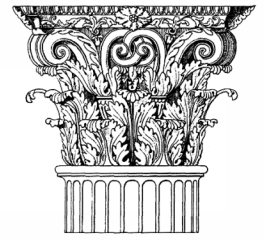




CONDRA Y



DESIGN GROUP, INC.

ADDENDUM No. 2

10/09/2019

PROJECT: University Medical Center
5th Floor Patient Room Renovations
602 Indiana Avenue
Lubbock, Texas 79415

DATE: October 9, 2019
PROJECT NO.: 21823

The following items take precedence over the drawings and project manual for the above named project and in closing a contract shall become a part of the contract documents.

Where any item called for in the specifications or indicated on the drawings, is supplemented here, the original requirements remain in effect. Consider all supplemental conditions as added to the specifications and drawings.

Where any original item is amended, voided or superseded here, the provisions of such items not specifically amended, voided or superseded remain in effect.

ITEM #1: Proposal Form – The Proposal Form has been revised to include Alternate #1. Refer to attached revised Proposal Form.

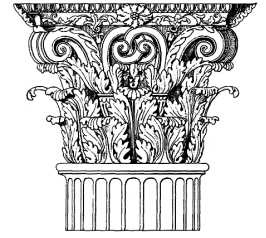
ITEM #2: Alternate #1 – Refer to attached Specification Section 012300 Alternates. Alternate #01 to remove scheduled accent paint on full wall of the typical patient room headwall to be replaced with 8" painted accent border along entire perimeter of each patient room with termination trim. Refer to Material and Finish Schedule modifications below as well as attached Supplemental Drawing SD #02 for details.

1. On Material Schedule: Add TM1 trim moulding to be "Paintable MDF flat profile trim, painted P3, 3/4"x 1-1/2" H, sprayed-on finish."
2. Add 8" painted accent border P4 around entire perimeter of each patient room wall above trim.

ITEM #3: Reflected Ceiling Plan Clarifications – On Architectural Sheet A5 & A6, add Keyed Note #6 to the following toilet rooms: 563B, 564B, 565B, 566B.

Revise Keyed Note #6 to read as follows:

Keyed Note #6: Patch and repair ceiling as necessary if damaged during construction. Prep to receive new finish. Refer to finish schedule.



ITEM #4: Revised Material & Finish Schedules – Refer to items below for modifications:

3. On Material Schedule: BRS1 and BRS3 change to color Candlelight #P9014.
4. On Material Schedule: LB1 lavatory bowl to be Corian type 810P.
5. On Room Finish Schedule: In all Toilet Rooms, DT1 mosaic accent tile is to be shifted up to 72" AFF with MT1 along top edge as per Owner's Directive. Refer to attached Supplemental Drawing SD#03.
6. On Room Finish Schedule: General Note #16 and #21 to be deleted.

ITEM #5: Interior Elevation Clarifications – On Architectural Sheet A9, Interior Elevations 07/A9, 11/A9 and 15/A9 are applicable in rooms MS 534 to MS 562.

ITEM #6: Electrical Items – Refer to attached Electrical Addendum items.

End of Addendum

PROPOSAL FORM

Date: _____, 2019

University Medical Center
309 N. Slide Road
Lubbock, Texas 79416

The undersigned, having carefully examined the proposal documents that include the specifications, drawings, and related documents entitled:

**UNIVERSITY MEDICAL CENTER
5TH FLOOR PATIENT ROOM RENOVATIONS
602 INDIANA AVENUE
LUBBOCK, TEXAS 79415**

all as prepared by Condray Design Group, 3708 Upland Avenue, Lubbock, Texas 79407, as well as having attended a pre-proposal conference, and made an on-site inspection of the premises and all other conditions affecting the cost and/or execution of the work, proposes to furnish all materials, labor, and equipment necessary to complete the work in accordance with said documents, of which this proposal is a part, for the following sum:

BASE PROPOSAL:

Dollars (\$) _____)

(Note: All amounts shall be shown in both written and figure form. In case of discrepancy between the written amount and the figure, the written amount will govern. For alternates, check whether it is an add, deduct or no change.)

