Michael A. Register, P.E., Executive Director

525 Community College Parkway S.E. • Palm Bay, FL 32909 • 321-984-4940 • www.sjrwmd.com

DATE: November 17, 2021

TO: Prospective Respondents

FROM: Amy Lucey, Procurement Specialist

SUBJECT: Addendum #1 to Quote Request # 37414 Sod Placement – Brevard and Osceola Counties

As a result of inquiries, the following clarifications/changes are provided for your information. Please make all appropriate changes to your quote documents. Note: changes are reflected with original language shown with strike-through and new language is underlined.

Q1. Are all of the sites accessible via 18 wheeler? Just to be clear the grading to will be completed before we arrive to lay the sod?

A1: All sites are accessible by 18 wheelers
All grading will be complete before your arrival

**NOTE**: The Quote Request Due Date <u>has been changed to</u> 3:00 p.m., <del>Thursday, December 2, 2021</del> Friday, December 3, 2021.

Please acknowledge receipt of this Addendum on the **Quote Cost Schedule** FORM provided in the quote package.

If you have any questions, please e-mail me at alucey@sjrwmd.com.

## Attachments:

Page 1, Revised Addendum 1

Page 12, Quote Cost Schedule Revised Addendum 1



4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • 386-329-4500 • www.sjrwmd.com

November 3, 2021

Interested Firms

Re: Quote Request 37414, Sod Placement - Brevard and Osceola Counties

The St. Johns River Water Management District (District) desires to Procure a contractor to place sod on L73, Section 1, L73, Section 2B and S96B Tieback levees to minimize future erosion..

If you are interested in this project, email your quote in PDF format, <u>after 8:00 a.m. and before 3:00 p.m. on December 2, 2021</u>. Do not email the quote prior to or after this timeframe. It is preferred that all quotes be submitted as an attachment to an email addressed to Amy Lucey at ALucey@sjrwmd.com. Receipt will be acknowledged by 4:00 p.m.

If you do not receive acknowledgement by 4:00, please contact Amy Lucey immediately.

If you need assistance or have any questions about submitting your quote, please email or call Amy Lucey at ALucey@sjrwmd.com or 321-409-2156, respectively. Between the release of this quote request and the posting of the notice of intended decision, Respondents to this quote request or persons acting on their behalf may not contact any employee or officer of the District concerning any aspect of this solicitation, except the procurement employee listed above. Violation of this provision is grounds for rejecting a response.

A copy of the package is also available in Microsoft Word® form to assist you with your submittal.

## **Minimum Qualifications:**

Respondents must meet the minimum qualifications below and all supporting documentation must be submitted with the response to this quotation request:

- 1. Proof of firm's ability to do business in the state of Florida. (<u>documentation must be provided</u> with quote response)
- 2. Respondent must have completed at least one project of a similar nature (sod placement) in the past three years by the individual, firm, or project manager assigned to the project.

  (documentation must be provided on form provided and must be included with quote response)
- 3. Respondent must have at least one (1) year of experience on projects of the nature specified above. (documentation must be provided on form provided and must be included with quote response)

## **EXHIBIT 2 - QUOTE COST SCHEDULE**

(Note: This page must be submitted with response.)

DUE NO LATER THAN 3:00 PM, Thursday, December 2, 2021-Friday, December 3, 2021
RESPONSES SHALL BE SUBMITTED TO THE PROCUREMENT SPECIALIST AS IDENTIFIED
ON THE FIRST PAGE OF THIS REQUEST.

Method of award shall be based on the lowest total cost.

		BID SCHEDULE -	SUPPLY AN	D PLACE A	ARGENT	INE BAHIA SOD
ITEM NO	DESCRIPTION			STIMATED QUANTITY	UNIT	UNIT PRICE
1	Supply and Place S	od		106,000	SF	
TOTAL I	PROJECT COST					
Acknow	eledgment is he	reby made of the	efollowing	addenda	(identif	ied by number) received:
Addendum No.		Date		Addendum No.		Date
1			_			<u> </u>
2			_			<u> </u>
3		-	<u> </u>			
read and	l understand all		ions as set	forth in th	is quota	ve for the Respondent, that I have fully ation, and upon award of such
RESPO	ONDENT (FIR	M NAME)				
ADDRI	ESS					
SIGNATURE				TYPED NAME & TITLE		
TELEPHONE NUMBER				EMAIL ADDRESS		