



CONSTRUCTION ADDENDUM: 01

9/23/2025

PROJECT NAME: Newport Fire Alarm System Replacement

PROJECT MANAGER: Amy Kurtz

PHONE NUMBER: 206-574-1283 **EMAIL ADDRESS:** Amyk@kcha.org

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

- ☐ CLARIFY ☐ CHANGE ☐ DELETE
☒ ADD ☐ SUBSTITUTE

Page(s) Total for this Addenda including this page 12

1. ADD: *The following required forms and specifications, which were missing from the original bid book, have been included as part of this addendum:*

- B.2 - Bidder's Experience Record
- B.9a - Section 3 Business Certification
- B9b - Section 3 Subcontractor Work Plan
- Section - 07 92 00 Joint Sealants

END OF CONSTRUCTION ADDENDUM: 1

BIDDER'S EXPERIENCE RECORD – RETURN EACH FORM SINGLE SIDED

KCHA WILL AWARD CONTRACTS ONLY TO RESPONSIBLE PROSPECTIVE CONTRACTORS WHO HAVE THE ABILITY TO PERFORM SUCCESSFULLY UNDER THE TERMS AND CONDITIONS OF THE PROPOSED CONTRACT. *PRINT ALL INFORMATION.*

ATTACH ADDITIONAL SHEETS AS NECESSARY TO FULLY PROVIDE THE INFORMATION REQUIRED.

NAME OF BIDDER: _____

PHYSICAL ADDRESS: _____

CITY-STATE-ZIP: _____

MAILING ADDRESS: _____

CITY-STATE-ZIP: _____

CONTRACTOR'S LICENSE NUMBER: _____ EMPLOYMENT SECURITY NUMBER: _____
(Must be a valid WA State License)

BOND REGISTRATION NUMBER: _____ L&I's WORKERS' COMP. ACCT. ID: _____

L&I PUBLIC WORKS TRAINING: YES NO

BIDDER IS A(N): INDIVIDUAL PARTNERSHIP
JOINT VENTURE INCORPORATION IN STATE OF _____

CONTINUOUSLY BEEN IN BUSINESS FROM YEAR _____ NO. OF REGULAR FULL TIME EMPLOYEES _____

TOTAL NUMBER OF PROJECT COMPLETED IN THE PAST 5 YEARS _____

NUMBER OF PROJECTS COMPLETED _____ AHEAD _____ ON-TIME _____ BEHIND _____

BIDDER HAS HAD EXPERIENCE IN WORK COMPARABLE TO THAT REQUIRED FOR THIS PROJECT

AS FOLLOWS: AS PRIME CONTRACTOR: _____ AS SUB-CONTRACTOR: _____
NO. OF YEARS NO. OF YEARS

BIDDERS LIST THE FOLLOWING INFORMATION: **PRINT ALL INFORMATION**

NAME OF BONDING COMPANY: _____

ADDRESS: _____

PHONE NUMBER: _____

CONTACT PERSON: _____

BONDING CAPACITY: _____

LIST THE SUPERVISORY PERSONNEL TO BE EMPLOYED BY THE BIDDER AND AVAILABLE FOR, AND INTENDED TO WORK ON THIS PROJECT (PROJECT MANAGER, PRINCIPAL FOREPERSON, SUPERINTENDENTS AND ENGINEERS): **PRINT ALL INFORMATION**

NAME	TITLE	HOW LONG WITH BIDDER

LIST ALL PUBLICLY FUNDED PROJECTS OF SIMILAR NATURE & SIZE COMPLETED BY BIDDER WITHIN THE PAST 5 YEARS. INCLUDE A REFERENCE FOR EACH. IF NECESSARY, ATTACH A SEPARATE SHEET(S), USING THE FORMAT BELOW. **PRINT ALL INFORMATION**

PROJECT NAME: _____
OWNER/CONTACT NAME & NUMBER: _____
TOTAL CONTRACT AMOUNT: _____
IF SUB, YOUR CONTRACT AMOUNT: _____
YEAR PROJECT COMPLETED: _____

