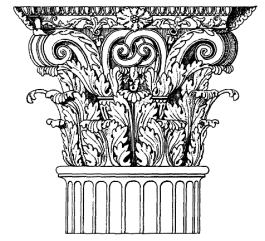




05/19/2025

CONDRA Y



DESIGN GROUP, INC.

ADDENDUM No. 2

PROJECT: University Medical Center
CV/CICU Renovation &
NICU Renovation
602 Indiana Avenue
Lubbock, Texas 79415

DATE: 05/19/2025
PROJECT NO.: 22307 & 22419

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Where any original item is amended, voided or superseded here, the provisions of such items not specifically amended, voided or superseded remain in effect.

ALL PROPOSALS

ITEM #1: Proposal Date: Proposal Opening Date remains Wednesday, May 21st at 3:00 p.m.

ITEM #2: Window Frame Clarification: Refer to attached Supplemental Drawing SD02 for window details.

ITEM #3: Updated Proposal Form: Refer to attached revised Proposal Form.

PROPOSAL #1 – CV/CICU RENOVATION

ITEM #4: Clarification of Alternates:

- A. Alternate #1 and Alternate #3 for all CICU Patient Room work to be incorporated into the Base Bid.
- B. Alternate #2 and Alternate #4A/4B will be completed in the same phase (Phase 8).
- C. Refer to attached Architectural Sheet CR3 for revised Phasing Plan.
- A. For VAV work, remove 6x6 area of ceiling tile and grid to access interstitial space. Maintain integrity of main runs and remove secondary runs for access. Temporarily remove perimeter tiles immediately adjacent to 6x6 area of work to protect from damage.

ITEM #5: Cardiac Equipment 604 Door Modification: Move Door 604A from north wall to the south wall of Cardiac Equipment Room 604 and reverse swing. In Hallway 609, extend wall protection and handrail to the south to cover new wall where door was removed. Texture and paint above where door was removed.

ITEM #6: Door Modifications: Remove Doors 609A and 613A in their entirety. Refinish ends of walls where doors are removed, add corner guards. Add pair of Doors 621A to new Door Hardware Set #13 as noted below:

Door Hardware Set No. 13 Double Egress, Fire-rated with FA Hold				
Door No. 621A; each to have the following:				
Qty.	Description	Item	Manufacturer	Finish
2 ea.	Continuous Hinge	CFM83HD1	Pemko	652
2 ea.	Surface Rod Exit Device	12-NB8700	Sargent	626
2 ea.	Electronic Hold-open/ Closer*	2970 EN	Sargent	689
1 ea.	Gasketing	HSS2000-S88GR	Pemko	Grey
1 ea.	Overlapping Astragal	355CS	Pemko	628
* Hold-open device to be connected to the building fire alarm system to release the doors upon activation of the fire alarm. Coordinate with fire alarm system and provide all required relays, power packs, connectors, harnesses, etc. for a complete and functional system.				

ITEM #7: Interior Finish Items – See below for Interior Finish clarifications:

- A. Alternate #4, add solid surface SSM1 to windowsills at Waiting Room 676 and Alcove 677.
- B. Alternate #4, change WC2 to wall protection WP1. WP1 to be Koroseal, Korogard Traffic Patterns, Interloom, Fawn NM21-08, 0.06” thickness (trim color to be InPro, Pebble Gray #0387). Trim cap to remain TC1 painted wood trim (“UMC Chair Rail”). Top of trim cap to be installed at 34” A.F.F. with paint above as scheduled.
 - a. NOTE: this will match the CICU Waiting Room 665 on Alternate #2.

ITEM #8: MEP Items – See below for MEP clarifications:

- A. Alternate #4: Remove and replace cover plates for existing receptacles, light switches, and communication outlets on walls receiving new paint. For receptacles and light switches, provide stainless steel cover plates with engraved label as indicated in General Note “O”.

PROPOSAL #2 – NICU RENOVATION

ITEM #9: NICU Bay Ceiling Clarification: Contractor to paint all NICU open bay ceilings at gypsum board ceiling locations where light fixtures are being replaced (31 bays). Contractor to also paint ceilings in Ante Room 1080 and both Isolation Rooms 1079 & 1081.

