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People and Internal Operations Department
111 NW 1st Street, Suite 2420
Miami, Florida 33128
T 305-375-1163

ADDENDUM NO. FIVE

DATE: October 20, 2025
DEPARTMENT: People and Internal Operations Department (PIOD)
PIOD PROJECT NAME: SPCC Tower – ADA Barrier Removal
PIOD PROJECT NUMBER: Z000171-R2-A GOB
BID DUE DATE: October 29, 2025 (REVISED)
CONTRACT COORDINATOR: Kristina Hagberg

This Addendum is issued to clarify and/or modify the previously issued Invitation to Bid, and is hereby made part of the Contract Documents. All requirements of the Invitation to Bid not modified herein shall remain in full force and effect as originally set forth. Bidders are required to acknowledge receipt of any and all addenda as instructed in the bid proposal form provided to that effect.

Words in strikethrough type are deletions from existing text. Words in bold underlined type are additions to existing text.

CHANGE(S):

- 1. The RPQ Bid Documents (Vol1), page 251-258 of PDF, Section 00300 Bid Proposal Form has been deleted in its entirety and has been replaced attached hereto as Z000171R2A 00300 BID PROPOSAL FORM REVISED 10/2025 ADD No. 5.
2. The RPQ Bid Documents (Vol1), page 229-230 of PDF, Section 00130 PIOD Special Provisions Article 25, Insurance to be carried by the Contractor has been deleted in its entirety and replaced attached hereto as Z000171R2A InsuranceRequirements Section00130 PIOD SpecialProvision Article25 Rev.

RESPONSES TO REQUESTS FOR INFORMATION (RFIs):

Q2. The pre-bid meeting indicated that material substitutions are permissible provided they meet the specified requirements. However, based on our experience, allowing substitutions may lead to inconsistencies in the bidding process. To ensure a fair and comparable bidding process, we recommend mandating the use of materials as specified in the project plans without substitutions. Please confirm or provide clarification on the acceptability of substitutions.

A2. No substitutions will be accepted.

Q14. Please confirm how building operations will be maintained during construction and any related coordination requirements.

A14. Refer to Section 00130 - PIOD Special Provisions (Capital), Article 47 Working Hours. Contractor required to provide critical barrier protection as per OSHA requirements and must be approved by PM.

Q15. Provide details on required phasing and any specific sequencing constraints.

A15. Phasing will be incorporated as part of the consensus between, building manager, project manager, and contractor.

Q21. Floor tile: T-2: 6"x36" – Daltile, Trellis Oak TR23, Color: Smoke. is discontinued, please inform which tile should we use for bidding.

A21. The tile has not been discontinued.

Q23. 14) Schedule of Values (SOV) using CSI Master Format 2020. On the other hand, is there any SOV form or can we use any proposed form following CSI Master Format?

A23. Contractor shall research online the CSI format preferred.

ALL OTHER PROVISIONS OF THE ORIGINAL INVITATION TO BID, AS AMENDED, REMAIN UNCHANGED.

Attachment(s):

1. Z000171R2A_00300_Bid Proposal Form_Revised_101725_Add5
2. Z000171R2A_InsuranceRequirements_Section00130_PIOD_SpecialProvision_Article25_Rev

cc: Marc Lafrance, ORED
Marlene Blanco, ORED
Julia Aden, PIOD
Lashonne Williams-Canty, PIOD
Kristina Hagberg, PIOD
Marcela Rodriguez, PIOD
Eric Perez, SPD
Caesar Suarez, SPD
Clerk of the Board

SPCC TOWER - ADA BARRIER REMOVAL
PIOD CONTRACT NO. Z000171-R2-A
SECTION 00300 – BID PROPOSAL FORM

Board of County Commissioners

Date _____

Miami-Dade County, Florida

Honorable Members:

The undersigned as Bidder, hereby declares that the only person or persons interested in the Proposal as Principals is or are named herein and that no other person than those herein mentioned have any interest in this Proposal or in the Contract to be entered into; that this Proposal is made without connection with any other person, company, or parties making a bid or proposal; and that it is in all respects fair and in good faith without collusion or fraud.

The Bidder further declares that he has examined the site of the work and informed himself fully in regards to all conditions pertaining to the place where the work is to be done; that he has examined the Plans and Specifications for the Work and contractual documents relative thereto, including but not limited to, Invitation to Bid, Standard Construction General Contract Conditions, PIOD Special Provisions (Capital), Bid Proposal Form, Bid Bond Form, Contract Form, and Surety Performance and Payment Bond, and has read all of the provisions furnished prior to the opening of bids; and that he/she has satisfied himself/herself relative to the work to be performed.

