

SANTA ANA WATERSHED PROJECT AUTHORITY

Brine Line On-Call Line Cleaning Services 2020

IMPORTANT NOTICE

ADDENDUM NO. 1

Please Deliver to Estimator Immediately

Transmitted herewith is Addendum No. 1 to the Request for Proposals for Brine Line On-Call Line Cleaning Services 2020:

Revise as follows:

1. Cost proposal form is revised as attached.
2. The question period is extended through April 29, 2020 at 5:00 pm.

Proposers shall acknowledge that the requirements of Addendum No. 1 are incorporated into the proposal by completing the **attached** Addendum Confirmation Form and enclosing it with the proposal to SAWPA.



ADDENDUM CONFIRMATION FORM

Receipt of the following Addendum is acknowledged. Requirements contained in Addendum No. 1, issued April 23, 2020, are included in the proposal.

Name of Firm

Authorized Agent (printed or typed)

Address

Signature

City/State/Zip

Date



**ATTACHMENT A
COST PROPOSAL FORM**

Due Date and Time for Proposal Submittal: May 6, 2020 at 2:00 p.m. Any omissions, additions, substitutions, conditions or alternates in Offeror’s proposal will be considered irregularities and may be cause for rejection of the Offeror’s proposal, no matter how insignificant or immaterial such irregularity may be. Proposals must be completed in ink, indelible pencil or by typewriter. Erasures or “strike-outs” must be initialed by the Service Provider.

The undersigned does hereby propose to provide services in accordance with all provisions of the Request for Proposals including, but not limited, to the Scope of Work, Exhibits, and references for the following price. The Offeror may elect to provide bids for any of the tasks presented below; OWNER shall consider awarding specific tasks to one or more Offerors. All envelopes shall be clearly marked with the Specification number and envelope content. Submit total Contract amount not to exceed, as follows:

DESCRIPTION	QTY	UNIT	UNIT COST	TOTAL
1. Pipe Cleaning Services				
a. Furnish all labor, materials, cleaning equipment and incidentals necessary to clean 24-, 36-, 39-, 42- and 48-inch pipelines, laterals, and siphons.	160	Hour		
b. Furnish all labor, materials, cleaning equipment and incidentals necessary to clean 16-, 18-, 20-, 24-, 36-, 39-, 42-, and 48-inch pipeline, as requested by OWNER within a 2-hour response timeline.	20	Hour		
c. Furnish all labor, materials, cleaning equipment and incidentals necessary to clean 16-, 18-, and 20-inch pipelines (PVC, Ductile Iron, and HDPE).	160	Hour		
d. Water Truck with operator (minimum capacity 2,000 gallons).	340	Hour		
e. CCTV in support of line cleaning operations.	80	Hour		
<i>Total for Pipe Cleaning Services</i>				

2. Traffic Control				
a. Furnish Traffic Control Plans as required by the appropriate permitting agency. (i.e. Caltrans, City of Chino, Riverside County, City of Corona.)				
a. Traffic Control for locations with light traffic (including cones, light board, signs, barriers, markers, no lane closure); 4 hours total	4	Each		
b. Traffic Control for locations with heavy traffic (including cones, light board, signs, 2 flagmen, barriers, markers, lane closure); 4 hours total	4	Each		
c. Traffic Control for locations with light traffic (including cones, light board, signs, barriers, markers, no lane closure); 8 hours total	20	Each		
d. Traffic Control for locations with heavy traffic (including cones, light board, signs, 2 flagmen, barriers, markers, lane closure); 8 hours total	4	Each		
e. Obtain Caltrans Encroachment Permit. (Permit fees will be reimbursed by SAWPA based on actual costs.)	2	Each*		
Total for Traffic Control				
GRAND TOTAL				

*Permit is valid for up to 1 year.

1. Pipe Cleaning Services

TOTAL (In Words): _____

2. Traffic Control

TOTAL (In Words): _____

GRAND TOTAL (In Words): _____

The enclosed proposal includes the following required submittals.

- (1) Cost Proposal Form (Attachment A)
- (2) Non-Collusion Affidavit (Attachment B)
- (3) Acknowledgement of Insurance Requirements (Attachment C)
- (4) Copies of All Addendum Confirmation Form, if applicable.

_____ Name of Firm	_____ Signature	_____ Date
_____ Address	_____ Authorized Agent (Printed or Typed)	
_____ City, State, Zip Code	_____ E-mail address	
_____ Telephone	_____ Fax	
_____ California License No.	_____ Expiration Date	