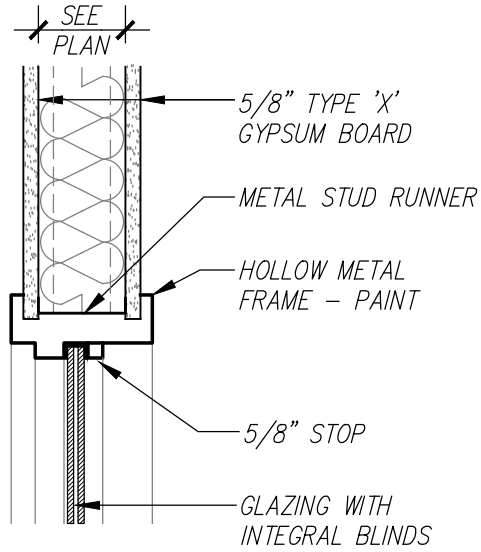
ITEM #10: Interior Finish Items – See below for Interior Finish clarifications:

- A. P1 – Ceiling paint color for patch & paint as referenced in Item #9 above.
- B. Patch and paint ceiling P1 in Formula Room 1026.
- C. The furrdown above the mudroom millwork in Corridor 1022 is to be painted P5, to match new wall paint.
- D. Private NICU Room sub-nurse station alcoves in Corridor 1076, Corridor 1077, and Corridor 1078 to receive P1 on all walls above new SSM countertop.
- E. Drywall scheduled to receive UMC Marketing graphic needs to be prepared to a Level 4 finish.
- F. Outside corners of drywall and millwork scheduled to receive UMC Marketing graphic to receive stainless steel corner guards with 1” wings.

ITEM #11: MEP Items – See below for MEP clarifications, modifications, and updates below:

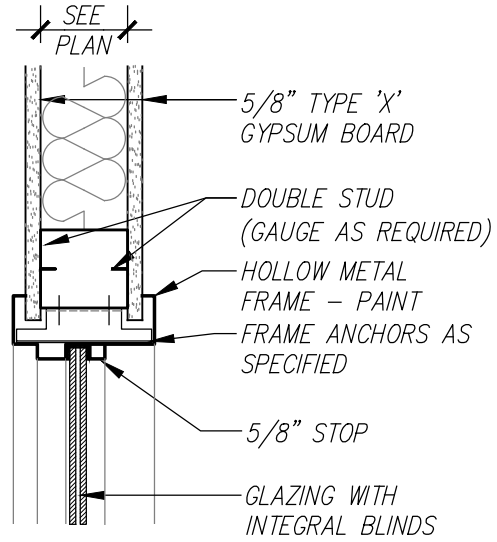
- A. In NICU pod nurse stations, adjust height of Hill-Rom staff station and telephone outlet to accommodate raised desktop. Refer to Architectural Millwork Elevation 31/A4 for device locations.

End of Addendum



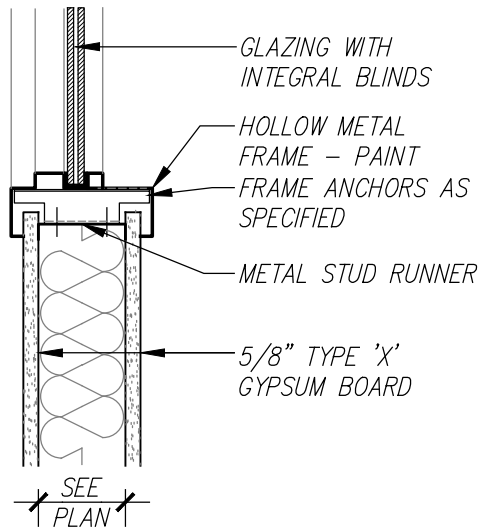
17/A7 HEAD DETAIL

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



18/A7 JAMB DETAIL

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



19/A7 SILL DETAIL

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



Stacey Mincey Witby
05/19/2025

UNIVERSITY MEDICAL CENTER CV/CICU & NICU (SIM.) RENOVATIONS SD02: REVISED WINDOW HEAD, JAMB & SILL DETAILS

SCALE: AS NOTED

PROJ. NO. 22307
DATE: 05/19/2025

CONDRAY DESIGN GROUP, INC.

PROPOSAL FORM
REVISED 05/19/2025

Date: _____, 2025

UMC Health System
Medical Office Plaza II
808 Joliet Avenue, Suite 400
Lubbock, Texas 79415

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

**UNIVERSITY MEDICAL CENTER
CV/CICU & NICU 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 BID – PROPOSAL ITEM #1 CV/CICU RENOVATION:

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.)

BASE BID – PROPOSAL ITEM #2 NICU RENOVATION:

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 AND ALTERNATE THREE ARE NOT APPLICABLE**
CONTRACTOR TO INCLUDE IN BASE BID – PROPOSAL ITEM #1 CV/CICU RENOVATION*

ALTERNATE TWO: (Proposal Item #1 CV/CICU – Additive Alternate for replacing hallway finishes)
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.)

ALTERNATE FOUR: (Proposal Item #1 CV/CICU – Additive Alternate for south elevator lobby finishes)
add / deduct (circle one): _____

4-A Dollars (\$) _____)

4-B 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.)

CONTRACTOR'S PROJECT MANAGER
(Name Required)

CONTRACTOR'S SUPERINTENDENT
(Name Required)

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.

Notice to Proceed will be issued after material procurement has been completed and material is on site.

