



Department of Administrative Services

Purchasing and Contracts

500 S Grand Central Pky 4th Fl • Box 551217 • Las Vegas NV 89155-1217
(702) 455-2897 • Fax (702) 386-4914

Sabra Smith Newby, Chief Administrative Officer
Adleen B. Stidhum, Purchasing Administrator

CLARK COUNTY, NEVADA
BID NO. 603153-13

ANNUAL REQUIREMENTS CONTRACT FOR REPAIR & REPLACEMENT OF CRASH CUSHIONS

February 25, 2014

ADDENDUM NO. 3

INVITATION TO BID

1. The bid opening date has been rescheduled to **March 28, 2014 at 3:00:00 p.m.**

PRE-BID CONFERENCE

2. A second pre-bid conference will be held on **March 4, 2014 at 10:00 a.m.** at the Clark County Government Center, 500 South Grand Central Parkway, Purchasing and Contracts Division, Fourth Floor, Las Vegas, Nevada 89106.

BID FORM

3. **Discard** the original Bid Form, pages IV-1 through IV-5 and **replace** with the attached Revised Bid Form pages IV-1 through IV-5.

Should you have any questions regarding this addendum, I can be reached at (702) 455-4424.

ISSUED BY:

SANDY MOODYUPTON
Purchasing Analyst

Attachment(s): Revised Bid Form, pages IV-1 Through IV-5
Attachment 3 Specification Sheet 1, 2 & 3

Cc: Stephan Gross, Public Works
Allen Pavelka, Public Works

CLARK COUNTY, NEVADA

IV - BID FORM

BID NO. 603153-13

ANNUAL REQUIREMENTS CONTRACT FOR REPAIR & REPLACEMENT OF CRASH CUSHIONS

PWP NUMBER: CL 2014-92

REVISED PER ADDENDUM NO. 3

(NAME)

(ADDRESS)

I, THE UNDERSIGNED BIDDER:

1. Agree, if awarded this Contract, I will complete all work for which a Contract may be awarded and to furnish any and all labor, equipment, materials, transportation, and other facilities required for the services as set forth in the Bidding and Contract Documents.
2. Have examined the Contract Documents and the site(s) for the proposed work and satisfied themselves as to the character, quality of work to be performed, materials to be furnished and as to the requirements of the specifications.
3. Have completed all information in the blanks provided and have submitted the following within this Bid:
 - a) If claiming the preference eligibility, I have submitted a valid Certificate of Eligibility with this Bid.
4. I acknowledge that if notified that I am the low bidder, I must submit the Disclosure of Ownership/Principals form within 24-hours of request.
5. I acknowledge that my bid is based on the current State of Nevada prevailing wages.
6. I acknowledge that I have not breached a public work contract for which the cost exceeds \$25,000,000, within the preceding year, for failing to comply with NRS 338.147 and the requirements of a contract in which I have submitted within 2 hours of the bid opening an Affidavit pertaining to preference eligibility.
7. Upon faxed or mailed receipt of a Notice of Intent to Award the Contract, I will provide the following submittals within seven business days from receipt of the Notice:
 - a) Certificates of insurance for Commercial General Liability in the amount of \$1,000,000, Automobile Liability in the amount of \$1,000,000, and Workers' Compensation insurance issued by an insurer qualified to underwrite Workers' Compensation insurance in the State of Nevada, as required by law.
8. I acknowledge that if I do not provide the above submittals on or before the seventh business day after receipt of the Notice of Intent to Award; or do not keep the bonds or insurance policies in effect, or allow them to lapse during the performance of the Contract; I will pay over to the Owner the amount of **\$100** per day as liquidated damages.
9. I confirm this bid is genuine and is not a sham or collusive, or made in the interest of, or on behalf of any person not herein named, nor that the Bidder in any manner sought to secure for themselves an advantage over any bidders.
10. I further propose and agree that if my bid is accepted, I will commence to perform the work called for by the contract documents on the date specified in the Notice to Proceed and I will complete all work within the calendar days **specified in the General Conditions**.
11. I further propose and agree that I will accept as full compensation for the work to be performed the price written in the Bid Schedule below.
12. I have carefully checked the figures below and the Owner will not be responsible for any error or omissions in the preparation or submission of this Bid.
13. I agree no verbal agreement or conversation with an officer, agent or employee of the owner, either before or after the execution of the contract, shall affect or modify any of the terms or obligations of this Bid.

