



ADDENDUM

Date Issued:	January 31, 2022
Project:	Intermountain Healthcare – 2 nd Floor Imaging Reception Remodel Logan Regional Hospital 500 East 1400 North Logan, Utah 84341
Addendum Number:	1

The Contractors submitting proposals on the above-captioned project shall be governed by the following addendum, changes and explanations to the drawings and specifications and shall submit their bids in accordance therewith.

Item Number	General Items Description
1	Plans have been submitted to Logan City Offices and permit can be picked up by the contractor after project award. Fee for permit is \$2,043.40 and shall be paid for by the contractor. The permit fees should NOT be included in your bid. Once fees are paid, submit receipts to Intermountain Healthcare P.M. for reimbursements. No contractor markups shall be allowed for permit fees.
2	Fire sprinkler shop drawings are to be submitted to the State Fire Marshal for review prior to modification and installation. If fire sprinkler modification and installation is not applicable, please send a letter from a licensed fire alarm contractor containing this information.
3	Fire alarm shop drawings are to be submitted to the State Fire Marshal for review prior to modification and installation. If fire alarm modification and installation is not applicable, please send a letter from a licensed fire alarm contractor containing this information.
4	General Contractor will be responsible to perform Fire Watch as required by IFC 33 if any fire related fixtures are to be removed, modified, relocated, or replaced triggering a need for a pre-fire plan or elements of a fire watch.
5	Document Revisions: <ol style="list-style-type: none"> Additive Alternates No. 1 & 2 currently shown in the plans, are to be part of the Base Bid. No alternates are required for this project. Bid Form included in specification manual is to be discarded. Bid form sent by Stephanie Joyner, as part of the Invitation to Bid email dated January 5, 2022, should be used for bid submittal (also included in Addendum No. 1). Schedule of Values form was not included in the specification manual. This form was sent by Stephanie Joyner, as part of the Invitation to Bid email dated January 5, 2022 (also included in Addendum No. 1). As part of the dust barrier walls, contractor is to provide an Ante Room w/ negative pressure and a digital sensor w/ alarm. Dust barriers are to be a hard wall system up to ceiling grid elevation and plastic from ceiling grid to deck or structure above. Existing wall mounted intersection mirror to be removed and turned over to owner. New intersection mirror to be provided and installed by owner.



Item Number	General Items Description
	6. Bottom of header at new Equipment Alcove is to match height of existing Equipment Alcove header.

Sheet Number	Drawings
Architectural Drawings	
Engineering Drawings	

Specification Section	Project Manual
Sections	
004000	Bid Form
004373	Schedule of Values

Attachments:

- Specification Section 004000 - Bid Form
- Specification Section 004373 - Schedule of Values

SECTION 00 4000

BID FORM

TO: **IHC Health Services, Inc.** (Intermountain Healthcare)
Facility Design and Construction (FD&C)
36 South State Street, 16th Floor
Salt Lake City, Utah 84111-1486

Attention: Stephanie Joyner
Email: Stephanie.Joyner@imail.org

PROJECT: **Intermountain Healthcare Logan Hospital Imaging Registration**
Logan Regional Hospital
500 E 1400 N
Logan, UT 84341

NAME OF BIDDER: _____

BIDDER ADDRESS: _____

DATE: _____

The undersigned, in compliance with your Invitation To Bid, having examined the Drawings and Specifications (Contract Documents) and related documents and the site of the proposed work and being familiar with all of the conditions surrounding the construction of the proposed project, including the availability of labor, hereby propose to furnish all labor, materials, services, equipment and appliances required in connection with or incidental to the construction of the above named project in strict conformance with the following specification and drawings:

Instructions to Bidders, General Conditions, Supplemental General Conditions, Specification Divisions as shown, and all applicable addenda and Drawings as listed on the drawing cover sheets as prepared by NJRA.

I/We certify, by signing this BID FORM, that I/We have a working relationship with the proposed subcontractors and that Bids we're not solicited from; and/or the received Contract Documents were not listed in any Plan Rooms for distribution to subcontractors broadly.

BASE BID – for the Logan Hospital Imaging Registration for Intermountain Healthcare:

For Work of the contract listed above and shown on the Drawings and described in the Project Manual, I/We agree to perform for the sum of:

_____ Dollars (\$) _____
(In the case of discrepancy, written amount shall govern)

CONTRACTOR'S PROPOSED CONSTRUCTION TIME PERIOD:

This Bid requires a construction time in **calendar days** from the date of authorization of _____ calendar days. The anticipated date of Substantial Completion is thus _____, 20____.

The above Bid includes _____ winter weather delay days.

ADDENDA:

I/We acknowledge receipt of the following addenda for the above noted project: ___/___/___/___/___

SCHEDULE OF VALUES:

I/We have attached with this Bid Form our Schedule of Values (Section 00 4373) which reflects the above Base Bid. We submit this for Owner review of subcontractors that are being proposed for this Project.

TYPE OF ORGANIZATION:

(Corporation, Partnership, Individual, etc.) _____

SEAL (If a Corporation)

Respectfully Submitted,

Name of Bidder

Authorized Signature

SECTION 00 4373

SCHEDULE OF VALUES

NAME OF BIDDER: _____

DATE: _____

DIV	TITLE	AMOUNT	\$/SQ. FT	SUBCONTRACTORS / COMMENTS
01	General Conditions	\$ _____	\$ _____	
02	Existing Conditions / Demolition	\$ _____	\$ _____	
02	Saw Cut Slab	\$ _____	\$ _____	
03	Concrete	\$ _____	\$ _____	
04	Masonry	\$ _____	\$ _____	
05	Metals	\$ _____	\$ _____	
06	Woods, Plastics, Composites	\$ _____	\$ _____	
07	Thermal and Moisture Protection	\$ _____	\$ _____	
08	Openings	\$ _____	\$ _____	
09	Finishes	\$ _____	\$ _____	
10	Specialties	\$ _____	\$ _____	
11	Equipment	\$ _____	\$ _____	
12	Furnishings	\$ _____	\$ _____	
13	Special Construction	\$ _____	\$ _____	
14	Conveying Equipment	\$ _____	\$ _____	
21	Fire Suppression	\$ _____	\$ _____	
22	Plumbing	\$ _____	\$ _____	
23	HVAC	\$ _____	\$ _____	List building controls subcontractor
26	Electrical	\$ _____	\$ _____	
27	Communications	\$ _____	\$ _____	List low voltage subcontractor
31	Earthwork	\$ _____	\$ _____	
32	Exterior Improvements	\$ _____	\$ _____	
33	Utilities	\$ _____	\$ _____	
	SUBTOTAL	\$ _____	\$ _____	

	OVERHEAD AND PROFIT	\$ _____	\$ _____	
	TOTAL COST	\$ _____	\$ _____	

END OF SECTION