

1. DOCUMENT 009113.01 – ADDENDUM 01

1.1 PROJECT INFORMATION

- B. Project Name: Fitzsimmons Ground Floor Renovation – Research Development & Strategy
 - 1. Owner: University of Colorado Denver | Anschutz Medical Campus
 - 2. Owner Project Number: 23-118391
 - 3. Architect: Hord Coplan Macht (HCM).
 - 4. Architect Project Number: 223084.00

1.2 NOTICE TO BIDDERS

- A. This Addendum is issued to all registered plan holders pursuant to the Instructions to Bidders and Conditions of the Contract.
- B. Incorporate the following modifications, corrections, additions and /or deletions into the Drawings, Specifications and Construction Documents issued for this project.
- C. This Addendum is dated November 28, 2023, and will be attached to and become part of the Contract Documents dated September 18, 2023 and submitted with the Contract.
- D. There have been occasions when the failure of a Contractor to acknowledge receipt of Addenda has cost him/her the award of a Contract. Please acknowledge receipt of this Addendum on the Bid Form.

1.3 ATTACHMENTS

- A. This Addendum includes the following attached Documents and Specification Sections:
 - 1. State form SBP-6.14 Bid Bond document.
 - 2. Subcontractor Prequalification Blank Form for SCPP Pre-Qualified mechanical, electrical, and plumbing subcontractors
- B. This Addendum includes the following attached Sheets:
 - 1. Not Used

1.4 REVISIONS TO PREVIOUS ADDENDA

- A. Not Used

1.5 REVISIONS TO DIVISION 00 PROCUREMENT REQUIREMENTS AND CONTRACTING REQUIREMENTS.

- A. Not Used.

1.6 REVISIONS TO DIVISION 01 GENERAL REQUIREMENTS

- A. Section 01 2100 Allowances: Revise paragraph 3.3.B – Allowance No. 02 to be a Lump Sum Allowance in lieu of a Quantity Allowance and provide an allowance of \$5,000 to provide the roof infill labor and material.

1.7 REVISIONS TO DIVISIONS 02-49 SPECIFICATION SECTIONS

- A. Not Used

1.8 REVISIONS TO DRAWING SHEETS

- A. Not Used

1.9 RESPONSE TO BIDDER QUESTIONS

- A. Please advise if this is a Prevailing Wages project:
 - 1. Per paragraph 3.E in the Bid Form at the front of the Project Manual “Projects estimated to be \$500,000 or more that do not receive federal funds are required to comply with the State Prevailing Wage requirements C.R.S. 24-92—201 through 210.” This project is not estimated to be greater than \$500,000 and therefore, does not require Prevailing Wages.
- B. Are there liquidated damages to this project?
 - 1. There are no liquidated damages required for this project.
- C. Who is responsible for Builder’s Risk Insurance?
 - 1. The contractor is responsible for Builder’s Risk Insurance
- D. Please confirm bid day deliverables are Bid Form, Bid Bond, and Bid Alternates Forms. (If Bid Alternates Form is required, please provide.)
 - 1. Bid deliverables include the Bid Form, Labor and Performance Bid Bond. (See Attached).
 - 2. A Bid Alternates Form is included in the Project Manual on page 11 after the Bid Form.
- E. Will there be a public opening?
 - 1. Yes, the Project Manager will send out a Zoom invite to all participants and will share a spreadsheet showing all contractors, who bid, and their bid amounts.
- F. Please provide a stated allowance for Allowance No. 02: Infill Roof Penetration found on detail H9/AD-101
 - 1. Refer to paragraph 1.6.A above for a revision to the Allowance specification section with this allowance information.

- G. Please confirm only SCPP Pre-Qualified mechanical, electrical, and plumbing subcontractors are able to work on this project.
 - 1. If contractors are not currently on the SCPP list, they will need to fill out an application form and receive approval prior to the bid due date. (See Attached)

- H. Please provide a stated allowance for fire suppression work.
 - 1. The contractor is responsible for the allowance estimate for the fire suppression work.

END OF DOCUMENT 009113.01



STATE OF COLORADO
OFFICE OF THE STATE ARCHITECT
STATE BUILDINGS PROGRAM

COLORADO BID BOND

Institution/Agency: University of Colorado Anschutz Medical Campus
Project No./Name: PN 23-118319/Fitz Ground Reno NG015-NG016

KNOW ALL MEN BY THESE PRESENTS:

WHEREAS, _____ hereinafter called the "PRINCIPAL", is submitting a PROPOSAL for the above described project, to the STATE OF COLORADO, hereinafter called the "OBLIGEE".