14. I am responsible to ascertain the number of addenda issued, and I hereby acknowledge receipt of the following addenda:

Addendum No. _____ dated, _____ Addendum No. _____ dated, _____

Addendum No. _____ dated, _____ Addendum No. _____ dated, _____

15. I agree to perform all work described in the drawings, specifications, and other documents for the amounts quoted below:

PRICES SHALL INCLUDE: LABOR, MATERIALS, TRANSPORTATION, EQUIPMENT, PERMITS, TRAFFIC CONTROL, TRAFFIC CONTROL PLANS, ETC. **PRICE OF THE VARIOUS CONCRETE BASES BELOW SHALL BE ADDED TO THE COST OF CRASH CUSHION IF NEEDED.**

LOT 1 – ENERGY ABSORPTION QUADGUARD					
Line Item No.	Description	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Total
1	Complete Replacement, QuadGuard, 2'0" Wide, 4 Bay Crash Cushion without concrete base, Energy Absorption #QS2404Y, No Substitute	1	EA	\$	\$
1A	8" Concrete Base for Tension Strut Backup (if needed), See Specification Sheet 1	1	EA	\$	\$
2	Complete Replacement, QuadGuard, 2'0" Wide, 5 Bay Crash Cushion without concrete base, Energy Absorption #QS2405Y, No Substitute	1	EA	\$	\$
2A	8" Concrete Base for Tension Strut Backup (if needed), See Specification Sheet 1	1	EA	\$	\$
3	Complete Replacement, QuadGuard, 2'0" Wide, 6 Bay Crash Cushion without concrete base, Energy Absorption #QS2406Y, No Substitute	1	EA	\$	\$
3A	8" Concrete Base for Tension Strut Backup (if needed), See Specification Sheet 1	1	EA	\$	\$
4	Complete Replacement, QuadGuard, 2'0" Wide, 7 Bay Crash Cushion without concrete base, Energy Absorption #QS2407Y, No Substitute	4	EA	\$	\$
4A	8" Concrete Base for Tension Strut Backup (if needed), See Specification Sheet 1	1	EA	\$	\$
5	QuadGuard Yellow Plastic Nose Assembly with Type I Cartridge Assembly Energy Absorption #3540050-010, No Substitute	8	EA	\$	\$
6	QuadGuard Cartridge Assembly Type I Energy Absorption #3540010-0000, No Substitute	25	EA	\$	\$
7	QuadGuard Cartridge Assembly Type II Energy Absorption #3540020-0000, No Substitute	15	EA	\$	\$
8	Estimated annual allotment for unspecified repair/replacement, to be billed only for actual usage of time and material. (PARTS FOR UNSPECIFIED REPAIRS NOT PREVIOUSLY LISTED ON BID FORM MAY BE PROVIDED BY PUBLIC WORKS)				\$20,000
GRAND TOTAL LOT 1 (ITEMS 1-8 including 1A, 2A, 3A & 4A)					\$

BIDDERS MUST BID ON ALL ITEMS IN LOT NO. 1. TO BE CONSIDERED RESPONSIVE. ANY BID SUBMITTAL RECEIVED THAT HAS NOT BID ON ALL ITEMS IN THE LOT WILL BE READ INTO THE RECORD AS INCOMPLETE AND AS NON-RESPONSIVE.

PRICES SHALL INCLUDE: LABOR, MATERIALS (INCLUDING CONCRETE BASE, IF NEEDED), TRANSPORTATION, EQUIPMENT, PERMITS, TRAFFIC CONTROL, TRAFFIC CONTROL PLANS, ETC.

LOT 2 – SMART CUSHION INNOVATIONS (SCI)					
Line Item No.	Description	Estimated Annual Quantity	Unit of Measure	Unit Price	Extended Total
1	Complete Replacement, SCI-100 GM-CA 24" Attenuator (Crash Cushion), Test Level III (TL 3) with Concrete Anchors, without concrete base, SCI #9400, No Substitute	3	EA	\$	\$
1A	6" Reinforced Concrete Base (if needed), See Specification Sheet 3	3	EA	\$	\$
2	Complete Replacement, SCI-70 GM-CA 24" Attenuator (Crash Cushion), Test Level II (TL-2) with Concrete Anchors, without concrete base, SCI #9451, No Substitute	2	EA	\$	\$
2A	6" Reinforced Concrete Base (if needed), See Specification Sheet 2	2	EA	\$	\$
3	Estimated annual allotment for unspecified repair/replacement, to be billed only for actual usage of time and material. (PARTS FOR UNSPECIFIED REPAIRS NOT PREVIOUSLY LISTED ON BID FORM MAY BE PROVIDED BY PUBLIC WORKS)				\$20,000
GRAND TOTAL LOT 2 (ITEMS 1-3 including 1A & 2A)					\$

BIDDERS MUST BID ON ALL ITEMS IN LOT NO. 2. TO BE CONSIDERED RESPONSIVE. ANY BID SUBMITTAL RECEIVED THAT HAS NOT BID ON ALL ITEMS IN THE LOT WILL BE READ INTO THE RECORD AS INCOMPLETE AND AS NON-RESPONSIVE.