ALTERNATE ONE: Add Patient Room paint and trim. add / deduct (circle one):

Dollars (\$) _____)

(Note: All amounts shall be shown in both written and figure form. In case of discrepancy between the written amount and the figure, the written amount will govern. For alternates, check whether it is an add, deduct or no change.)

We have included, in the Proposal sum, all applicable taxes and all material allowances.

The undersigned acknowledges receipt of _____ addenda to the Drawings and Project Manual as follows:

No. _____	Date _____	No. _____	Date _____	No. _____	Date _____
No. _____	Date _____	No. _____	Date _____	No. _____	Date _____

(The Proposer is to fill in I.D. Number and date of each thereby acknowledging receipt of Addenda).

If awarded the contract, the undersigned agrees to commence work under this contract on or before a date to be specified in Written Notice to Proceed, and to substantially complete the project within _____ (Proposer to fill in number) **calendar days** from said commencement date, unless modified by change order.

Proposer agrees to pay the Owner **\$1,000.00** per day, as liquidated damages, for each day the substantial completion of this project extends beyond the stipulated substantial completion date. **Calendar days to include time associated with all material procurement.**

If notified of the acceptance of this proposal, proposer agrees within ten days of notification, to execute a contract in the form of the AIA Document A101-2017, Standard Form of Agreement Between Owner and Contractor Where the Basis of Payment Is a Stipulated Sum, as amended for the above work, for the above stated compensation.

PROPOSAL SECURITY, as defined in the Advertisement For Proposals and Instructions to Proposers, which the Undersigned agrees to disposition of, as stated in Advertisement For Proposals and Instructions to Proposers, is attached to this Proposal.

Upon acceptance of this Proposal by Owner, Contractor shall furnish, before beginning the Work and, in any case, no later than ten (10) days after of the signing of the contract, a PERFORMANCE BOND AND LABOR/MATERIAL PAYMENT BOND, in the amount of 100% of the Contract Price. Surety shall meet requirements specified in the Owner/Contractor Agreement.

It is understood that the Owner reserves the right to accept or reject any and all Proposals and to waive all formalities in accordance with State law.

ATTACHMENTS

In accordance with Instructions to Proposers, the following documents will be submitted with and made a condition of the Proposal:

Proposal security in form of _____
Proposer's qualifications statement and supporting data.

The Procurement Form Supplement, is included to and made a condition of the Proposal.

Respectfully Submitted,

By: _____

Title: _____

Business Address with Zip Code

(SEAL: If
by Corporation)

Telephone Number with Area Code: _____

FAX Number with Area Code: _____

Fill in the applicable information:

A Corporation, chartered in the State of _____.

Authorized to do business in the State of Texas.

A Partnership, composed of _____, and
_____, and _____.

An Individual operating under the name of _____
_____.

Corporate Seal:

END OF SECTION

SECTION 012300 - ALTERNATES

PART 1 - GENERAL

1.1 RELATED DOCUMENTS

- A. Drawings and general provisions of the Contract, including General and Supplementary Conditions and other Division 01 Specification Sections, apply to this Section.

1.2 SUMMARY

- A. Section includes administrative and procedural requirements for alternates.

1.3 DEFINITIONS

- A. Alternate: An amount proposed by bidders and stated on the Bid Form for certain work defined in the bidding requirements that may be added to or deducted from the base bid amount if Owner decides to accept a corresponding change either in the amount of construction to be completed or in the products, materials, equipment, systems, or installation methods described in the Contract Documents.
 - 1. Alternates described in this Section are part of the Work only if enumerated in the Agreement.
 - 2. The cost or credit for each alternate is the net addition to or deduction from the Contract Sum to incorporate alternate into the Work. No other adjustments are made to the Contract Sum.

