ADDENDUM NO. 2

TO

CITY OF AUBURN, MAINE Radon Testing & Mitigation Bid #2025-001

DATE: 8/16/2024

This addendum amends and /or supplements the bid documents as indicated below. Only these items alter the bid documents. Any verbal discussions or responses are hereby declared null and void. Please acknowledge this addendum on the Bid Proposal Form.

Change in Proposal Due Date:

Please submit your proposal in a sealed envelope, plainly marked, "2025-001 Radon Testing & Mitigation" to the City of Auburn, by **2:00 pm on Thursday August 29, 2024**. Proposals must be received by Amanda Denning, Purchasing Analyst, 60 Court Street, Auburn, ME 04210 on or before this date. No bids will be accepted after the date and time listed above. Proposals will be opened at 2:00pm on Thursday August 29, 2024at Auburn City Hall.

Q: Please further explain "UNIT"

A: The unit size will vary; could potentially be a single-family home or multi-unit apartment building. Seeking pricing per unit as each job will vary. This RFP is to obtain a contract with a vendor for a set period of time.

Q: Are some of the units on the same footing or in the same building together?

A: Units to be tested will be in single and multi-family, residential buildings which have been approved for the Auburn Lead & Healthy Homes Program. Building size, floorplan, layout, construction method and utility service is not known.

Q: How many units will be tested?

A: The number of units will be based upon eligible applications received for the program.

Q: What if my firm only performs one of the requested services (testing or mitigation)?

A: Your proposal should reflect work your firm is qualified and licensed to perform.

Q: Do all the units have water wells?

A: Units to be tested will be in single and multi-family, residential buildings which have been approved for the Auburn Lead & Healthy Homes Program. Building size, floorplan, layout, construction method and utility service is not known.

Q: Bid Form Clarification: Air & Water Testing

A: RFP is requesting pricing to test air and water in each unit. Please see revised Bid Form

BID PROPOSAL FORM

Due: Thursday August 29, 2024 To: City of Auburn Amanda Denning, Purchasing Analyst **60 Court Street** Auburn, ME 04210 The undersigned individual/firm/business guarantees this price for thirty days (30) from the proposal due date. The undersigned submits this proposal without collusion with any other person, individual, or firm or agency. The undersigned ensures the authority to act on behalf of the corporation, partnership or individual they represent; and has read and agreed to all of the terms, requests, or conditions written herein by the City of Auburn, Maine. By signing this form, the firm listed below hereby affirms that its bid meets the minimum specifications and standards as listed above. Signature _____ Company _____ Name (print) _____ Title ____ Phone Number _____ Address ______ Email Address STATE OF MAINE , SS. Personally, appeared _____ and acknowledged the foregoing instrument to be his/her free act and deed in his/her capacity and the free act and deed of said company. Notary Public Print Name Commission Expires _____ Addendum Acknowledged:

______ Date: ______ Initials: _____ ___ Date: ______ Initials: _____

BID DETAIL FORM 1 of 3

Company name:				
Item #	Description	Cost per Unit		
	Radon Testing-Air	•		
1	Initial radon air testing in each unit	\$		
2	Clearance Testing (after mitigation equipment installation) in each unit	\$		
	Radon Testing-Water			
3	Initial radon water testing in each unit	\$		
4	Clearance testing (after mitigation equipment installation) in each unit	\$		
	Radon Mitigation Work Plan			
5	Creation of radon mitigation work plan	\$		
	Radon Mitigation Equipment Installation (Air & Water)			
6	Supply and install all equipment needed to remediate radon detected in <u>AIR</u> samples System #1 (describe type of equipment below):	\$		
7	Supply and install all equipment needed to remediate radon detected in <u>AIR</u> samples System #2 (describe type of equipment below):	\$		
8	Supply and install all equipment needed to remediate radon detected in WATER samples System #1 (describe type of equipment below):	\$		
9	Supply and install all equipment needed to remediate radon detected in WATER samples System #2 (describe type of equipment below):	\$		

For item #'s 6-9 above please describe system and provide pricing on total cost of equipment and installation for common methods of remediating radon in both air (i.e. sub-slab suction, block wall depressurization, etc.) and water (i.e. aeration, GAC, etc.). Please use an additional sheet if necessary.

BID DETAIL FORM 2 of 3						
	General Busin	ess Information				
Business name:						
Tax ID:						
SAM.gov UEI #						
Business address:						
Phone:						
Fax #:						
	Owner In	formation				
Name:		Phone:				
Title:		Email:				
Please list additional owne	rs below:					
Name:		Phone:				
Title:		Email:				
Please list any additional o	wners on a separate sheet					
	Authorized Contract	t Signer Information				
Name:		Phone:				
Title:		Email:				
Please list additional autho	orized signers below:					
Name:		Phone:				
Title:		Email:				
Please list any additional s	igners on a separate sheet					
	C	t f t'				
NI.	General Conta	act Information				
Name:		Phone:				
Title:	eta balavu	Email:				
Please list additional conta Name:	Cts below.	Phone:				
Title:		Email:				
Please list additional conta	sate to allow the	EIIIdii.				
	cts below.	Dharan				
Name:		Phone:				
Title:	l ontacts on a separate sheet	Email:				
Please list any additional Co	ontacts on a separate sneet					
	Client R	eferences				
You must provide a	minimum of 3 professional referen	ces – Please list additional i	references on a separate sheet			
Reference #1						
Client/business name:						
How long have you pro	vided your services:					
Contact name:		Phone:				
Title:		Email:				
Reference #2		1				
Client/business name:						
How long have you pro	vided your services:					
Contact name:		Phone:				
Title:		Email:				

BID DETAIL FORM 3 of 3

Company Name: _____

Client References - Continued						
Reference #3						
Client/business name:						
How long have you prov	rided your services:					
Contact name:		Phone:				
Title:		Email:				

Business History
Please provide a short history of your business (i.e. date started, specialties, experience, existing customers, etc.) – Use an additional sheet if necessary
Qualifications
Please provide details related to your firm and your personnel's qualifications, experience and capabilities
Mayle Dlan
Work Plan For items listed in <u>Scope of Work - Scope of Services</u> , please describe the approach that would be generally followed in
undertaking these tasks.
undertaking these tasks.

^{*}Use additional pages if needed.