DELIVERY:

_____ calendar days (Maximum twenty-one (21) calendar days)

DISCOUNT TERMS OF PAYMENT:

_____% , _____ calendar days.

BIDDER'S LOCAL FACILITY

(If Bidder has multiple local facilities, please attach to bid submittal a list of this information for each facility)

CONTACT MANAGER OR ACCOUNT REPRESENTATIVE NAME

ADDRESS

CITY STATE, ZIP

PHONE NUMBER

FAX NUMBER

EMAIL ADDRESS

16. BUSINESS ENTERPRISE INFORMATION:

The Prime Contractor submitting this Bid is a MBE WBE PBE SBE NBE LBE as defined in the Instructions to Bidders.

17. BUSINESS ETHNICITY INFORMATION:

The Prime Contractor submitting the Bid Ethnicity is Caucasian (CX) African American (AA) Hispanic American (HA) Asian Pacific American (AX) Native American (NA) Other as defined in the Instructions to Bidders.

18. BIDDERS' PREFERENCE Is the Bidder claiming Bidders' Preference?

Yes If yes, the Bidder acknowledges that he/she is required to follow the requirements set forth in the Affidavit (Bid Attachment 4).

No **I do not have a Certificate of Eligibility to receive preference in bidding.**

19.

LEGAL NAME OF FIRM AS IT WOULD APPEAR IN CONTRACT

ADDRESS OF FIRM

CITY, STATE, ZIP CODE

TELEPHONE NUMBER

FAX NUMBER

NEVADA STATE CONTRACTORS' BOARD LICENSE INFORMATION:

I certify that the license(s) listed below will be the license(s) used to perform the majority of the work on this project.

LICENSE NUMBER: _____

LICENSE CLASS: _____

LICENSE LIMIT: _____

ONE TIME LICENSE LIMIT INCREASE \$ _____ IF YES, DATE REQUESTED _____

CLARK COUNTY BUSINESS LICENSE NO. _____

STATE OF NEVADA BUSINESS LICENSE NO. _____

AUTHORIZED REPRESENTATIVE
(PRINT OR TYPE)

E-MAIL ADDRESS

SIGNATURE OF AUTHORIZED REPRESENTATIVE

TODAY'S DATE

ATTACHMENT 1
BID NO. Bid No. 603153-13
Annual Requirements Contract for the Repair & Replacement of Crash Cushion
REVISED PER ADDENDUM NO. 3

SUBCONTRACTOR INFORMATION

It is our intent to utilize the following MBE, WBE, PBE, SBE, and NBE subcontractors in association with CONTRACT:

1.	Subcontractor Name: _____	
	Contact Person: _____	Telephone Number: _____
	Description of Work: _____	
	Estimated Percentage of Total Dollars: _____	
	Business Type:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> PBE <input type="checkbox"/> SBE <input type="checkbox"/> NBE
2.	Subcontractor Name: _____	
	Contact Person: _____	Telephone Number: _____
	Description of Work: _____	
	Estimated Percentage of Total Dollars: _____	
	Business Type:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> PBE <input type="checkbox"/> SBE <input type="checkbox"/> NBE
3.	Subcontractor Name: _____	
	Contact Person: _____	Telephone Number: _____
	Description of Work: _____	
	Estimated Percentage of Total Dollars: _____	
	Business Type:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> PBE <input type="checkbox"/> SBE <input type="checkbox"/> NBE
4.	Subcontractor Name: _____	
	Contact Person: _____	Telephone Number: _____
	Description of Work: _____	
	Estimated Percentage of Total Dollars: _____	
	Business Type:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> PBE <input type="checkbox"/> SBE <input type="checkbox"/> NBE
5.	Subcontractor Name: _____	
	Contact Person: _____	Telephone Number: _____
	Description of Work: _____	
	Estimated Percentage of Total Dollars: _____	
	Business Type:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> PBE <input type="checkbox"/> SBE <input type="checkbox"/> NBE
6.	Subcontractor Name: _____	
	Contact Person: _____	Telephone Number: _____
	Description of Work: _____	
	Estimated Percentage of Total Dollars: _____	
	Business Type:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> PBE <input type="checkbox"/> SBE <input type="checkbox"/> NBE