WHEREAS, the Advertisement for Bids has required as a condition of receiving the Proposals that the Principal submit with the PROPOSAL GUARANTY in an amount not less than five per cent (5%) of the Proposal, which sum it is specifically agreed is to be forfeited as Liquidated Damages in the event that the Principal defaults in his obligation as hereinafter specified, and, in pursuance of which Requirement, this Bid is made, executed and delivered.

NOW THEREFORE, the Principal and _____ a corporation of the State of _____, duly authorized to transact business in Colorado, as Surety, are held and firmly bound unto the Obligee, in the sum of five per cent (5%) of the Principal's total bid price, lawful money of the United States for the payment of which sum, well and truly to be made to the Obligee, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

FURTHER THAT, a condition of the obligation that the Principal shall maintain his Proposal in full force and effect for thirty (30) days after the opening of the proposals for the project, or, if the Principal's Proposal is accepted, the Principal shall, within the prescribed time, execute the required Agreement, furnish the required Performance Bond, Labor and Material Payment Bond, Insurance Policy, and Certificates of Insurance, then this obligation shall be null and void, otherwise it shall remain in full force and effect, and subject to forfeiture upon demand as Liquidated Damages.

IN WITNESS WHEREOF said Principal and Surety have executed this Bond, this _____ day of _____, A.D., 20__.

(Corporate Seal)

THE PRINCIPAL

ATTEST

Company Name

Secretary

Address (including city, state and zip)
Phone number: _____

Name (Print)

Signature

Name (Print) and Title

SIGNATURES If the "Principal" is doing business as a Corporation, the Bid Bond shall be signed by an officer, i.e., President or Vice President. The signature of the officer shall be attested to by the Secretary and properly sealed.

If the "Principal" is an individual or a partnership, the Bid Bond shall so indicate and be properly signed.

(Corporate Seal)

THE SURETY

By _____

Secretary

Attorney-in-Fact

**THIS BOND MUST BE ACCOMPANIED BY POWER OF ATTORNEY, EFFECTIVELY DATED.
FAILURE TO PROVIDE A PROPERLY EXECUTED BID BOND WITH A PROPERLY EXECUTED POWER OF ATTORNEY
WILL RESULT IN THE BIDDER'S PROPOSAL BEING DEEMED NON-RESPONSIVE.**



University of Colorado
Denver | Anschutz Medical Campus
Facilities Management

SUBCONTRACTOR'S STATEMENT OF EXPERIENCE

Project Name: _____

Project # _____

Project Manager: _____

Phone: _____

Email: _____

Architect/Engineer: _____

General Contractor: _____

Subcontractor: _____

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**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

INFORMATION FORM

STATEMENT OF _____
(Subcontractor)

ADDRESS _____
(Street or PO Box) (City) (State) (Zip)

TELEPHONE/FAX NO. _____
(telephone) (fax)

DATE OF EXPERIENCE STATEMENT _____

PRINCIPLE OWNER/OFFICER _____
(Names(s) and Official Title(s))

Please indicate below if your company qualifies as one of the following:

Minority Business Enterprise (MBE) YES ___ NO ___

Justification: _____

Woman-Owned Business Enterprise (WBE) YES ___ NO ___

Justification: _____

Small Business Enterprise (SBE) YES ___ NO _

Justification: _____

Disadvantaged Business Enterprise (DBE) YES ___ NO ___

Justification: _____

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

TYPES OF WORK

- (1) If you are a General Contractor interested in bidding on all types of construction, mark "All Classes of Construction" only.
- (2) If you are interested in contracting directly with the University for certain types of work only, mark in the column provided after the particular types of work on which you wish to bid.

TYPES OF WORK	MARK WITH (X)
1. All Classes of Construction	
2. General	
3. Mechanical	
4. Electrical	
5. Excavating and Grading	
6. Concrete	
7. Structural Steel	
8. Steel and Miscellaneous Iron	
9. Painting and Decorating	
10. Laboratory Equipment	
11. Elevator Installation	
12. Plumbing	
13. Heating and Ventilating	
14. Air Conditioning	
15. Boiler and Equipment	
16. Environmental (Describe)	
17. Other (Describe)	
18. Other (Describe)	
19. Other (Describe)	
20. Other (Describe)	

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

IDENTIFICATION

(The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to questions hereinafter made.)

LEGAL NAME _____

PRINCIPAL OFFICE _____
(Street or PO Box) (City) (State) (Zip)

_____ A Corporation _____ A Copartnership _____ An Individual ___Combination

GENERAL INFORMATION

A. Are you licensed as a contractor? Yes () No ()

Licensed in the name of	Location (City or State)	License No. & Type
----------------------------	-----------------------------	-----------------------

B. How many years has your organization been in business as a contractor under your present business name? _____

C. How many years experience in _____ construction work has your organization had? (Type)

(a) As a prime contractor? _____ (b) As a subcontractor? Yes

D. Have you or your organization, or any officer or partner thereof, failed to complete a contract? _____

If so, give details _____

E. If you have a controlling interest in any firms presently qualified with the University, show names thereof:

F. We normally perform _____% of the work with our own forces.

List trades: _____

Where qualification is based on a combination of several organizations, show the experience and equipment of the combined organizations.

G. Has your firm been involved in any litigation in the past five (5) years? Yes () No () If yes, explain (listing type, kind, plaintiff, defendant, etc. and state the current status).

H. Are there any activities or interests of officers, principle stockholders, or employees of your firm or other factors which would place your firm and the University of Colorado Denver in a position of "Conflict of Interests"?

Yes () No () If yes, or in doubt, explain.

I. Has your firm ever been involved in any bankruptcy action as a bankrupt?

Yes () No () If yes, explain.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

PERSONNEL OF ORGANIZATION

1. Name the persons with whom you have been associated in business as partners or business associates in each of the last five (5) years

2. Show the construction experience of the principal individuals of your present organization in the following tabulation:

Individual's Name	Present Position or Office in Your Organization	Years of Construction Experience	Magnitudes and Type of Work	In What Capacity

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

PROJECT EXPERIENCE

Show the projects your organization has completed during the last five years in the following tabulation:

Year Completed	Project	Type of Work (See Page 2)	Location	Contract Value	Contracting Authority	In what Capacity

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

WORK CURRENTLY UNDER CONTRACT

Expected Completion Date	Project	Type of Work (See Page 1)	Location	Contract Value	Contracting Authority	Architect or Engine

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

SURETIES

List the Surety Companies that have bonded your work for the past five (5) years:

Name of Surety and Name and Address of Agent	Project and Location	Period of Bond From	Period of Bond To	General Comments

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

CORPORATION / CO-PARTNERSHIP

CORPORATION:

(If a corporation, answer this:)

When Incorporated _____

In What State _____

President's Name _____

Vice President's Name _____

Secretary's Name _____

Treasurer's Name _____

CO-PARTNERSHIP:

(If a co-partnership, answer this:)

Date of Organization _____

State whether partnership is general, limited, or association _____

Name and address of each partner: _____

(name)

(name)

(address)

(address)

WHERE QUALIFICATION IS BASED ON A COMBINATION OF ORGANIZATIONS, THE APPROPRIATE (ATTACHED) AFFIDAVITS MUST BE EXECUTED FOR EACH MEMBER OF SUCH COMBINATION.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

AFFIDAVIT FOR CORPORATION

_____certifies and says: That he is
(Name of officer)

_____of the _____
(Official capacity)

corporation submitting this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submitter with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent his/her condition in any substantial respect, it will refrain from further bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on _____ at _____, State of Colorado
(date) (city) (county)

NOTE: Use full corporate name and attach corporate seal here. _____
(Officer must sign here)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

AFFIDAVIT FOR CO-PARTNERSHIP

_____ certifies and says: That he/she is a
partner of _____
(Name of partner)

the partnership of _____ : That said partnership
(Name of Firm)

submitted this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submitter with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent the condition of said firm in any substantial respect, it will refrain from further bidding on University work until they shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on _____ at _____, _____, State of _____
(date) (city) (county)

The foregoing statement and affidavit are hereby offered.

(Member of Firm must sign here)

(Title)

(Remaining members of Firm sign here)

(Name of Firm)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

AFFIDAVIT FOR INDIVIDUAL

_____doing business _____
(Name of individual) (Name of Firm)

certifies and says: That he/she is the person submitting this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submittor with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent his/her condition in any substantial respect, it will refrain from further bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on _____ at _____, _____, State of _____
(date) (city) (county)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect. _____
(Applicant must sign here)

**UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR'S QUALIFICATION STATEMENT**

BIDDING INFORMATION

QUALIFICATION

The University of Colorado Denver will qualify or disqualify a Subcontractor on the basis of:

- (1) The information contained in this statement and
- (2) Past contract experience with the University.

NOTIFICATION

The University of Colorado Denver will, in writing, notify Contractors of their qualification or disqualification.