:** Submit with Quote

6. **ADDENDA:** The following Addendum (s) have been received:

7. **MANUFACTURER- Siding:** _____

a. Are all siding colors available and in stock? _____

b. Lead time for non-stock colors, if any? _____

8. **SUBCONTRACTORS, if any:**

Work

Contractor

9. **OWNER'S AWARD OF QUOTE:** In submitting a quote, it is understood that the right is reserved by The Hagerstown Housing Authority to reject any and all quotes.

10. **CONSTRUCTION PERIOD:** Anticipate award and issuance of a purchase order by mid-March 2021. All work shall be completed by July 31, 2021 or as mutually agreed between the owner and contractor.

Contractor: _____

Address: _____

Street

City

State

Zip

Construction Firm License No. Date Issued Placement of Issuance

Federal Employer Identification No.
(or Social Security No. if no F.E.I.N.)

Phone: _____ Fax: _____ Email: _____

Principal/Owner: _____

Name (Print)

Title

Signature

Date

(Sign for Identification)