PROJECT NAME: _____
OWNER/CONTACT NAME & NUMBER: _____
TOTAL CONTRACT AMOUNT: _____
IF SUB, YOUR CONTRACT AMOUNT: _____
YEAR PROJECT COMPLETED: _____

PROJECT NAME: _____
OWNER/CONTACT NAME & NUMBER: _____
TOTAL CONTRACT AMOUNT: _____
IF SUB, YOUR CONTRACT AMOUNT: _____
YEAR PROJECT COMPLETED: _____

PROJECT NAME: _____
OWNER/CONTACT NAME & NUMBER: _____
TOTAL CONTRACT AMOUNT: _____
IF SUB, YOUR CONTRACT AMOUNT: _____
YEAR PROJECT COMPLETED: _____

IF ANY OF THE PROJECTS LISTED ABOVE WERE NOT COMPLETED WITHIN THEIR ORIGINALLY SCHEDULED PERIOD, EXPLAIN WHY: **PRINT ALL INFORMATION**

LIST ALL PROJECTS UNDERTAKEN IN THE LAST 5 YEARS WHICH HAVE RESULTED IN PARTIAL OR FINAL SETTLEMENT OF THE CONTRACT BY ARBITRATION OR LITIGATION IN THE COURTS: **PRINT ALL INFORMATION**

NAME OF CLIENT & PROJECT	CONTRACT AMT.	TOTAL CLAIM ARBITRATED / LITIGATED	AMT. OF SETTLEMENTS OF CLAIM
<hr/>	<hr/>	<hr/>	<hr/>
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HAS BIDDER, OR ANY REPRESENTATIVE OR PARTNER THEREOF, EVER FAILED TO COMPLETE A CONTRACT? **PRINT ALL INFORMATION**

NO YES IF YES, EXPLAIN

HAS THE BIDDER EVER HAD ANY PAYMENT / PERFORMANCE BOND CALLED AS A RESULT OF THIS WORK? **PRINT ALL INFORMATION**

NO YES IF YES, COMPLETE THE FOLLOWING:

PROJECT NAME	CONTRACTING PARTY	BOND AMOUNT
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

HAS BIDDER EVER BEEN FOUND GUILTY OF VIOLATING ANY STATE OR FEDERAL EMPLOYMENT LAWS? **PRINT ALL INFORMATION**

NO YES IF YES, EXPLAIN

HAS BIDDER EVER FILED FOR PROTECTION UNDER ANY PROVISION OF THE FEDERAL BANKRUPTCY LAWS OR STATE INSOLVENCY LAWS? **PRINT ALL INFORMATION**

NO YES IF YES, EXPLAIN

HAS ANY ADVERSE LEGAL JUDGEMENT RELATED TO CONSTRUCTION BEEN RENDERED AGAINST THE BIDDER IN THE LAST 5 YEARS? **PRINT ALL INFORMATION**

NO YES IF YES, EXPLAIN _____

HAS BIDDER OR ANY OF ITS EMPLOYEES FILED ANY CLAIMS WITH WASHINGTON STATE WORKER'S COMPENSATION OR OTHER INSURANCE COMPANY FOR ACCIDENTS RESULTING IN FATAL INJURY OR DISMEMBERMENT IN THE PAST 5 YEARS? **PRINT ALL INFORMATION**

NO YES IF YES, COMPLETE THE FOLLOWING:

DATE	TYPE OF INJURY	AGENCY RECEIVING CLAIM
_____	_____	_____
_____	_____	_____

BIDDER'S EXPERIENCE MODIFICATION RATE (EMR): 2022 _____ 2023 _____ 2024 _____
(IF BIDDER IS SELF-INSURED, ATTACH PROOF OF EMR STATED, SHOWING COMPLETE WORKSHEET CALCULATIONS)

NOTES TO BIDDERS: SAFETY IS A PRIMARY CONCERN ON THIS PROJECT. KCHA reserves the right to disqualify Bidders where either the current or three (3) year average of the Experience Modification Rate (EMR) EXCEEDS 1.0. KCHA may require additional information from Bidders that have an EMR of more than 1.0.

