



**DANE COUNTY DEPT. OF
PUBLIC WORKS, HIGHWAY &
TRANSPORTATION**

1919 Alliant Energy Center Way
Madison, Wisconsin 53713
Office: 608/266-4018 ♦ Fax: 608/267-1533
Public Works Engineering Division
Public Works Solid Waste Division

ADDENDUM

NOVEMBER 11, 2016

ATTENTION ALL REQUEST FOR BID (RFB) HOLDERS

RFB NO. 316037 - ADDENDUM NO. 4

JAIL SHOWERS & SPLIT PODS IMPROVEMENTS

BIDS DUE: TUESDAY, DECEMBER 13, 2016, 2:00 PM. DUE DATE AND
TIME **ARE** CHANGED BY THIS ADDENDUM.

This Addendum is issued to modify, explain or clarify the original Request for Bid (RFB) and is hereby made a part of the RFB. Please attach this Addendum to the RFB.

PLEASE MAKE THE FOLLOWING CHANGES:

1. Cover Page

Change: “**TUESDAY, NOVEMBER 15, 2016**”, to: “**TUESDAY, DECEMBER 13, 2016**”.

2. Legal Notice

Change: “**2:00 P.M., TUESDAY, NOVEMBER 15, 2016**”, to: “**TUESDAY, DECEMBER 13, 2016, 2:00 P.M.**”.

3. Supplementary Conditions

Delete current Supplementary Conditions Section; replace with new Supplementary Conditions Section, issued with this Addendum. Note: the Prevailing Wage Rate Determination has been removed from the project requirements.

If any additional information about this Addendum is needed, please call Scott Carlson at 608/266-4179, carlson.scott@countyofdane.com.

Sincerely,

Scott Carlson

Project Manager

Enclosures:

Supplementary Conditions


H:\Shared\ENGINEERING DIVISION\Scott Carlson\316037 - PSB Jail Showers Construction\03 - Addendum\Addm4\Addendum4.docx

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SUPPLEMENTARY CONDITIONS

1. APPLICATION & CERTIFICATE FOR PAYMENT

- A. Every contractor engaged in performance of any contract for Department of Public Works, Highway & Transportation shall submit partial and final Application & Certificate for Payment for work under said contract. Form shall provide similar information as shown on AIA G702™ and G703™ forms (samples shown below). Forms shall be submitted to Public Works Project Manager for approval.


AIA Document G702™ – 1992

Application and Certificate for Payment

TO OWNER:	PROJECT:	APPLICATION NO:	Distribution to:
FROM CONTRACTOR:	VIA ARCHITECT:	PERIOD TO:	OWNER <input type="checkbox"/>
		CONTRACT FOR:	ARCHITECT <input type="checkbox"/>
		CONTRACT DATE:	CONTRACTOR <input type="checkbox"/>
		PROJECT NOS:	FIELD <input type="checkbox"/>
			OTHER <input type="checkbox"/>

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract. AIA Document G703™, Continuation Sheet, is attached.

1. ORIGINAL CONTRACT SUM \$ _____

2. NET CHANGE BY CHANGE ORDERS \$ _____

3. CONTRACT SUM TO DATE (Line 1 + 2) \$ _____

4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ _____

5. RETAINAGE:

a. _____ % of Completed Work
(Columns D + E on G703) \$ _____

b. _____ % of Stored Material
(Column F on G703) \$ _____

Total Retainage (Lines 5a + 5b, or Total in Column I of G703) \$ _____

6. TOTAL EARNED LESS RETAINAGE \$ _____
(Line 4 minus Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$ _____
(Line 6 from prior Certificate)

8. CURRENT PAYMENT DUE \$ _____

9. BALANCE TO FINISH, INCLUDING RETAINAGE \$ _____
(Line 3 minus Line 6)

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR:
By: _____ Date: _____
State of: _____
County of: _____
Subscribed and sworn to before me this _____ day of _____

Notary Public:
My commission expires: _____

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$ _____	\$ _____
Total approved this month	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____
NET CHANGES by Change Order	\$ _____	

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED \$ _____
(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conform with the amount certified.)

ARCHITECT:
By: _____ Date: _____

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

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Continuation Sheet

AIA Document G702™-1992, Application and Certificate for Payment, or G732™-2009, Application and Certificate for Payment, Construction Manager as Adviser Edition, containing Contractor's signed certification is attached. In tabulations below, amounts are in US dollars. Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO:
APPLICATION DATE:
PERIOD TO:
ARCHITECT'S PROJECT NO:

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED <i>(Not in D or E)</i>	G TOTAL COMPLETED AND STORED TO DATE <i>(D+E+F)</i>	H BALANCE TO FINISH <i>(C-G)</i>	I RETAINAGE <i>(if variable rate)</i>
			FROM PREVIOUS APPLICATION <i>(D-E)</i>	THIS PERIOD				
GRAND TOTAL								

CAUTION: You should sign an original AIA Contract Document, on which this text appears in RED. An original assures that changes will not be obscured.

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2. CONTRACTOR WAGE AFFIDAVIT

- A. Every contractor engaged in performance of any contract for Department of Public Works, Highway & Transportation shall submit to this Department, as requested and with final application for payment for work under said contract, affidavit in form as hereinafter set forth in this section. Affidavit affirms that all persons employed by contractor or by any of contractor's subcontractors on such contract have been paid no less than minimum wages established under Dane County Ordinances, Chapter 40, Subchapter II (Minimum Wage Ordinance) and in effect at date of execution of contract, that full payment of wages earned has been made, and that no rebates either directly or indirectly have been made. Form of such affidavit is included in this section.
- B. Form should be included with a copy of the final contract invoice forwarded to your contract representative at Dane County.

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3. JAIL ACCESS

- A. The Background Check Form on the following page must be filled out before access can be granted to the Dane County Jail. Visiting the site is strongly encouraged before bidding on this project.
- B. Submit Background Check Form_(one form per participant) via fax to Scott Carlson at 608/267-1533 or scan & email it to carlson.scott@countyofdane.com.
- C. In order to be considered & cleared, submit all forms no later than October 13, 2016.



PRE-BID FACILITY TOUR & MEETING

TUESDAY, OCTOBER 25, 2016, 10:00 a.m.

JAIL SHOWERS & SPLIT PODS IMPROVEMENTS
PUBLIC SAFETY BUILDING
MADISON, WISCONSIN

BACKGROUND CHECK FORM

THIS FORM IS DUE NO LATER THAN OCTOBER 13, 2016. DO NOT INCLUDE WITH BID.

PLEASE TYPE OR PRINT LEGIBLY

TO BE FILLED OUT FOR EACH TOUR & MEETING PARTICIPANT:

This form is mandatory for each individual intending to tour the facilities. Bidders are required to obtain security clearance for individuals scheduled to attend the on-site tours. A full criminal background check will be performed. No more than three (3) individuals may participate for any one Bidding Company. A government issued photo identification is required to enter the facilities.

First Name

Middle Name

Last Name

Other Names Used

Date of Birth

Sex

Race

Driver's License No.

State Issued

Current Full Address

Cities & States Lived In, Past 10 Years

Felony Convictions? (Yes or No)

If yes, when?

Misdemeanor Convictions? (Yes or No)

If yes, when?

Today's Date

Bidding Company Name

Please allow 7 full business days for the background process to be completed. Thank you.

OFFICE USE ONLY

D.O.T.

TICKETS

C.I.B.

JAIL RECORDS

F.B.I.

LOCAL COMPUTER CONTACTS

CCAP

WARRANTS

Date Criminal History Run _____

Submit to: