

## ADDENDUM NO. 1 TO THE IFB #2019-1454

The Alameda-Contra Costa Transit District herewith issues this Addendum No. 1 to the above-referenced INVITATION FOR BID. Except as modified below, all other terms and conditions remain in effect. Strikethrough text represents deletions from the original IFB, and ***bold/italicized/underlined text*** represent additions to original IFB text.

### A. QUESTIONS AND CLARIFICATIONS

**Question 1:** Is there an asbestos report?

- *Response: No*

**Question 2:** What is the estimated project start and end dates?

- *Response: There are no start or end dates currently. We are hoping to issue a Notice to Proceed in the Spring that will include a Construction Start Date that will begin the period of performance that is defined in the PS&E. Due to District business practices, the beginning of construction of the project may be delayed in order to relocate the ticket-counter operations to another location.*

**Question 3:** Are we able to schedule another Bid walk if needed?

- *Response: The District will determine if there will be another bid walk. If there are questions or other reasons whereby the District determines that a second bid walk will be appropriate and instructional to potential bidders, the District may schedule another bid walk.*

**Question 4:** Are we able to use End Dumps, and if so where can they be located?

- *Response: While the specifications do not dictate methods to potential bidders, the use of an end dump for any reason was not anticipated for this project, and provisions for the use of an end dump are not provided for by the District. The District will not be providing parking or laydown area for materials, equipment or vehicles outside of the interior walls of the Customer Service Center project footprint.*

**Question 5:** Can the Demolition be performed during District Occupied Hours (7:00 AM to 5:00 PM), or will it be scheduled for after hours?

- *Response: Work will be performed during regular working hours as specified in the Bidding Documents.*

**Question 6:** Does this project have a percentage utilization goal allotted to Disabled Veterans Business Enterprise (DVBE) and/or Service-Disabled Veteran-Owned Small Business (SDVOSB)?

- *Response: There is only a 3% certified Small Business Enterprise (SBE) goal assigned to this procurement.*

### B. PRIME PROPOSER & SUB-PROPOSER/SUPPLIER REPORT FORM

Please replace the current [Prime Contractor & Subcontractor/Supplier Report](#) with the following updated version:

## PRIME PROPOSER & SUBPROPOSER/SUPPLIER REPORT

**Complete All Sections of Form and Return with Bids/Proposals**

The Bidder/Proposer is **required** to complete the following information in accordance with the provisions of Public Contract Code Sections 4100 to 4113, inclusive. This form shall include prime contractor, all suppliers, and all subcontractors that will perform work, provide labor, or render services in connection with the project in an amount in excess of **one-half of one percent (0.5%)** of the total amount of Proposer's Grand Total Proposal/Bid Price. AC Transit reserves the right to request additional documentation to validate any and all information provided on this form. **COMPLETE ALL FIELDS OR INDICATE N/A. DO NOT LEAVE BLANKS.**

Prime/SubProposer/Supplier Name/Address/Contact Information	Type of Work or Materials	Value of Work & Materials (complete both below items)	DBE/SBE UTILIZATION AC Transit reserves the right to request further documentation to validate provided information on meeting the DBE/SBE requirements for this procurement.	Annual Gross Receipts List annual gross receipts for last three years (i.e. 2018, 2017, 2016)
<b>Prime Contractor:</b>  Address:  Contact Person: Phone: Email: How Many Years In Business: DIR Registration #: License No (if applicable):		Percentage (%)    Dollar Value (\$)	Is Prime Contractor: DBE <input type="checkbox"/> SBE <input type="checkbox"/> Not Applicable <input type="checkbox"/>  If DBE or SBE, include the following:  Certifying Agency: _____  Certification No.: _____  Certification Date: _____  Expiration Date: _____	
<b>Subcontractor/Supplier:</b>  Address:  Contact Person: Phone: Email: How Many Years In Business: DIR Registration #: License No (if applicable):		Percentage (%)    Dollar Value (\$)	Is Subcontractor or Supplier: DBE <input type="checkbox"/> SBE <input type="checkbox"/> Not Applicable <input type="checkbox"/>  If DBE or SBE, include the following:  Certifying Agency: _____  Certification No.: _____  Certification Date: _____  Expiration Date: _____	
<b>Subcontractor/Supplier:</b>  Address:  Contact Person: Phone: Email: How Many Years In Business: DIR Registration #: License No (if applicable):		Percentage (%)    Dollar Value (\$)	Is Subcontractor or Supplier: DBE <input type="checkbox"/> SBE <input type="checkbox"/> Not Applicable <input type="checkbox"/>  If DBE or SBE, include the following:  Certifying Agency: _____  Certification No.: _____  Certification Date: _____  Expiration Date: _____	

**(DO NOT LIST ALTERNATIVE SUBPROPOSERS FOR THE SAME WORK. ATTACH ADDITIONAL SHEETS AS NECESSARY.)**