DESCRIBE ALL VIOLATION CITATIONS ISSUED AGAINST BIDDER IN THE LAST 5 YEARS UNDER OSHA, WISHA OR OTHER APPLICABLE WORKPLACE SAFETY PROGRAMS. **PRINT ALL INFORMATION**

SUBJECT OF VIOLATION	DATE OF INSPECTION / INCIDENT	OSHA ACTIVITY NO.	CLOSED / PENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL INFORMATION:

BEFORE A BID IS CONSIDERED FOR AWARD, THE BIDDER MAY BE REQUESTED BY KCHA TO SUBMIT A STATEMENT OR OTHER DOCUMENTATION REGARDING ANY OF THE BASIC QUALIFICATIONS LISTED ABOVE. FAILURE BY THE BIDDER TO PROVIDE SUCH ADDITIONAL INFORMATION SHALL RENDER THE BIDDER NON-RESPONSIVE AND NON-RESPONSIBLE, AND INELIGIBLE FOR AWARD.

THE UNDERSIGNED WARRANTS UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS COMPLETE, TRUE AND ACCURATE TO THE BEST OF HIS / HER KNOWLEDGE. THE UNDERSIGNED AUTHORIZES THE KING COUNTY HOUSING AUTHORITY TO VERIFY ALL INFORMATION CONTAINED HEREIN. (IF THIS INFORMATION IS NOT COMPLETE AND ACCURATE THE BID MAY BE CONSIDERED NON-RESPONSIVE.)

BIDDER'S SIGNATURE BIDDER'S NAME (PLEASE PRINT)

BIDDER'S TITLE (PLEASE PRINT) DATE

SECTION 3 – BUSINESS CERTIFICATION RETURN FORM SINGLE SIDED

THIS FORM MUST BE SIGNED AND RETURNED

Project Name: _____

Company Name: _____

Address: _____

Contact Name: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

Type of Trade or Business: _____

Current Number of Regular, Full Time Employees (Puget Sound Region): _____

1. Have over **75 percent** of the labor hours performed for your business over the prior three-month period been performed by Section 3 workers?

___ Yes ___ No

If “yes” is checked, submit the section 3 Individual Certification form(s) for all the regular, full-time employees (Puget Sound Region).

2. Is **51% or more** of your business owned and controlled by low- or very low-income persons (persons who earn 80% or less of the median income level for the past 12 months - see attached income guidelines)?

___ Yes ___ No

If “yes” is checked, submit either the section 3 Individual Certification form(s) or the Section 3 Subcontractor Business Work Plan form.

3. Does your business provide economic opportunities for KCHA residents at the site(s) where the work will take place?

___ Yes ___ No

If “yes” is checked, please provide supporting documentation.

4. Does your business provide economic opportunities for residents of other KCHA developments or Section-8 assisted housing managed by KCHA?

___ Yes ___ No

If “yes” is checked, please provide supporting documentation.

5. Does your business provide economic opportunities to Section 3 workers residing within the metropolitan area (Puget Sound Region)?

___ Yes ___ No

If “yes” is checked, please provide supporting documentation.

I certify, under penalty of perjury, that my company ___ Is ___ Is Not a Section 3 Business.

I further certify that, **if my company is awarded the bid, and needs to hire additional employees for the project**, we will carry out Section 3 hiring, training and subcontracting requirements to the best of our ability.

Signature

Name

Title

Date

Phone Number

Email Address

If you have more specific questions about Section 3 requirements, contact KCHA at section3@kcha.org.