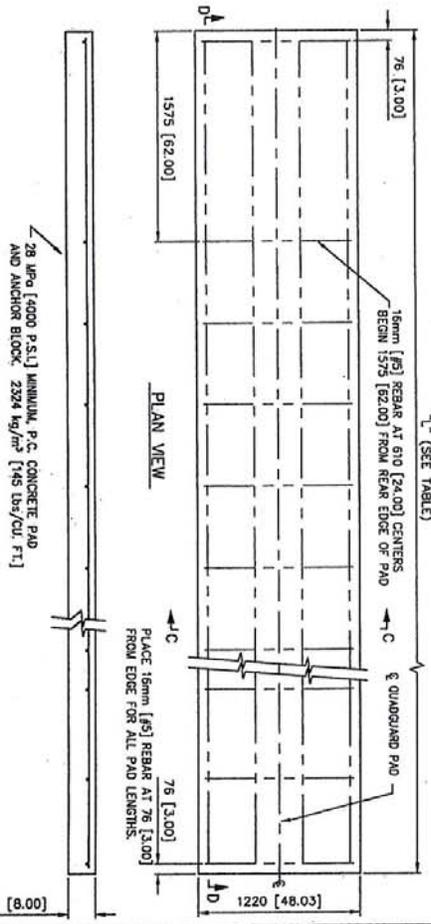
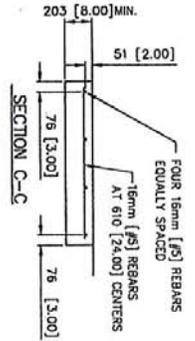
**ATTACHMENT 3
SPECIFICATION SHEET 1
LOT 1**

QuadGuard® System

Spec Sheet 1

TABLE

NO. OF BARS	PAD LENGTH (ft)	PAD LENGTH (m)	REBAR REQUIRED		YARDS OF CONCRETE IN PAD
			(ft)	(m)	
1	2.74(9'-0")	0.83(2.53)	14.83(45.20)	0.7(1.0)	0.7
2	2.74(9'-0")	0.83(2.53)	14.83(45.20)	0.7(1.0)	1.4
3	3.66(12'-0")	1.11(3.38)	20.73(63.11)	0.9(1.2)	2.1
4	4.57(15'-0")	1.39(4.23)	25.50(77.43)	1.2(1.5)	2.8
5	5.49(18'-0")	1.67(5.09)	31.39(95.78)	1.4(1.8)	3.5
6	6.40(21'-0")	1.95(5.94)	37.31(113.75)	1.6(2.1)	4.2
7	7.32(24'-0")	2.23(6.80)	43.24(131.72)	1.8(2.4)	4.9
8	8.23(27'-0")	2.51(7.65)	49.16(149.69)	2.1(2.7)	5.6
9	9.14(30'-0")	2.79(8.50)	55.09(167.66)	2.3(3.0)	6.3
10	10.06(33'-0")	3.07(9.35)	61.01(185.63)	2.5(3.3)	7.0
11	11.00(36'-0")	3.35(10.21)	66.94(203.60)	2.7(3.6)	7.7
12	11.91(39'-0")	3.63(11.07)	72.86(221.57)	3.0(3.9)	8.4



- NOTES**
1. CROSS SLOPE OF PAD SHALL NOT EXCEED 8% AND NOT VARY MORE THAN 2% FROM FRONT TO REAR.
 2. TO PREVENT SLIDING DURING AN IMPACT, PAD MUST BE INSTALLED AGAINST OR TIED TO AN EXISTING STRUCTURE. CONSIDER ADDITIONAL BELOW GRADE SUPPORTS MUST BE ADDED AS DETERMINED NECESSARY BY THE PROJECT ENGINEER.
 3. BARS OF DISCONTINUITY AND ANCHORS (INCHES) UNLESS OTHERWISE NOTED.

SECTION D-D

28 MPa (4000 P.S.I.) MINIMUM, P.C. CONCRETE PAD AND ANCHOR BLOCK. 2324 kg/m³ [145 lbs/cu. ft.]

Revisions	Date	Rev. By	Checked	By
ASB				
ASB				

NO.	DESCRIPTION	DATE	BY	CHKD.
1	ISSUED	5/15/96		
2	W/C	3/1/96		
3	S. Trostler	5/20/96		
4	W. G. Kruger	5/20/96		
5	DATE	3/5/01	DWG	

DESIGNED BY	ENGINEERING AND RESEARCH DEPARTMENT
QUADGUARD® SYSTEM	
OPTIONAL B CONCRETE PAD	
FOR TENSION STRUT BACKUP	
DATE	3/5-10-11
REV	2 of 2

