



Central County Transportation Authority
Purchasing Division
 241 W. South Street
 Kalamazoo, MI 49007
 Phone: 269.337.8020
 www.kmetro.com

ADDENDUM #1

March 14, 2024

TO: ALL MANDATORY BIDDERS

PROJECT: Metro Roof Replacement - REBID

BID REFERENCE: 91066-040.0

BID OPENING DATE/TIME: April 9, 2024 @ 3:30 p.m. Local Time

The purpose of this addendum is to clarify and/or modify the Bid and Award page and the Specification for this project. All work affected is subject to all applicable terms and conditions of the Bidding and Contract Documents.

1. **NOTE: NEW BID DUE/OPENING DATE/TIME: April 9, 2024 @ 3:30 p.m. Local Time**
2. **NOTE: All questions may be emailed to Rob Branch, at branchr@kalamazoo-city.org by 10:00 a.m April 1, 2024.**

QUESTION 1: Has the scope changed?

ANSWER 1: The scope remains the same though, we have simplified some areas.

QUESTIONS 2: When is the completion date?

ANSWER 2: The completion date is October 31, 2024.

QUESTION 3: Are we trying to maintain any existing warranties?

ANSWER 3: No, the only warranties that matter is for the work being done.

QUESTION 4: To ensure a watertight connection the tie in detail at the roof parapet and existing TPO will need to be constructed differently. Will a new detail be provided for this connection?

ANSWER 4: Yes, a revised tie-in detail will be provided in an upcoming **ADDENDUM #2**.

The Addendum can be viewed and downloaded from the City's website at <https://www.kalamazoo-city.org/bidopportunities>.

In order for a bid to be responsive, this addendum must be returned with your bid. If you have already submitted your bid, acknowledge receipt and acceptance of this addendum by signing in the place provided and returning it to the undersigned and it shall be incorporated in your bid. Please identify your return envelope with the bid reference number and project description.

Questions may be addressed to Rob Branch, branchr@kmetro.com at (269) 337-8235 or Kyle Dunn at (269) 337-8720 or dunnk@kalamazoo-city.org.

Greg Vlietstra
 Director of Support Services

FIRM: _____ SIGNED: _____

NAME: _____ DATE: _____

(Type or Print)