SECTION 3 – 2025 INCOME GUIDELINES

Location	Income Limit 1 person		
	Extremely Low Income	Very Low Income	Low Income
Kitsap County (Bremerton, Silverdale)	\$26,150	\$43,550	\$69,650
King/ Snohomish Counties (Seattle, Bellevue, Everett)	\$33,050	\$55,000	\$84,850
Pierce County (Tacoma)	\$25,400	\$42,300	\$67,700
Skagit County (Sedro-Woolley)	\$23,000	\$38,250	\$61,250
Thurston County (Olympia, Tumwater)	\$24,500	\$40,850	\$65,350

SECTION 3 – SUBCONTRACTOR WORK PLAN RETURN FORM SINGLE SIDED

RETURN THIS FORM WITH THE BID **IF:**
CLAIMING **YES** TO QUESTION **3** or **4** on the SECTION 3 BUSINESS CERTIFICATION FORM

Project Name: _____

Company Name: _____

Address: _____

Contact Name: _____ Contact Title: _____

Contact Phone: _____ Contact Email: _____

SECTION 3 BUSINESS CONCERN			SUBCONTRACTED TASK(S)	SUBCONTRACT AMOUNT	% OF OVERALL CONTRACT
1.	Subcontractor's Name:				
	Subcontractor's Address:				
	Subcontractor's Phone No.:				
2.	Subcontractor's Name:				
	Subcontractor's Address:				
	Subcontractor's Phone No.:				
3.	Subcontractor's Name:				
	Subcontractor's Address:				
	Subcontractor's Phone No.:				
4.	Subcontractor's Name:				
	Subcontractor's Address:				
	Subcontractor's Phone No.:				

TOTAL CONTRACT VALUE: _____ **TOTAL SUBCONTRACT VALUE:** _____

PERCENTAGE OF TOTAL BID: _____

PART 1 GENERAL

1.01 SECTION INCLUDES

- A. Nonsag gunnable joint sealants.
- B. Joint backings and accessories.

1.02 REFERENCE STANDARDS

- A. ASTM C661 - Standard Test Method for Indentation Hardness of Elastomeric-Type Sealants by Means of a Durometer; 2015 (Reapproved 2022).
- B. ASTM C834 - Standard Specification for Latex Sealants; 2017.
- C. ASTM C919 - Standard Practice for Use of Sealants in Acoustical Applications; 2022.
- D. ASTM C920 - Standard Specification for Elastomeric Joint Sealants; 2018.
- E. ASTM C1193 - Standard Guide for Use of Joint Sealants; 2016.
- F. ASTM C1521 - Standard Practice for Evaluating Adhesion of Installed Weatherproofing Sealant Joints; 2019 (Reapproved 2020).
- G. ASTM E119 - Standard Test Methods for Fire Tests of Building Construction and Materials; 2022.
- H. SCAQMD 1168 - Adhesive and Sealant Applications; 1989, with Amendment (2022).
- I. UL 263 - Standard for Fire Tests of Building Construction and Materials; Current Edition, Including All Revisions.

1.03 SUBMITTALS

- A. Product Data: Submit manufacturer's technical datasheets for each product to be used; include the following:
 - 1. Physical characteristics, including movement capability, VOC content, hardness, cure time, and color availability.
 - 2. List of backing materials approved for use with the specific product.
 - 3. Substrates that product is known to satisfactorily adhere to and with which it is compatible.
 - 4. Substrates the product should not be used on.
- B. Color Cards for Selection: Where sealant color is not specified, submit manufacturer's color cards showing standard colors available for selection.
- C. Installation Plan: Submit at least four weeks prior to start of installation.
- D. Installation Log: Submit filled-out log for each length or instance of sealant installed.
- E. Installer's qualification statement.
- F. Executed warranty.

