

STATE OF KANSAS
CONSTRUCTION PROJECT NO. A-014119

ADDENDUM NO. 1

June 29, 2022

ISSUED BY:

Department of Administration
Office of Facilities and Property Management
Design, Construction & Compliance
700 SW Harrison, Suite 1200
Topeka, Kansas 66603-3929

ISSUED FOR ARCHITECT/ENGINEER

HFG Architecture
2380 McGee St., Suite 310
Kansas City, Missouri 64108
Contact: Larry Crane
Phone Number: 816-249-1500
E-Mail: LarryC@hfgarchitecture.com

NOTICE ALL BIDDERS FOR THE:

Osawatomie State Hospital
Biddle Building
Major Renovation
Osawatomie, Kansas

You are instructed to read and to note the following described changes, corrections, clarifications, omissions, deletions, additions, approvals and statements pertinent to the Contract Bid and Construction Documents.

The Addendum No. 1 is a part of the Contract Bid and Construction Documents and shall govern in the performance of the Work.

Article 1-1. Pre-Bid Conference: (Attachments)

- A. A pre-bid conference will be held on **Monday, July 11, 2022 at 1:30 p.m.** Interested parties are to meet in the Sunflower Room, Administration Building, Osawatomie State Hospital, Osawatomie, Kansas. Failure to attend this meeting may be grounds for rejection of the Contractor's bid.
- B. A map for directions is attached.
- C. The attached COVID-19 questionnaire must be completed and given to the staff at the Security Check-in Point.

Article 1-2. Contractor Pre-Qualification:

- A. Contractors bidding as the prime contractor must be pre-qualified with the State of Kansas, OFPM. Visit the DFM website at <http://admin.ks.gov/offices/ofpm/dcc/cont-pre-qual-info> for instructions on how to become pre-qualified.

Article 1-3. Revised Bid Submittals:

- A. Due to the COVID-19 crisis, the Office of Procurement and Contracts in the Landon State Office Building located at 900 SW Jackson, Suite 451, Topeka, KS 66612 will be closed to the public until further notice.
- B. As of December 7, 2020, the Office of Procurement and Contracts will only accept emailed bids. During this time all bids will need to be submitted via email to procurement@ks.gov. All bids submitted must be received by the Office of Procurement and Contracts, Landon State Office Building at 900 SW Jackson, Suite 451, Topeka, KS 66612 by the specific bid closing date and time of 2:00 PM CT.
- C. For additional information please go to the "COVID-19 UPDATE" 12/7/2020 located on the Procurement and Contracts website at <https://admin.ks.gov/offices/procurement-and-contracts>.

Article 1-4. Revised Modifications to Bid:

- A. As of December 7, 2020, the Office of Procurement and Contracts will no longer be accepting Facsimile (fax) transmissions of modifications to bids. All modifications will need to be submitted by email to procurement@ks.gov. When making emailed modifications do not submit on Document C – Form of Bid. State

only the ADD or DEDUCT amount to be ADDED or DEDUCTED to or from the base bid, alternate bid, or unit price. Do not give a new total price for the selection. Any changes to listed Subcontractors need to be listed on emailed modification as well.

- B. Do not send Certificate of Tax Clearance in with emailed Modifications or as an emailed modification. If not submitted with original bid all bidders and major sub-contractors will have 48 hours after bid openings to submit Certificate of Tax Clearance.
- C. Official bid results shall be released when they are available. Bid Tabulations will be posted to the online planroom, <https://kansasdfm.idtplans.com/secure/> under their respective projects.

*** RECEIPT OF THIS ADDENDUM IS TO BE ACKNOWLEDGED ON THE FORM OF BID - DOCUMENT C***
DESIGN, CONSTRUCTION & COMPLIANCE



Biddle Pre-bid Conference:
 Take Hwy 169 south to the K279 exit.
 Turn right (west) onto K279
 Turn right onto Osawatomie Road to Biddle Drive
 On Biddle Drive stop at the security hut to check in.
 Follow the blue arrows on this image to the Admin Building.
 The Sunflower Room is on the right as you enter the lobby.

→ **Route to follow**

Visitor COVID-19 Questionnaire

Osawatomie State Hospital
Osawatomie, Kansas 66064-0500

In an effort to reduce the risk of COVID-19 exposure to Osawatomie State Hospital patients and employees; all visitors must complete the following screening questions:

Date: _____

Visitor's name: _____ Visitor's phone number: _____

Person/department visiting: _____

Self-Declaration by Visitor	YES	NO
Have you tested positive for COVID-19 or been told that you are suspected of having COVID-19 in the last 14 days?		
Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?		
Within the last 14 days, have you attended/traveled to mass gathering events** of 500 people or greater where you did not socially distance (6 feet) and wear a mask?		
<p>Received notification from public health officials (state or local) within the last 14 days that you are a close contact* of a person that has laboratory-confirmed COVID-19.</p> <p><i>*Close contact is defined as being within 6 feet for a prolonged period (10 minutes or longer) or having direct contact with infectious secretions of a COVID-19 case (being coughed or sneezed on)</i></p>		
<p>Have you experienced two or more of the following in the last 24 hours:</p> <ul style="list-style-type: none"> • Measured fever 100.4 F or above • Myalgia (muscle pain or aches) • Fatigue, weakness, extreme exhaustion or malaise (general feeling of discomfort) • Lower respiratory symptoms (cough, shortness of breath, chest pain or difficulty breathing) • Sudden loss of taste or smell • Poor appetite, nausea, vomiting or abdominal pain • Diarrhea • Chills or rigors (sudden feeling of cold with shivering with fever present) • Headache • Sore throat 		

Visitor COVID-19 Questionnaire

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Osawatomie, Kansas 66064-0500

Visitors answering yes to any of the screening questions will not be permitted access to the Osawatomie State Hospital campus.

By signing below, you indicate that your answers to the screening questions are true and correct to the best of your knowledge.

Visitor signature: _____

For internal use:

Screening staff check all that apply:

_____ Visitor denies close contact with person(s) with COVID-19

_____ No signs or symptoms of COVID-19 observed

_____ Close contact and/or symptoms reported or observed—(employee must deny visit)

Access to facility (circle one):

Approved

Denied

Employee name: _____ Employee signature: _____