If this Proposal is accepted, the undersigned bidder proposes and agrees to enter into and execute the Contract with Miami-Dade County, Florida, in the specified form of contract, which this Proposal and the above-mentioned documents, as well as the Plans and Specifications, shall be made a part of for the performance of work described therein; and agrees to the following:

Small Business Enterprise – Goods & Services (SBE-G&S) Participation Goal/Contract Measure: 1.66%

Contract Time: The Contractor understands that the timeframe for completion of the Project is Five Hundred and Forty (540) calendar days as specified in Article 9, "TIME FOR COMPLETION OF CONTRACT," of the PIOD Special Provisions, which shall commence upon the issuance of the Notice to Proceed. An additional **Contract Time Allowance** of Fifty-Four (54) calendar days shall be used at the discretion of the County for unforeseen conditions.

Bid Security: In accordance with Article 11, "BID BOND", of the Instructions to Contractor, a bid security of five (5%) percent of the base bid must be attached in the form of a certified check or cashier check or an executed Bid Bond utilizing the form provided by the County.

Liquidated Damages: Liquidated damages to the County for delays caused by the Contractor is agreed to be paid at the following rate(s) and will be deducted from the Contract Sum for each calendar day of Contract time overrun:

- A. 2,800.00 Dollars (\$2,800.00) per day of delay until Substantial Completion has been granted;
- B. 1,800.00 Dollars (\$1,800.00) per day of delay until Final Completion has been granted.

B. Unit Cost No. 2: For the restoration of restrooms on a case-by-case basis, provide a unit price per linear foot (LF) for horizontal plumbing connections from fixture to vertical riser as follows: \$_____ per LF for copper and \$_____ per LF for cast iron. This unit price shall apply as an additive or deductive adjustment, as required.

The Undersigned understands and agrees that the above Lump Sum is inclusive of all work necessary to complete the job. The Undersigned certifies that this Agreement is submitted in accordance with the bid submission requirements of the Contract, and that the Bidder will accept any award made to him as a result of this bid.

Pursuant to and in compliance with the subject Invitation to Bid, and other documents related thereto, and subject to all conditions thereof, the Undersigned hereby certifies the prior to tendering this bid, representatives for _____ visited the site on which the subject Project scope of work shall take place to become familiar with the general, local, and site conditions, and the manner in which such site conditions may affect the work to be done and/or effects the equipment, material, labor and services required.

The Undersigned further agrees that, in the event he withdraws his bid, after proper notification of intent to Contract from the County, within one hundred eighty (180) days after the date of the submittal package opening, or in the event he fails to comply with the Contract Documents or in the event he fails to enter into a written Contract with Miami-Dade-County, Florida, in accordance with the submittal package as accepted and provide required Bond(s) with good and sufficient surety and provide the necessary Insurance Certificates, as may be required, all within 14 days after the prescribed forms are presented to him for signature, the check or Bid Bond accompanying his submittal package, and the monies payable thereon, shall become the property of and be retained and used by Miami-Dade-County as liquidated damages, and not as a penalty; otherwise, the certified check or Bid Bond shall be returned by Miami-Dade-County to the undersigned.

Attached hereto is a certified check issued by the _____ bank of _____ in the sum of _____ Dollars (\$ _____) or Bid Bond in the sum of _____ Dollars (\$ _____) made payable to Miami-Dade County.

The list of parties interested in this Proposal, the list of equipment, references, and financial statement which are furnished to assist the County in making the award of the Contract are true and correct.

Tax identification Number: _____

D. C. Certificate of Competency No.: _____

Bidder's Name: _____

Bidder's Address: _____

Bidder's Telephone Number: _____

Bidder's Fax Number: _____

Bidder's Email Address: _____

In order to assist the County in determining whether the Respondent is qualified to do the work set forth in the Proposal, he shall furnish hereunder a list of references that are qualified to judge as to his financial responsibility and his experience in work of a similar nature.

The Respondent shall furnish hereunder a list of the facilities or equipment that is available for use in case his submittal is accepted.

The Respondent shall furnish hereunder the full name and residences of persons and firms interested in the foregoing submittal package as principals.

The Respondent shall furnish hereunder the name of the executive who will give personal attention to the work, and a telephone number or numbers where he may be reached 24 hours a day, 7 days a week.

Note: Use additional attachments if necessary to provide full documentation of the above.

FINANCIAL STATEMENT ASSETS

CURRENT ASSETS:

Cash \$ _____
Account Receivable \$ _____
Inventories \$ _____

PLANT ASSETS:

Real Estate \$ _____
Machinery \$ _____
Good Will, Patents, etc. \$ _____

LIABILITIES:

Notes Payable \$ _____
Accounts Payable \$ _____
Accrued Wages \$ _____
Other Liabilities \$ _____

EXCESS OF ASSETS \$ _____

OR NET WORTH: \$ _____

Note: The above is a suggested form of the type of Financial Statement desired. The Respondent is not required to follow such form explicitly, but the Financial Statement submitted by him must clearly show his financial condition. The County reserves the privilege of requiring additional information as to financial responsibility before awarding contract.