The **total calendar days above** will be divided into **eight (8) Phases of the Project Scope of Work** as follows: (Proposer to fill in number of days associated with each Phase of Work.)

Note: Phasing for Proposal Items #1 & #2 will happen concurrently.

Phases 1-6 for Proposal Items #1 & #2. Refer to Phasing Plans.

Phases 7-8 apply to Proposal Item #1 only. Phase 8 includes Alternate #2 and #4.

Phase 1	_____	Phase 5	_____
Phase 2	_____	Phase 6	_____
Phase 3	_____	Phase 7	_____
Phase 4	_____	Phase 8	_____

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.

If notified of the acceptance of this proposal within **seventy-five (75) days from the time set for the opening of proposals**, proposer agrees within ten (10) 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 to be turned in to UMC no later than Twenty-Four (24) hours after Proposal Opening and to be made a condition of the Proposal.

Respectfully Submitted,

By: _____

Title: _____

Business Address with Zip Code

(SEAL: If
by Corporation)

Telephone 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

PROCUREMENT FORM SUPPLEMENT

To: UMC Health System
Medical Office Plaza 1
3502 9th Street, Suite 240
Lubbock, Texas 79415
Attn: Maria “Alex” Villarreal, Contract Administrator

Project: **University Medical Center
CV/CICU & NICU Renovations
602 Indiana Avenue
Lubbock, Texas 79415**

Date: _____

Submitted by: _____
(full name)

Full Address _____

In accordance with the Instructions to Proposers and the Proposal Form, we include the Proposal Form Supplements listed below designated as the Procurement Form Supplement. The information provided shall be considered an integral part of the Proposal Form.

This Procurement Form Supplement must be turned in to UMC Purchasing no later than Twenty-Four (24) hours after Proposal Opening.

Please provide the following information:

1. Mechanical Subcontractor (Included in Proposal Amount):

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

1a. Mechanical Subcontractor (First Alternate):

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

Total Change to Proposal Amount, Add / Deduct (circle one):

1b. Mechanical Subcontractor (Second Alternate):

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

Total Change to Proposal Amount, Add / Deduct (circle one):

2. Plumbing Subcontractor (Included in Proposal Amount):

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

2a. Plumbing Subcontractor (First Alternate):

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

Total Change to Proposal Amount, Add / Deduct (circle one):

2b. Plumbing Subcontractor (Second Alternate):

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

Total Change to Proposal Amount, Add / Deduct (circle one):

3. Electrical Subcontractor (Included in Proposal Amount):

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

3a. Electrical Subcontractor (First Alternate):

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

Total Change to Proposal Amount, Add / Deduct (circle one):

3b. Electrical Subcontractor (Second Alternate):

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

Total Change to Proposal Amount, Add / Deduct (circle one):

4. Painting Subcontractor:

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

5. Flooring Subcontractor:

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

6. Fire Sprinkler Subcontractor:

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

7. Millwork Subcontractor:

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

8. Drywall and Ceiling Subcontractor:

Firm Name: _____

Address: _____

Phone No.: _____

Contact: _____

Please answer the following questions:

1. Is your principal place of business in Texas: Yes No
(Circle one)
2. If no, in which state is your principal place of business: _____
3. If your principal place of business is not Texas, does your state favor resident proposers in your state by some dollar increment or percentage? Yes No
(Circle one)
4. For information regarding this series of questions, see Tex. Gov't Code § 2252.002.

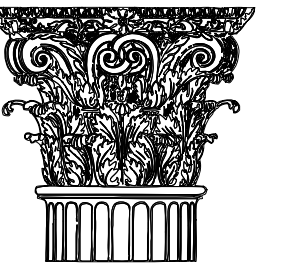
By submitting this form, signed below by authorized signing officer under the Proposer information on the Proposal Form, information contained within shall amend the Proposal.

Respectfully Submitted,

By: _____

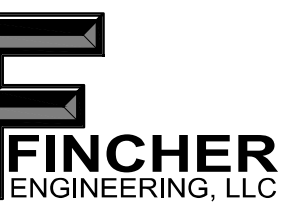
Title: _____

END OF SECTION 001000



DESIGN GROUP
ARCHITECTURE
& INTERIOR DESIGN

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LUBBOCK, TX 79407
806.748.6190
condray.com



FINCHER ENGINEERING, LLC
TX FIRM #F-16408
5621 114TH ST., SUITE 100
LUBBOCK, TX 79424
PH: 806-701-5109
WWW.FINCHERENG.COM

UNIVERSITY MEDICAL CENTER
6TH FLOOR CV/CICU RENOVATION
PROPOSAL ITEM #1

602 INDIANA AVENUE
LUBBOCK, TX 79415

REVISIONS:

1	05/19/2025
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PROJECT NO.	22307
DATE:	05/12/2025

SHEET NO.

CR3

	OF	3
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