1.04 QUALITY ASSURANCE

- A. Single Source Responsibility for Joint Sealant Materials:
 - 1. Obtain joint sealants from a single manufacturer for each different product required to ensure compatibility.
 - 2. Manufacturer shall instruct applicator in procedures for intersecting sealants.
- B. Installer Qualifications: Company specializing in performing the work of this section and with at least three years of documented experience.
- C. Installation Plan: Include schedule of sealed joints, including the following:
 - 1. Installation Log Form: Include the following data fields, with known information filled out.
 - a. Location on project.
 - b. Substrates.
 - c. Sealant used.
 - d. Date of installation.
 - e. Name of installer.

- f. Actual joint width; provide space to indicate maximum and minimum width.
 - g. Actual joint depth to face of backing material at centerline of joint.
 - h. Air temperature.
- D. Field Adhesion Tests of Joints: Test for adhesion using most appropriate method in accordance with ASTM C1521, or another applicable method as recommended by manufacturer.

1.05 WARRANTY

- A. Manufacturer Warranty: Provide 5-year manufacturer warranty for installed sealants and accessories that fail to achieve a watertight seal, exhibit loss of adhesion or cohesion, or do not cure. Complete forms in Owner's name and register with manufacturer.
- B. Applicator's Warranty: Provide 2-year applicator warranty for installed sealants and accessories covering workmanship. Complete forms in Owner's name.

PART 2 PRODUCTS

2.01 MANUFACTURERS

- A. Nonsag Sealants:
 - 1. Dow: www.dow.com/#sle.
 - 2. Sika Corporation: www.usa.sika.com/#sle.
 - 3. Tremco Commercial Sealants & Waterproofing: www.tremcosealants.com/#sle.
 - 4. Or approved equal.

2.02 JOINT SEALANTS - GENERAL

- A. Sealants and Primers: Provide products having lower volatile organic compound (VOC) content than indicated in SCAQMD 1168.
- B. Colors: As selected by Owner from samples of manufacturer's standard color range.
- C. Compatibility:
 - 1. Provide joint sealants, joint fillers and accessory joint materials that are compatible with one another and with joint substrates under project conditions.
 - 2. Install joint sealants, joint fillers and related joint materials that are non-staining to visible joint surfaces and surrounding substrate surfaces.

2.03 NONSAG JOINT SEALANTS

- A. Silicone Sealant: ASTM C920, Grade NS, Uses M and A; not expected to withstand continuous water immersion or traffic.
 - 1. Movement Capability: Plus and minus 25 percent, minimum.
 - 2. Color: Match adjacent finished surfaces.
 - 3. Cure Type: Single component, neutral moisture curing.
- B. Mildew-Resistant Silicone Sealant: ASTM C920, Grade NS, Uses M and A; single component, mildew resistant; not expected to withstand continuous water immersion or traffic.
 - 1. Color: White.
- C. Acrylic-Urethane Sealant: ASTM C920, Grade NS, Uses M and A; single component; paintable; not expected to withstand continuous water immersion or traffic.
 - 1. Movement Capability: Plus and minus 12-1/2 percent, minimum.
 - 2. Color: White.
- D. Acrylic Emulsion Latex: Water-based; ASTM C834, single component, nonstaining, nonbleeding, nonsagging; not intended for exterior use.
 - 1. Color: Standard colors matching finished surfaces, Type OP (opaque).
 - 2. Grade: ASTM C834; Grade NF.
- E. Acrylic Latex Sealant: ASTM C834; for use as acoustical sealant and in firestopping systems for expansion joints and through penetrations.
 - 1. Color: Standard colors matching finished surfaces.

2. Fire Rated System: Complies with UL 263 and ASTM E119 with UL fire resistance classifications.

2.04 ACCESSORIES

- A. Backer Rod: Cylindrical cellular foam rod with surface that sealant will not adhere to, compatible with specific sealant used, and recommended by backing and sealant manufacturers for specific application.
 1. Closed Cell and Bi-Cellular: 25 to 33 percent larger in diameter than joint width.
 2. Polystyrene foam not acceptable.
- B. Backing Tape: Self-adhesive polyethylene tape with surface that sealant will not adhere to and recommended by tape and sealant manufacturers for specific application.
- C. Masking Tape: Self-adhesive, nonabsorbent, nonstaining, removable without adhesive residue, and compatible with surfaces adjacent to joints and sealants.
- D. Joint Cleaner: Noncorrosive and nonstaining type, type recommended by sealant manufacturer; compatible with joint forming materials.
- E. Primers: Type recommended by sealant manufacturer to suit application; nonstaining.