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF THE BIDDER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE COUNTY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE BIDDER TO THE TERMS OF ITS OFFER.

WHEN THE CONTRACTOR IS A CORPORATION

ATTEST:

Secretary:

Signature

Legal Name of Corporation

By:

Legal Name of Corporation

Signature

(Corporate Seal)

Legal Name and Title

(PARTY OF THE SECOND PART)

Attach to each counterpart a certified copy of a resolution of the Board of Directors of the corporation authorizing the officer who signs the Contract, the Performance Bond and Payment Bond to do so in its behalf.

WHEN THE CONTRACTOR IS A JOINT VENTURE

ATTEST:

Witness:

Signature

Legal Name of Joint Venture

Witness:

Signature

Legal Name and Title

Date Signed

By:

Signature

(Seal)

Legal Name and Title

By:

Signature

Note: Complete Joint Venture in accordance with Sections 6 and 16 of the Instructions to Prospective Bidders.

WHEN THE CONTRACTOR IS AN INDIVIDUAL

Witness: _____
Signature Legal Name

Witness: _____
Signature Signature

(PARTY OF THE SECOND PART)

ACKNOWLEDGEMENT:

STATE OF _____) ss.:

COUNTY OF _____)

Before me personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____, 20____.

Signature of Notary

Serial Number

Print or Stamp name of Notary

Expiration Date

State of _____ at large

**WHEN THE CONTRACTOR IS A SOLE PROPRIETORSHIP
OR OPERATES UNDER A TRADE NAME**

ATTEST:
Witness:

Signature

Legal Name of Firm

Witness: _____
Signature

Legal Name of Firm

Date Signed

By: _____
Signature

ACKNOWLEDGEMENT:

STATE OF _____) ss.:

COUNTY OF _____)

Before me personally appeared _____ to me well known and known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that _____ executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal, this _____ day of _____, 20____.

Signature of Notary

Serial Number

Print or Stamp name of Notary

Expiration Date

State of _____ at large



INDEMNIFICATION AND INSURANCE

Contractor shall indemnify and hold harmless the County and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorneys' fees and costs of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Agreement by the Contractor or its employees, agents, servants, partners principals or subcontractors. Contractor shall pay all claims and losses in connection therewith and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon. Contractor expressly understands and agrees that any insurance protection required by this Agreement or otherwise provided by Contractor shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

The Contractor shall furnish to **insert your Department's name and address**, Certificate(s) of Insurance which indicate that insurance coverage has been obtained which meets the requirements as outlined below:

- A. Worker's Compensation Insurance for all employees of the Contractor as required by Florida Statute 440.
- B. Commercial General Liability Insurance in an amount not less than \$1,000,000 per occurrence, and \$2,000,000 in the aggregate, not to exclude Products and Completed Operations. **Miami-Dade County must be shown as an additional insured with respect to this coverage.**
- C. Automobile Liability Insurance covering all owned, non-owned and hired vehicles, in an amount not less than \$1,000,000 combined single limit per occurrence for bodily injury and property damage.
- D. Umbrella Liability Insurance in an amount not less than \$5,000,000 per occurrence, and \$5,000,000 in the aggregate.
 - a. *If Excess Liability is provided must be follow form of the Auto and General Liability coverage.*
- E. Installation Floater on an "all risk" basis in an amount not less than one hundred percent (100%) of the replacement value of the equipment and materials. **The policy shall list Miami Dade County as a Loss Payee A.T.I.M.A.**
- F. Professional Liability Insurance in the name of the licensed design firm providing architectural, engineering, project design, construction supervision, administration and/or any related professional qualifications or functions required by the project in an amount not less than \$1,000,000 per claim.

All insurance policies required above shall be issued by companies authorized to do business under the laws of the State of Florida, with the following qualifications:

The company must be rated no less than “A-” as to management, and no less than “Class VII” as to financial strength, by Best’s Insurance Guide, published by A.M. Best Company, Oldwick, New Jersey, or its equivalent, subject to the approval of the County Risk Management Division.

or

The company must hold a valid Florida Certificate of Authority as shown in the latest “List of All Insurance Companies Authorized or Approved to Do Business in Florida” issued by the State of Florida Department of Financial Services.

Miami-Dade County reserves the right, upon reasonable notice, to request and examine the policies of insurance (including but not limited to policies, binders, amendments, exclusions or riders, etc.).

NOTE: CERTIFICATE HOLDER MUST READ:

**MIAMI-DADE COUNTY
111 NW 1st STREET
SUITE 2340
MIAMI, FL 33128**