## **ADDENDUM 1**

RFP# 1909-08

DATED: OCTOBER 15, 2018



#### FOR THE

### 2018-2019 SEWER SYSTEM EVALUATION SURVEY (SSES) PROGRAM

ON BEHALF OF

THE OCONEE COUNTY BOARD OF COMMISSIONERS
WATER RESOURCES DEPARTMENT
OCONEE COUNTY, GEORGIA

THIS ADDENDUM FORM IS PART OF THE AGREEMENT DOCUMENTS AND MODIFIES THE ORIGINAL RFP DOCUMENTS FOR THE REFERENCED PROJECT ISSUED SEPTEMBER 17, 2018.

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The following questions were submitted to Oconee County in reference to the 2018-2019 Sewer System Evaluation Survey (SSES) Program project. Please see the responding answers below:

- Q1: Please clarify the due date for submittal of proposals for the 2018-2019 SSES Program.
- A1: Proposals are due by 2:00 PM local time on Thursday, October 18, 2018.
- Q2: Please clarify what information listed under Item 2 of the Checklist (i.e., Requested Information per Technical portion of the RFP) is required to be included in the proposal.
- A2: The requirements listed under Item 2 are not applicable to this project. Item 2 has been revised to delete these requirements. Also related to this question, Item 3 of the Checklist has been revised to reflect the project's Cost Proposal.
  - A copy of the revised Checklist is attached.
- Q3: Under 13.0 Qualifications and Experience you state the requirement for project experience and personnel experience but there really isn't a place to show this information. Are you requesting project descriptions and resumes to be included in the proposal? I know there is a reference form?

A3: Completion of the Contractor Reference form is the only required information to be submitted in the proposal.

Please note that Proposers shall meet all qualifications and experiences as detailed in Section 13.0, the technical specifications and elsewhere, where indicated. Documentation of qualifications and experience including certifications, resumes, etc. beyond the information required in the Contractor Reference form <u>may</u> be requested later during proposal reviews and/or following award of contract as appropriate and on an as-needed basis.

Q4: (Regarding Technical Specifications Section 02602, Articles 1.02.A and 1.02.E, Section 02758 Article 3.03.A.3 and elsewhere where applicable.)

Would you please consider modifying this requirement to require handing out Smoke Testing notices door to door and other public information notifications such as notices on media outlets and mailings in water bills?

- A4: Oconee County will be responsible for performing all notifications required for Contractor's work on private property. This includes door hangers, mailings and right-of-entry or right-of-access agreements, where needed. This includes all activities covered in the Scope of Work including manhole inspections, smoke testing and line inspections/cleaning.
- Q5: Which MACP version is to be submitted to owner?
- A5: Either version 6 or 7 are acceptable.
- Q6: Will the owner accept multiple field inspection tasks to be listed on a single mailer to residents?
- A6: This requirement is deleted per response A4 of this addendum.
- Q7: How does the owner plan to perform QA/QC audits on submitted smoke testing data?
- A7: This item is deleted. Oconee County will not be performing audits of the smoke testing data.
- Q8: Can the owner provide an example of a QA/QC smoke report?
- A8: This item is deleted per response A7 of this addendum.
- Q9: Are flag persons required in low traffic areas such as residential neighborhoods?
- A9: Yes.
- Q10: If sufficient pressure is present during smoke testing, can the contractor exceed 800 feet where manhole access is an issue?
- A10: Contractor may be allowed to exceed 800 LF for smoke testing for areas where manholes are inaccessible as authorized in advance by Oconee County.

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- Q11: How many feet of smoke testing does the owner plan to authorize for QA/QC efforts?
- A11: Contractor will be required to perform an additional 2,000 LF of additional smoke testing for QA/QC purposes if authorized by Oconee County.

The Cost Schedule has been revised to include Item 6 for additional smoke testing for QA/QC purposes. A copy of the revised Cost Schedule is attached.

Measurement and payment for this work shall be **as directed by OWNER** in accordance with Technical Specification Section 01025, Article 3.4.

- Q12: All data collected for smoke testing is collected digitally. Are sketches required if multiple pictures are captured at different angles? Pictures will be taken, one up close displaying defect and up to three landscape pictures for location purposes.
- A12: Regarding documentation of smoke testing (Technical Specification 02758, Article 3.03.B), Contractor shall have the option to locate defects using digital photos in lieu of submitting sketches with physical measurements. The photographic documentation must clearly identify the defect itself and provide sufficient information of the surrounding area for easy identification by County field personnel. Ambiguous, unclear or insufficient photo documentation of defects will not be accepted.

Contractor shall submit a pdf map with GPS locations of all defects (with defect ID labels) overlaid on an aerial image of the work area for County's use in identifying defect locations. Contractor shall use aerial images provided by Oconee County. Support photos <u>may</u> be included on the map, but are not mandatory.

- Q13: Smoke defects can be collected via GPS or manually. All field computers will have ortho imagery. If GPS is not adequate, a manual shot will be taken relative to the ortho imagery giving the owner a more accurate positioning of the defect. With this process, is obtaining measurements from 2 nearby structures or permanent landmarks still required?
- A13: See response A12 of this addendum.
- Q14: All photos taken will be delivered with a unique ID and digitally linked to the defect ID, location and address. Can this naming convention replace the "sandwich board" required in the RFP in section 3.03 B 12?
- A14: Yes.

