



Government of Bermuda
Ministry of Public Works
Department of Works and Engineering

Addenda
For
**Prospect Maintenance Depot – Repair/Replace Metal Railings, Beams & Columns
and Painting**

Procurement No.: **2023-009Q-MPW**

Issued: **Thursday February 26, 2024**

Submission Deadline: **Wednesday, March 27, 2024, 03:00 P.M.**

Addenda No. **0005**

Addenda Type: Revised Pricing Form

The following addendum supersedes information contained in the solicitation document issued for this procurement to the extent referenced. This Addendum forms part of the solicitation documents and will be subject to all the conditions set out in the contract conditions.

1. Annex B -Pricing Form is amended to reflect the number of caps (saddles) to be repaired is 45 ea. Revised Annex B is attached.

End of Addenda No:0005

PRICING FORM

The respondent is required to complete and sign the below all in accordance with Appendix C - Pricing

Item	Itemised Renovation Works	Quantity	Units	Rate	Total
1	Demolition	1	Lump Sum	\$	-
2	New Railings Including Connections	240	LF	\$	-
3	Existing Railings Connections	10	Item	\$	-
4	W8x21 Steel Beams sized approx. 14'	6	Item	\$	-
5	W8x21 Steel Beams sized approx. 17'	4	Item	\$	-
6	W8x21 Steel Beams sized approx. 8'	4	Item	\$	-
7	W8x21 Steel Beams sized approx. 15'	2	Item	\$	-
8	W8x21 Steel Beams sized approx. 5'	3	Item	\$	-
9	Steel Beam Connections at Columns	1	lump sum	\$	-
10	Steel Column Refurbishments	1	Lump sum	\$	-
11	Tie Rods	46	Item	\$	-
12	Tie Wall Connections (with Hilti HY200 Epoxy)	48	Item	\$	-
13	Tie Beam Connections	39	Item	\$	-
14	Tie Corner Wall Connections (with Hilti HY200 Epoxy)	3	Item	\$	-
15	Tie Rod Column/Post Connections	2	Item	\$	-
16	Patch Base of 4x4 Steel Columns With New Steel Plates	10	Item	\$	-
17	Paint System (to all columns/beams/railings/caps)	1	Lump sum	\$	-
18	Repairs to caps (saddles)	45	Item	\$	-
19	Provisional Sum	1	Item	\$	30,000.00
20	Preliminaires	1	Item	\$	-
21	Overheads and Profit	1	Item	\$	-
Total Tender Sum				\$	

**TOTAL FIXED TENDER SUM
(WORDS)**.....

Contract Period _____ (weeks)

Name:
Signature: _____

Name:
Block letters: _____

On Behalf Of:
Company name: _____

Date: _____

3.1 Contract Pricing

3.1.1 Railings

Prospect Depot Metalwork Repairs - Railings			
Item	Labor Costs (L)	Material Costs (M)	Total Costs (L+M)
Demo, Renewal, Connections and Painting	\$	\$	\$
Provisional Sum			\$15,000.00
Preliminaries			\$
Overheads and Profit			\$
FIXED TENDER SUM			\$

FIXED TENDER SUM
(WORDS).....

Contract Period _____ (weeks to complete)

3.1.2 Beams, Columns and Ties

Prospect Depot Metalwork Repairs – Beams, Columns, Caps and Ties			
Item	Labor Costs (L)	Material Costs (M)	Total Costs (L+M)
Demo, Renewal, Connections, and Painting	\$	\$	\$
Provisional Sum			\$15,000.00
Preliminaries			\$
Overheads and Profit			\$
FIXED TENDER SUM			\$

FIXED TENDER SUM
(WORDS).....

Contract Period _____ (weeks to complete)

SCHEDULE OF RATES

The rates and prices (in Bermuda dollars) in the following schedule are to be inclusive of services overheads, administration, profit, taxes, disbursements and related charges in providing the service. These rates shall be used for determining variations for the services rendered.

CATEGORY	ITEM	UNIT	COST
General Labour Rates	Supervisor	per hour	\$ _____
	Labourer	per hour	\$ _____
	Skilled Labourer	per hour	\$ _____
	Tradesman – Metal Worker	per hour	\$ _____
	Tradesman – Painter	per hour	\$ _____

RESPONSIBILITY MATRIX

Item	Description	Supply	Install
1	Steel Beams, <u>Caps</u> , Tie Rods and Connections	Contractor	Contractor
2	Railings	Contractor	Contractor
3	Steel Plates	Contractor	Contractor
4	Painting System 1 or 2	Contractor	Contractor

Proponent's Submission Check List

The following shall be returned with your proposal. Failure to do so may cause for rejection of proposal as non-responsive. (It is the responsibility of the proponent to acknowledge receipt of all addenda).

Items:	Included: (x)
1. Submission Form	<input type="checkbox"/>
2. Pricing Form	<input type="checkbox"/>
3. References	<input type="checkbox"/>
4. Local Benefits	<input type="checkbox"/>
5. Certificate of Non-Collusion	<input type="checkbox"/>

Name:
Signature: _____

Name:
Block letters: _____

On Behalf Of:
Company name: _____

Date: _____