1.4 PROCEDURES

- A. Coordination: Revise or adjust affected adjacent work as necessary to completely integrate work of the alternate into Project.
 - 1. Include as part of each alternate, miscellaneous devices, accessory objects, and similar items incidental to or required for a complete installation whether or not indicated as part of alternate.
- B. Notification: Immediately following award of the Contract, notify each party involved, in writing, of the status of each alternate. Indicate if alternates have been accepted, rejected, or deferred for later consideration. Include a complete description of negotiated revisions to alternates.
- C. Execute accepted alternates under the same conditions as other work of the Contract.
- D. Schedule: A schedule of alternates is included at the end of this Section. Specification Sections referenced in schedule contain requirements for materials necessary to achieve the work described under each alternate.

PART 2 - PRODUCTS (Not Used)

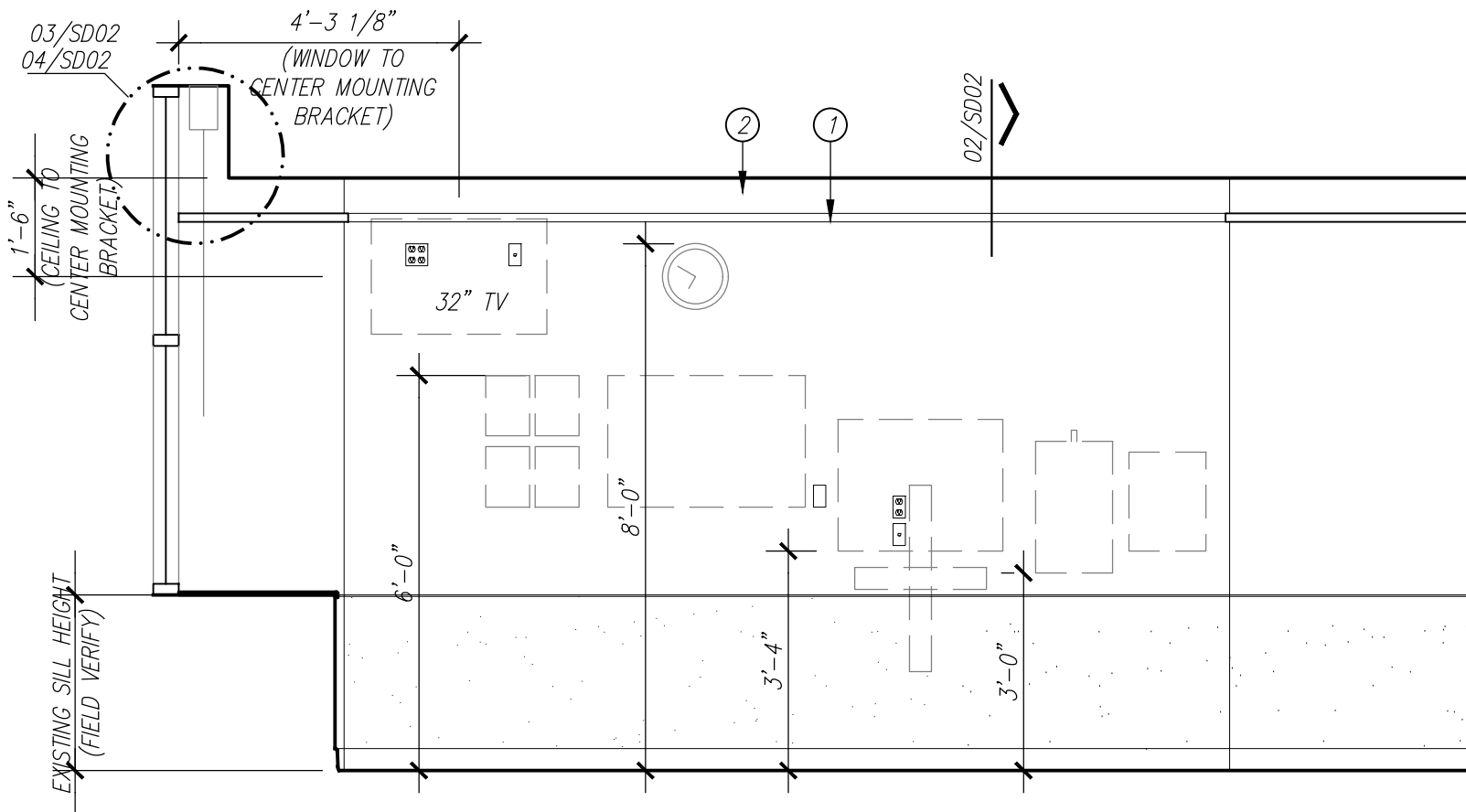
PART 3 - EXECUTION

3.1 SCHEDULE OF ALTERNATES

A. **Alternate No. 1: Patient Room Paint & Trim.**

1. Base Bid: Accent wall on patient room head wall.
2. Alternate: In lieu of accent wall, paint accent color at 8" below ceiling and add wood trim. Refer to Finish Schedule and SD #02.

END OF SECTION 012300



01/SD02 TYPICAL TRIM MOULDING INSTALLATION IN PATIENT ROOMS

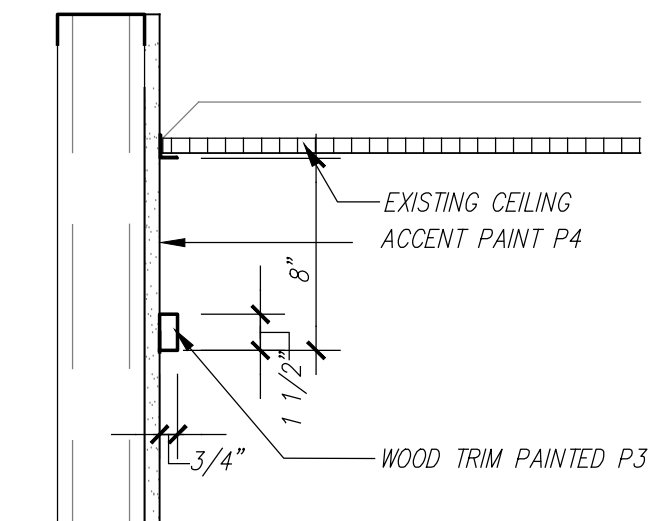
SCALE: $3/8" = 1'-0"$

KEYED NOTES

DESIGNATED BY: $\#$

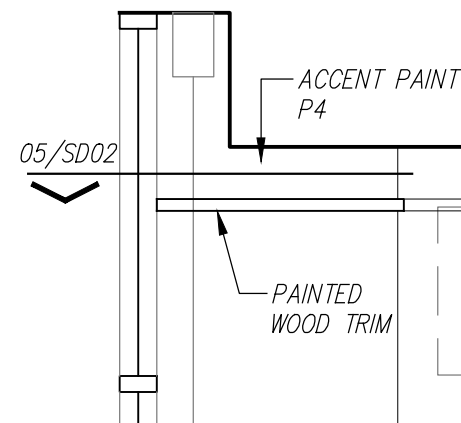
- ① PAINTED WOOD TRIM.
- ② ACCENT PAINTED WALL TO BE PAINTED P4.
- ③ REFER TO ADDENDUM 2 FOR MATERIAL AND FINISH SCHEDULE MODIFICATIONS.

