

ADDENDUM | No. 1

PROJECT	Structure and Approach Grading SN 06-150-215
BID DATE	1:00 PM Local Time Tuesday, June 14, 2022
BID LOCATION	Brookings County Commission Office 520 3 rd Street, Suite 210, Brookings, SD 57006
ISSUE DATE	June 2, 2022
NOTICE	Failure to acknowledge all addenda in the BID may cause rejection of the BID. See Instructions to Bidders.

SCOPE OF THIS ADDENDUM

The following becomes a part of the original project manual and drawings, taking precedence over the items that may conflict. The bidder shall note receipt and make acknowledgment of the Addendum on his/her bid form, incorporating its provision in his/her bid.

PROJECT MANUAL

The following additions, changes and clarifications have been made to the Project Manual:

EJCDC® C-200, INSTRUCTIONS TO BIDDERS FOR CONSTRUCTION CONTRACT

ARTICLE 3 - QUALIFICATIONS OF BIDDERS

Change:

- 3.01 Bidders should be registered (prior to bid opening date) as a pre-qualified Contractor with the SDDOT for Work Type 9 Minor Structure Construction.

Add:

- 3.02 The Bidder (if not a SDDOT pre-qualified Contractor), upon request, must submit to the Owner the EJCDC® C-451, Qualifications Statement, within 48 hours of said request.



EJCDC® C-410, BID FORM FOR CONSTRUCTION CONTRACT

ARTICLE 2 – ATTACHMENTS TO THIS BID

Change:

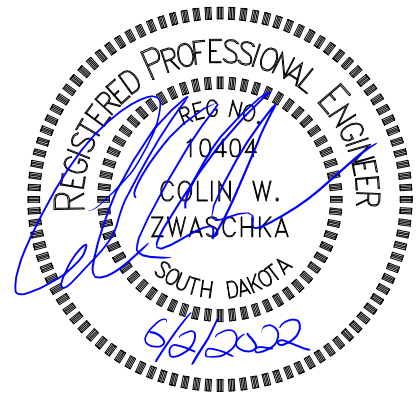
- 2.02 After the Bid is received, the Owner will verify that the Bidder is registered (before the bid opening date) as a pre-qualified Contractor with the SDDOT for Work Type 9 Minor Structure Construction, or the Owner may request Bidder (if not a SDDOT pre-qualified Contractor) to submit the EJCDC® C-451, Qualifications Statement.

NOTE

The Plan Holders List and Addendums are available on our website at <http://www.bannerassociates.com> by clicking on **View Bid Information / Project Name / Project Information** link.

ATTACHMENTS

- 1. EJCDC® C-451, Qualifications Statement



Colin W. Zwaschka, PE

QUALIFICATIONS STATEMENT

ARTICLE 1—GENERAL INFORMATION

1.01 Provide contact information for the Business:

Legal Name of Business:			
Corporate Office			
Name:		Phone number:	
Title:		Email address:	
Business address of corporate office:			
Local Office			
Name:		Phone number:	
Title:		Email address:	
Business address of local office:			

1.02 Provide information on the Business’s organizational structure:

Form of Business:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		
	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture comprised of the following companies:		
	1.		
	2.		
	3.		

1.03 Identify all businesses that own Business in whole or in part (25% or greater), or that are wholly or partly (25% or greater) owned by Business:

Name of business:		Affiliation:	
Address:			
Name of business:		Affiliation:	
Address:			
Name of business:		Affiliation:	
Address:			

1.04 Provide information regarding the Business’s officers, partners, and limits of authority.

Name:		Title:	
Authorized to sign contracts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit of Authority:	\$
Name:		Title:	
Authorized to sign contracts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit of Authority:	\$
Name:		Title:	
Authorized to sign contracts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Limit of Authority:	\$
Name:		Title:	

ARTICLE 2—CONSTRUCTION EXPERIENCE

2.01 Provide information that will identify the overall size and capacity of the Business.

Average number of current full-time employees:	
Estimate of revenue for the current year:	
Estimate of revenue for the previous year:	

2.02 Provide information regarding the Business’s previous contracting experience.

Years of experience with projects like the proposed project:		
As a general contractor:		As a joint venturer:
Has Business, or a predecessor in interest, or an affiliate identified in Paragraph 1.03:		
Been disqualified as a bidder by any local, state, or federal agency within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Been barred from contracting by any local, state, or federal agency within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Been released from a bid in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Defaulted on a project or failed to complete any contract awarded to it? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Refused to construct or refused to provide materials defined in the contract documents or in a change order? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Been a party to any currently pending litigation or arbitration? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide full details in a separate attachment if the response to any of these questions is Yes.		

2.03 List a minimum of three projects completed in the last 5 years in Schedule A and provide indicated information to demonstrate the Business’s experience with projects similar in type and cost of construction.

ARTICLE 3—REQUIRED ATTACHMENTS

3.01 Provide the following information with the Statement of Qualifications:

A. Schedule A (Previous Experience with Similar Projects)

This Statement of Qualifications is offered by:

Business:

(typed or printed name of organization)

By:

(individual's signature)

Name:

(typed or printed)

Title:

(typed or printed)

Date:

(date signed)

(If Business is a corporation, a partnership, or a joint venture, attach evidence of authority to sign.)

Attest:

(individual's signature)

Name:

(typed or printed)

Title:

(typed or printed)

Address for giving notices:

Designated Representative:

Name:

(typed or printed)

Title:

(typed or printed)

Address:

Phone:

Email:

Schedule A—Previous Experience with Similar Projects

Name of Organization					
Project Owner			Project Name		
General Description of Project					
Project Cost			Date Project		
Key Project Personnel	Project Manager	Project Superintendent	Safety Manager	Quality Control Manager	
Name					
Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference)					
	Name	Title/Position	Organization	Telephone	Email
Owner					
Designer					
Construction Manager					
Project Owner			Project Name		
General Description of Project					
Project Cost			Date Project		
Key Project Personnel	Project Manager	Project Superintendent	Safety Manager	Quality Control Manager	
Name					
Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference)					
	Name	Title/Position	Organization	Telephone	Email
Owner					
Designer					
Construction Manager					
Project Owner			Project Name		
General Description of Project					
Project Cost			Date Project		
Key Project Personnel	Project Manager	Project Superintendent	Safety Manager	Quality Control Manager	
Name					
Reference Contact Information (listing names indicates approval to contacting the names individuals as a reference)					
	Name	Title/Position	Organization	Telephone	Email
Owner					
Designer					
Construction Manager					