PART 3 EXECUTION

3.01 PREPARATION

- A. Remove loose materials and foreign matter that could impair adhesion of sealant.
- B. Clean joints, and prime as necessary, in accordance with manufacturer's instructions.
- C. Perform preparation in accordance with manufacturer's instructions and ASTM C1193.
- D. Mask elements and surfaces adjacent to joints from damage and disfigurement due to sealant work; be aware that sealant drips and smears may not be completely removable.

3.02 INSTALLATION

- A. Install this work in accordance with sealant manufacturer's requirements for preparation of surfaces and material installation instructions.
- B. Seal joints before final coat of finish is applied to adjacent surfaces.
- C. Provide joint sealant installations complying with ASTM C1193.
- D. Install acoustical sealant application work in accordance with ASTM C919.
- E. Measure joint dimensions and size joint backers to achieve the following, unless otherwise indicated:
 1. Width/depth ratio of 2:1.
 2. Neck dimension no greater than 1/3 of the joint width.
 3. Surface bond area on each side not less than 75 percent of joint width.
 4. Where more than 3/4" wide pack with foam backer rod material to within 1/2" of surface.
 5. Where less than 1/2" wide install foam rod backer rod material to within 1/4" of surface.
- F. Provide backing materials in as long lengths as practicable; install with proper tool. Force backing into joint to proper depth for sealant.
- G. Install bond breaker backing tape where backer rod cannot be used.
- H. Install sealant free of air pockets, foreign embedded matter, ridges, and sags, and without getting sealant on adjacent surfaces.
- I. Do not install sealant when ambient temperature is outside manufacturer's recommended temperature range, or will be outside that range during the entire curing period, unless manufacturer's approval is obtained and instructions are followed.
- J. Nonsag Sealants: Tool surface concave, unless otherwise indicated; remove masking tape immediately after tooling sealant surface.
- K. Curing
 1. Prior to painting or coating, allow sealant joints to cure as directed by sealant manufacturer, minimum seven (7) days for a single component and three (3) days for a multi-component.

2. Ambient temperatures and humidity affect the cure rate and time required for joint to be “tack-free”. Notify Owner if cure times exceed the minimums listed.

3.03 FIELD QUALITY CONTROL

- A. Field-Adhesion Testing: Field test joint-sealant adhesion to joint substrates in accordance with manufacturer's instructions and ASTM C1193, Method A, Field-Applied Sealant Joint Hand-Pull Tab. Perform 5 tests for each 1,000 linear feet of applied sealant.
 1. For sealants applied between dissimilar materials, test both sides of joint.
- B. Sealants failing adhesion test shall be removed, substrates cleaned, sealants re-installed, and re-testing performed.

3.04 SCHEDULE

JOINT SEALANT	APPLICATION
Single-Component Neutral Curing Silicone Sealant	- Exterior joints in exterior finish systems - Exterior perimeter joints at frames of doors and windows. - Exterior control and expansion joints in ceilings and other overhead surfaces - All other exterior vertical and horizontal non-traffic joints unless noted otherwise
Single-Component Mildew-Resistant Neutral-Curing Silicone Sealant	Exterior joints with galvanized steel
Single-Component Nonsag Urethane Sealant	Interior joints of exterior openings
Latex Sealant	Perimeter joints between interior wall surfaces and frames of interior doors and windows
Acoustical Sealant for Exposed and Concealed Joints	- Both faces of interior gypsum board partitions at head, sill, perimeter, and through penetrations - At perimeter of resilient ceilings - Other acoustical-rated constructions

END OF SECTION