



City of Alameda, California

December 18, 2015

TO: PROSPECTIVE BIDDERS

GRAND LAUNCHING DOCK REPAIRS
P.W. 10-15-18

ADDENDUM NO. 1

Addendum No. 1 is hereby issued to make the following revision to the Specification Exhibits:

- 1. Specification Exhibits
 - a. Specification Exhibit "A", Bidder's Proposal:
Attach the following page titled "Important Instructions"
 - b. Specification Exhibit "B", Contractor's Certified Payroll Forms:
Replace the following forms with the ones attached in this Addendum.
 - 1) Certification of Understanding and Authorization
 - 2) Certification for Applicable Fringe Benefit Payments

APPROVED: _____

Jesse Barajas
Jesse Barajas
Public Works Superintendent

12/18/2015
Date

Receipt is hereby acknowledged of Addendum No. 1, Grand Launching Dock Repairs, No. P.W. 10-15-18

Company Name / Contractor

Date: _____

By: _____

NOTE: THIS COMPLETE ADDENDUM, SIGNED AND DATED MUST BE RETURNED WITH YOUR BID.

IMPORTANT INSTRUCTIONS

1. Any erasure or interlineation may invalidate bid.
2. If corporation is bidder, affix seal of corporation.
3. If bidder is:
 - (a) An individual doing business under his own name, sign his own name only.
 - (b) An individual using a firm name, sign: Example, "John Doe, an individual doing business as Blank Company."
 - (c) A co-partnership, sign: Example, "Blank Company, by John Doe, President" (or other title).
4. If a firm or co-partnership, give the names of all individual co-partners composing the firm. If a corporation, state legal name of corporation; also name of president, secretary and treasurer thereof.
5. If a bid is sent by mail, write the word "Proposal" plainly on the envelope.

EXHIBIT B: Certified Payroll Forms

**CERTIFICATION OF UNDERSTANDING
AND AUTHORIZATION**

Project Name: _____

This is to certify that the principals, and the authorized payroll officer, below, have read and understand the Minutes of the Preconstruction Conference and the labor standards clauses pertaining to the subject project.

The following person(s) is designated as the payroll officer for the undersigned and is authorized to sign the Statement of Compliance which will accompany our weekly certified payroll reports for this project:

Designated Payroll Officer (Name)

Designated Payroll Officer (Signature)

Authorized by (Contractor/Subcontractor)

(Signature)

(Title)

(IRS) Employer Identification Number

(Date)

EXHIBIT B: Certified Payroll Forms
CERTIFICATION FOR APPLICABLE FRINGE BENEFIT PAYMENTS

Project Name: _____

Classification/ Fringe Benefits Provided	Name, Address and Telephone Number of Plan/Fund/Program
1. _____ Health and Welfare	_____
_____	_____
_____	_____
_____	_____
_____	_____
2. _____ Health and Welfare	_____
_____	_____
_____	_____
_____	_____
_____	_____
3. _____ Health and Welfare	_____
_____	_____
_____	_____
_____	_____
_____	_____

OR: (Check if applicable)

_____ I certify that I do not make payments to approved fringe benefit plans, funds or programs.

_____ Contractor/Subcontractor	By	_____ Signature
_____ Date		_____ Title