** NOTE: REFER TO A10 FOR OTHER INTERIOR ELEVATION KEYED NOTES.



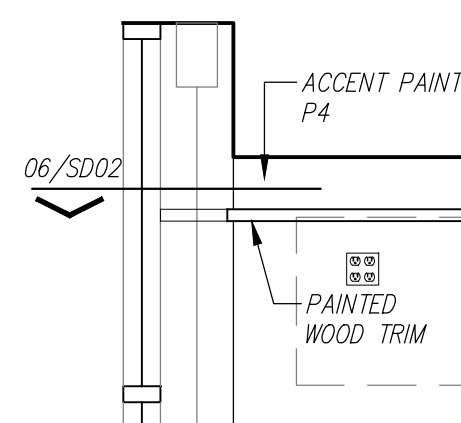
02/SD02 DETAIL

SCALE: $1 \frac{1}{2}" = 1'-0"$



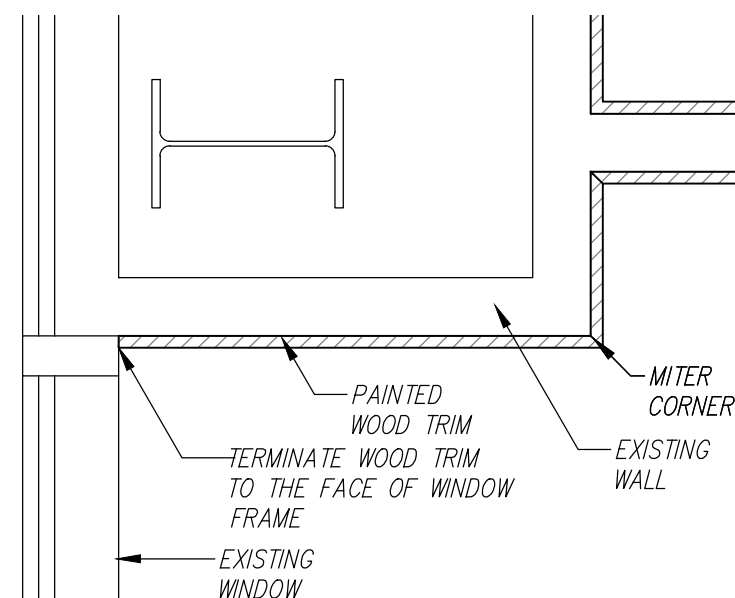
03/SD02 SECTION

SCALE: $1/2" = 1'-0"$



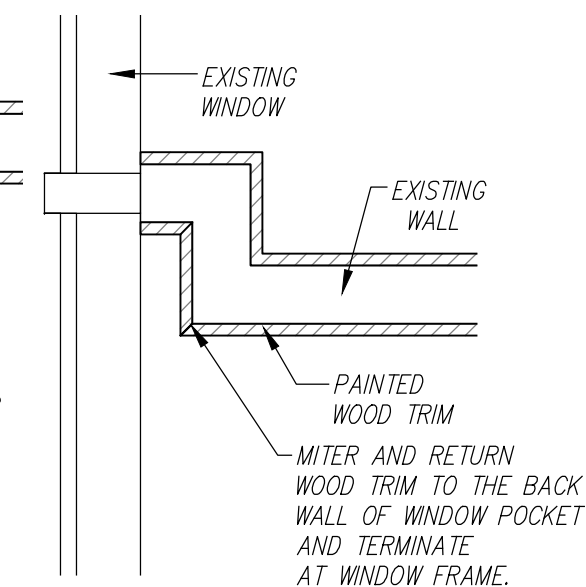
04/SD02 SECTION

SCALE: $1/2" = 1'-0"$



05/SD02 PLAN DETAIL

SCALE: $1" = 1'-0"$



06/SD02 PLAN DETAIL

SCALE: $1" = 1'-0"$

UNIVERSITY MEDICAL CENTER
5TH FLOOR PATIENT ROOM RENOVATION
SD02: ALTERNATE #1-TYPICAL TRIM MOULDING INSTALLATION IN PATIENT ROOMS