#### **END OF ADDENDUM 1**

Proposers are required to acknowledge receipt of this addendum by executing the Addenda Acknowledgement form as described in Section 10.D.2 of the RFP.

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| Company Name: |                  |  |
|---------------|------------------|--|
|               | ITEM DESCRIPTION |  |

#### Offeror's Checklist

- 1. Mandatory Forms (include with Technical proposal):
  - o Addenda Acknowledgement Form
  - Respondent's Information Form
  - o Local Business Initiative Affidavit
  - Execution of Proposal
  - o Respondent's Certification and Non-Collusion Affidavit
  - Drug-Free Workplace Affidavit
  - o Georgia's Security and Immigration Compliance Act Affidavit
    - Contractor Affidavit
  - SAVE Affidavit
  - Sub-Contractor's List
  - o Respondent's Reference Form
  - o Electronic Payments Form
  - o W-9
  - Current Copy of Certificate of Insurance (form not provided)
  - All licenses, certificates, diplomas, verifiable documents and other requested documents per RFP requirements or qualifications.
- 2. Not Used
- 3. Cost Proposal (sealed in separate envelope):
  - As provided in Attachment A2.



I certify that the proposal is accurate and reflect any applicable discounts, and that the company, which I represent, will deliver the services and related items for this proposed amount. By submission of this proposal, I also certify that I, the OFFEROR, has read and understands all of the requirements contained in this solicitation, and agrees to be bound by all the terms and conditions contained in this solicitation without exception.

I have included all required documents required per the Request for Proposal Documents. I, the Offeror, has availed itself of every opportunity to understand the requirements of this solicitation. Therefore, the undersigned respectfully submits this Proposal and all attachments, if required.

Please use this Cost Schedule to indicate the cost for this project. Your total cost must include **ALL** fees, travel, and any other costs needed to complete the project. Please answer the questions below:

| 1.   | Federal Tax ID#   |            |                             |   |  |  |  |  |
|------|---|------------|-----------------------------|---|--|--|--|--|
| 2.   | Indicate legal form of proposer:  |            |                             |   |  |  |  |  |
|      | Corporation Partnership   | Individual | Other (specify)             | _ |  |  |  |  |
| If y | Do you plan to subcontract any portion es, please provide an attached list of nar provided).  |            |                             | у |  |  |  |  |
| 4.   | Anticipated Start Date:   |            |                             |   |  |  |  |  |
| 5.   | Are there any Exceptions noted in your submittal? Yes No If yes, please clearly mark the exceptions on the RFP document and return with your cost proposal.   |            |                             |   |  |  |  |  |
| 6.   | THE UNDERSIGNED PROPOSES TO FURNISH THE FOLLOWING SERVICES IN STRICT CONFORMANCE TO THE RFP SCOPE OF WORK AND RFP INVITATION ISSUED BY OCONEE COUNTY. ANY EXCEPTIONS ARE CLEARLY MARKED IN THE ATTACHED COPY OF THE RFP. PRICES ARE GOOD FOR 60 DAYS AFTER AWARD: |            |                             |   |  |  |  |  |
|      | (Firm/Company- <i>PRINTED</i> )   | (Addre     | (Address, City, State, Zip) |   |  |  |  |  |
|      | (Bidder, Name- <i>PRINTED</i> )   | (Bidde     | r Contact Email/Phone)      |   |  |  |  |  |
|      | (Offeror's Signature)   | (Date)     |                             |   |  |  |  |  |

**7. COST PROPOSAL:** The following required services shall be provided according to the Agreement terms and conditions contained herein.

# Oconee County 2018-2019 SSES Program Cost Schedule

| Item # | Item Description   | Unit | Est.<br>Qty. | Unit<br>Price | Total Price |  |  |
|--------|--|------|--------------|---------------|-------------|--|--|
| 1      | Mobilization and Demobilization                                  | LS   | 1            |               |             |  |  |
| 2      | Manhole Inspection   | EA   | 160          |               |             |  |  |
| 3      | Smoke Testing  | LF   | 29,000       |               |             |  |  |
|        | ********* Extra Work If Authorized By Owner ********             |      |              |               |             |  |  |
| 4.A    | Mobilization and Demobilization of Pipeline Cleaning Resources   | LS   | 1            |               |             |  |  |
| 4.B    | Cleaning of Underground Pipeline                                 | LF   | 2,900        |               |             |  |  |
| 5.A    | Mobilization and Demobilization of Pipeline Inspection Resources | LS   | 1            |               |             |  |  |
| 5.B    | CCTV Inspection of Underground Pipeline                          | LF   | 2,900        |               |             |  |  |
| 6      | Additional Smoke Testing for QA/QC                               | LF   | 2,000        |               |             |  |  |

| BID TOTAL, ITEMS 1 THRU 6, THE AMOUNT                          |              |
|--|--------------|
| OF   |              |
| BY: Signature of Authorized Officer or Agent (Contractor Name) | Date         |
| Title of Authorized Officer or Agent of Contractor             |              |
| Printed Name of Authorized Officer or Agent                    |              |
| SUBSCRIBED AND SWORN BEFORE ME ON THIS                         |              |
| THEDAY OF20  |              |
| Notary Public My Commission Expires:                           | [NOTARY SEAL |