ADDENDUM NUMBER 1

SEDALIA, MO
COME GROW WITH US

Title:	Storm Drainage Improvements – Project Area 28
Owner:	City of Sedalia, Missouri
Engineer:	Wilson & Company, Inc., Engineers & Architects

ISSUE DATE: **April 23, 2024**

Bidders are hereby notified of the following changes, additions, modifications, information and clarification for the above project, for which Bids are to be received on Monday, **May 6, 2024**, at 3:00 PM are amended as follows:

QUESTIONS AND CLARIFICATIONS

1. Polypropylene Pipe will be allowed as an alternative to RCP.
2. Project to be completed no later than June 30, 2026.
3. Our bonding agent says that the bid bond forms provided by Sedalia do not list an owner. They need an owner's name to issue the bonds. Do you have forms that show the name of the owner, or can we just type in The City of Sedalia?
   a. *Please use "The City of Sedalia, MO" as the Owner name.*

PLANS

1. No Changes

PROJECT MANUAL

1. Revised the Proposal, page 11, to include Polypropylene Pipe as an alternative. The updated page 11 is attached.

NOTE: Bidders must acknowledge receipt of this Addendum by listing the number and date, where provided, on the Proposal.

Item No.	Description	Unit	Estimated Quantity	Unit Cost	Amount
33	54" Equiv. RCPA	LF	236		
34	Sodding	SY	1700		
35	Erosion Control	LS	1		

TOTAL AMOUNT OF BASE BID: $_____

ALTERNATE BID – POLYPROPYLENE PIPE

Item No.	Description	Unit	Estimated Quantity	Unit Cost	Amount
28	15" Polypropylene Pipe	34	LF		
29	18" Polypropylene Pipe	321	LF		
30	24" Polypropylene Pipe	143	LF		
31	30" Polypropylene Pipe	34	LF		
32	42" Polypropylene Pipe	170	LF		

TOTAL AMOUNT OF ALTERNATE BID: $_____

Bidder acknowledges receipt of the following addenda, which has been considered in the preparation of this bid:

Addendum No. _____   Dated: _____
Addendum No. _____   Dated: _____
Addendum No. _____   Dated: _____

The undersigned agrees, if this proposal is accepted, to complete the work within **a period of 90 calendar days** from the date of the Notice to Proceed.

NAME OF BIDDER: _____

BY: _____
TITLE: _____
ADDRESS: _____
DATE: _____

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