SCALE: AS NOTED

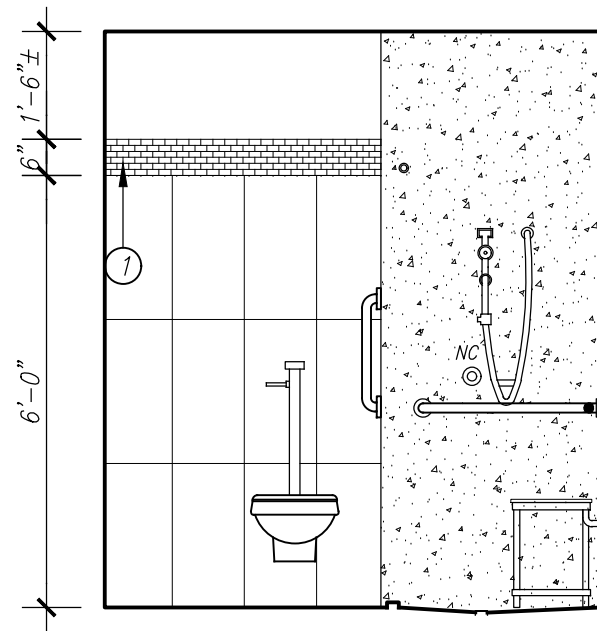
CONDRAY DESIGN GROUP, INC.



Elizabeth Mincey

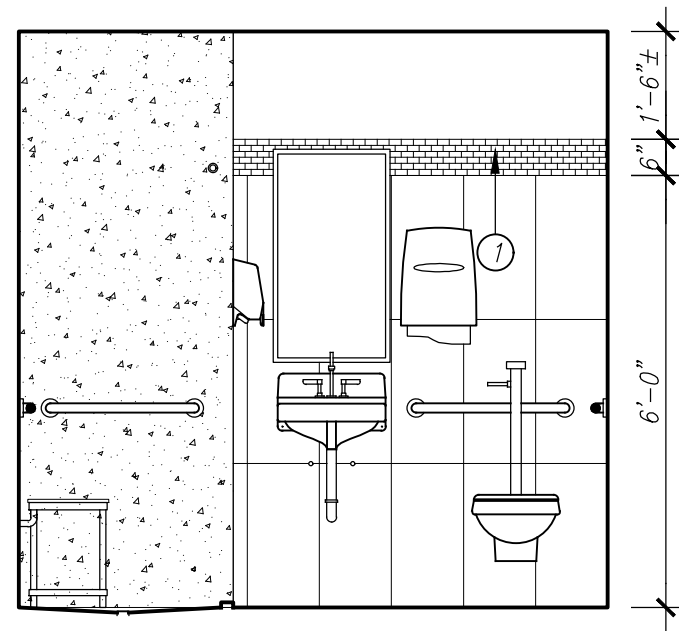
10/09/2019

PROJ. NO. 21823
DATE: 10/09/2019



01/SD03 TYPICAL ELEVATION WITHOUT SINK

SCALE: 3/8" = 1'-0"



02/SD03 TYPICAL ELEVATION WITH SINK

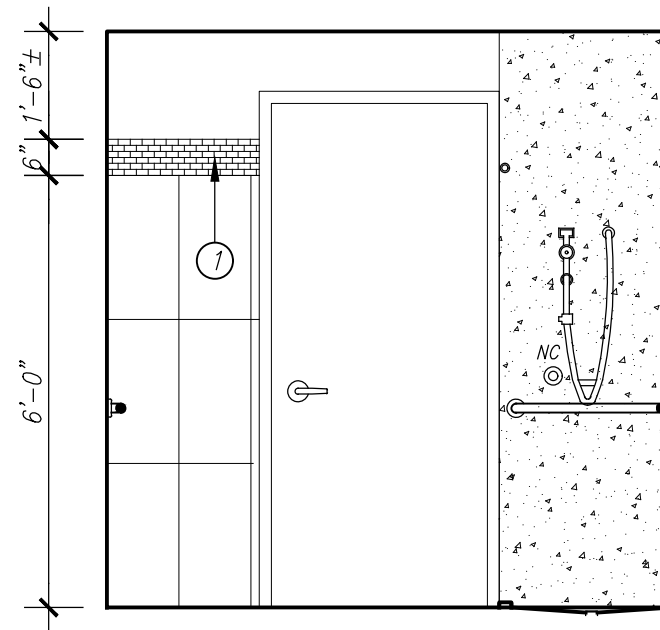
SCALE: 3/8" = 1'-0"

KEYED NOTE

DESIGNATED BY: ———— (1)

(1) 6" MOSAIC DECO BAND WITH METAL TRIM ALONG THE TOP EDGE.

