

ADDENDUM:

3

TODAY'S DATE:

10/14/24

PROJECT NAME: Cedar Grove Roof Replacement

CONTACT / TITLE: Carl Frankel

PROJECT MANAGER

PHONE / EMAIL: 206.574.1249

carlf@kcha.org

This Addendum is used to Identify Items in the Original Documents with Action as Follows:

☒ **BID**

☐ **RFQ**

☐ **RFP**

☐ **CLARIFY**

☒ **CHANGE**

☐ **DELETE**

☒ **ADD**

☐ **SUBSTITUTE**

3 Page(s) Total for this Addenda including this page.

1. **CHANGE:** The Bid Opening Date is changed from October 16, 2024 to October 23, 2024. Bids are due by 1:00PM. There will not be another mandatory pre-bid walk. Only contractors who attended the mandatory pre-bid walk on October 2, 2024 will be eligible to submit a bid.
2. **ADD:** Page 2 of 2 for the Contractor Certification is missing from the original bid documents. KCHA is adding both page 1 and 2 of the Contractor Certification with this addendum and they are to be signed and included with the rest of the bid forms.

END OF ADDENDUM #3



CONTRACTOR CERTIFICATION – RETURN EACH FORM SINGLE SIDED

PROJECT NAME: CEDAR GROVE ROOF REPLACEMENT

NAME OF COMPANY: _____

PHYSICAL STREET ADDRESS: _____

CITY – STATE – ZIP: _____

MAILING ADDRESS: _____

CITY – STATE – ZIP: _____

PHONE NUMBER: _____

FEDERAL TAX ID NO.: _____ **WA STATE UBI NO.:** _____

TYPE OF BUSINESS: _____ **CORPORATION** _____ **LLC - PARTNERSHIP** _____ **SOLE PROPRIETOR**

OWNERS OF THIS COMPANY (List All Owners from the inception of the Company. Use an additional sheet of paper if necessary.)

NAME OF OWNER(S)	DATE(S) OF OWNERSHIP (from – to)
_____	_____
_____	_____
_____	_____
_____	_____

UNDER PENALTIES OF PERJURY, _____ **I /** _____ **We** hereby certify that: (Check the appropriate responses)

1. There are no contractual obligation or other disabilities that would prevent the achievement of the various requirements contained in the Bid Documents to the greatest extent feasible and with good faith efforts to attempt to meet the attached goals.
2. _____ **I /** _____ **We** do not and will not maintain, nor permit _____ **My /** _____ **Our** employees to work in a location where segregated facilities are maintained, except for separate or single-user toilets and changing facilities, if necessary, to assure privacy between the sexes.
3. Any facility used in the performance of this project _____ **Is /** _____ **Is Not** listed on the Environmental Protection Agency list of violating facilities; and,
4. _____ **I /** _____ **We** will notify KCHA, PRIOR TO award, of the receipt of any communication from the Environmental Protection Agency indicating that any facility proposed to be used in the performance of this project is under consideration to be listed on the EPA List of Violating Facilities; and,
5. _____ **I /** _____ **We** will include a certification substantially the same as this certification in every non-exempt contract.
6. _____ **I /** _____ **We** that _____ **Have /** _____ **Have Not** participated in an Equal Employment Opportunity Plan in the past that required filing reports with the Government; and that if _____ **I /** _____ **We** have, _____ **I /** _____ **We** _____ **Have /** _____ **Have Not** filed all reports due. If not, the reports will be filed within the next (_____) days.



KCHA – CEDAR GROVE ROOF REPLACEMENT
CAPITAL CONSTRUCTION DEPARTMENT

7. The number shown on this form is the correct Taxpayer Identification Number OR if no Taxpayer Identification Number is listed, a notarized explanation as to why is attached to these Bid Documents and

8. _____ I / _____ We further certify that _____ I / _____ We are **not** subject to Backup Withholding because;

_____ Exempt from Backup Withholding, or
_____ No notification from the Internal Revenue Service (IRS) for failing to report all interest or
_____ dividends, or

_____ No long subject to Backup Withholding per notification from the IRS

(If you ARE subject to Backup Withholding, leave \$5 blank and go to #6)

9. _____ I / _____ We have been notified by the IRS that _____ I Am / _____ We Are currently subject to Backup Withholding because of under reporting interest or dividends.

(If you filled out #5 – you are NOT subject to Backup Withholding, leave #6 blank)

_____, who is by title the _____
of our firm/company and has been designated, as the responsible official to ensure required reports are submitted, and record keeping complies with all the applicable regulations.

AUTHORIZED OFFICIAL:

SIGNATURE

NAME (PLEASE PRINT)

TITLE (PLEASE PRINT)

DATE

Bidding Contractor's Company Name: _____

Initials: _____

Contractor Certification

Page 2 of 2

KCHA / 07-19-23

Return Form – B.3