

ADDENDUM NO.: 2

DATE OF ADDENDUM: August 12, 2016

**Replacement of the Tile Roof on the Galley Building
Cheshire Correctional Institution
900 Highland Avenue
Cheshire, CT
BI –JA-471**

Original Bid Due Date / Time:

September 14, 2016

1:00 PM

Previous Addendums: Addendum #1 dated 8/12/2016

TO: Prospective Bid Proposers:

This Addendum forms part of the "Contract Documents" and modifies or clarifies the original "Contract Documents" for this Project dated 3/21/2016. Prospective Bid Proposers shall acknowledge receipt of the total number the Addenda issued for this Project on the space provided on Section 00 41 00 Bid Proposal Form. Failure to do may subject Bid Proposers to disqualification.

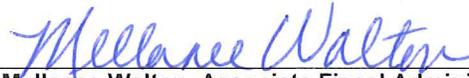
The following clarifications are applicable to drawings and specifications for the project referenced above.

Item 1

Prospective Bidders are required to complete attached Clearance Form and Fax or Email to the address provided on the form on or before August 19, 2016

All questions must be in writing (not phone or e-mail) and must be forwarded to the consulting Architect/Engineer (BPD Consulting Fax No: 860- 653-6988) with copies sent to the DCS Project Manager (Steven Udeh Fax No: 860-713-7264) and Construction Manager (TBD)

End of Addendum No. 2



Mellanee Walton, Associate Fiscal Administrative Officer
Department of Administrative Services
On Behalf of the Division of Construction Services

COLLECT BACKGROUND REPORT Fax to Attention Tracie Gadrow 860-920-3081 – OR
FOR VENDORS/CONTRACTORS Email scanned forms to DOC.Collect1@ct.gov

NAME _____ D.O.B. _____
 (LAST) (FIRST) (MI) (MM/DD/YYYY)
 MAIDEN NAME _____ SSN _____
 HGT. _____ WGT. _____ RACE _____ SEX _____ EYES _____ HAIR _____
 SCARS TATTOOS _____ VENDOR: _____
 DRIVER'S LICENSE # _____ STATE _____
 CO. CONTACT EMAIL: _____ PHONE: _____

OFFICIAL USE ONLY – DO NOT COMPLETE:

POSITIVE
RESPONSE

NO PRIOR
CONVICTIONS

- FL02 DRIVER INFO _____
- FLQW CT VEHICLE/WANTED INQ.
- SPRC CT MASTER FILE
- SPSC CT SUSPENSE FILE
- OBTS OFF. BASED TRACKING CHECK
- FLQH INTERSTATE III CHECK
- RT45SS DOC SS CHECK
- RT45NM DOC NAME CHECK
- FLIQ OUT OF STATE CHECKS
- RI
- NY
- MA
- _____

CHECK COMPLETED BY _____

DATE _____

Comments/Findings:		OFFICIAL USE ONLY:			
Arrest Date:	Arresting Agency/Docket Number:	Charge:	Level: Misd. or Fel.	Date Disposed:	Court Disposition:

Please note: this form will not be processed if incomplete or illegible

Please read and sign below in the presence of a witness

ACKNOWLEDGEMENT

I, the undersigned, acknowledge and understand that the Connecticut Department of Correction (CTDOC) can deny any individual entry to any correctional facility administered by the CTDOC at any time.

Signature of Applicant _____ Date Signed _____

Signature of Witness _____ Date Signed _____