** NOTE: REFER TO A9 FOR OTHER INTERIOR ELEVATION KEYED NOTES.



03/SD03 TYPICAL ELEVATION AT DOORS

SCALE: 3/8" = 1'-0"



[Signature]
10/09/2019

UNIVERSITY MEDICAL CENTER
5TH FLOOR PATIENT ROOM RENOVATION
SD03: TYPICAL TOILET ROOM MODIFICATIONS

SCALE: AS NOTED

CONDRAY DESIGN GROUP, INC.

PROJ. NO. 21823
DATE: 10/09/2019

**UNIVERSITY MEDICAL CENTER
5TH FLOOR PATIENT ROOM RENOVATIONS
LUBBOCK, TEXAS**

BSA Consulting Engineers, PLLC
Texas Firm Registration No. F-4415
BSA Project No. 2019-080



ADDENDUM

October 8, 2019

NOTICE TO BIDDERS:

The following shall be incorporated in and become a part of the original Drawings and Specifications of the above identified project. Please acknowledge receipt of this Addendum by noting it on your Proposal.

Electrical Items:

- Item 1: On the drawings, Sheet E2, in Patient Rooms MS 529 thru MS 562, provide and install a duplex receptacle & patient bed controller device in a 2-gang j-box, as well as, an adjacent data outlet device all mounted at 8'-0" a.f.f. to serve power, controls and communications to T.V./monitor. Verify exact mounting height and location with Architectural Interior Elevations prior to rough-in. Provide 2 #12 & #12 gr. in 1/2" conduit from duplex receptacle onto existing general receptacle circuit (normal branch) in each respective room. Stub-up 3/4" conduit from patient bed controller j-box to above ceiling. Nurse call wiring and terminations by Owner's vendor. From data outlet install one Cat 6 plenum rated cable to nearest existing communications rack and terminate cable on both ends to match existing hospital installations.
- Item 2: On the drawings, Sheet E2, in Patient Rooms MS 529 thru MS 562, install a duplex receptacle and data outlet device at 4'-0" a.f.f. to serve power and communications to computer terminal. Verify exact mounting height and location with Architectural Interior Elevations prior to rough-in. Provide 2 #12 & #12 gr. in 1/2" conduit from duplex receptacle onto existing general emergency receptacle circuit (critical branch) in each respective room. From data outlet install one Cat 6 plenum rated cable to nearest existing communications rack and terminate cable on both ends to match existing hospital installations.

Item 3: On the drawings, Sheet E4, in Patient Rooms ICU 504 thru ICU 516 and ICU 517 thru ICU 528, provide and install a duplex receptacle & patient bed controller device in a 2-gang j-box, as well as, an adjacent data outlet device all mounted at 8'-0" a.f.f to serve power, controls and communications to T.V./monitor. Verify exact mounting height and location with Architectural Interior Elevations prior to rough-in. Provide 2 #12 & #12 gr. in 1/2" conduit from duplex receptacle onto existing general receptacle circuit (normal branch) in each respective room. Stub-up 3/4" conduit from patient bed controller j-box to above ceiling. Nurse call wiring and terminations by Owner's vendor. From data outlet install one Cat 6 plenum rated cable to nearest existing communications rack and terminate cable on both ends to match existing hospital installations.

Item 4: On the drawings, Sheet E4, in Patient Rooms ICU 504 thru ICU 528, install a duplex receptacle and data outlet device at 4'-0" a.f.f. to serve power and communications to computer terminal. Verify exact mounting height and location with Architectural Interior Elevations prior to rough-in. Provide 2 #12 & #12 gr. in 1/2" conduit from duplex receptacle onto existing general emergency receptacle circuit (critical branch) in each respective room. From data outlet install one Cat 6 plenum rated cable to nearest existing communications rack and terminate cable on both ends to match existing hospital installations.

End of BSA Addendum