

## **ADDENDUM #3**

**ISSUE DATE: December 16, 2022** 

INVITATION FOR BID
IFB # 23-4110-175
Department of Budget & Finance
17090 Monument Circle, Suite 137
Isle of Wight, VA 23397

https://www.co.isle-of-wight.va.us

## First Floor Renovations to the Community Development Building

This Addendum supplements or modifies the original Solicitation noted above and is made part of the Invitation for Bid. This Addendum consists of the following three (3) questions, with answers:

1. Is the County to provide a list of equipment/furniture that is to be protected and/or removed per RFI 009.

**RESPONSE:** Note number 27 on sheet T101. The County will remove the equipment/furniture prior to construction. Please see the attached sketch SKS-3.

2. The pre-bid meeting was not mandatory and therefore the answers to RFIs 005, 008, and 022 need to be quantified. Please provide either an allowance for these items, or please verify that any changes due to these items are not being quantified or properly answered will be handled in the field via change orders.

**RESPONSE:** Assume no damage to the existing space. Bid as-is.

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3. The answer to RFI 30 is not a proper answer. The options presented I the question can be fabricated and installed to AWI standards. The way it is supported is a finish preference and has different prices accordingly.

**RESPONSE:** Provide concealed brackets at a maximum spacing of 48" o/c.

**Contract Officer:** 

Erin Wishall, Purchasing Agent, ewishall@isleofwightus.net

Erin Wishall, Purchasing Agent, is the contract officer for Isle of Wight County with respect to this IFB. All questions and/or comments should be directed to her at

<u>ewishall@isleofwightus.net</u>. The respondents to this IFB shall not contact, either directly or indirectly, any other employee or agent of the County regarding this IFB. Any such unauthorized contact may disqualify the offeror from the procurement.

| Company Name:   |        |          |
|-----------------|--------|----------|
| Address:        |        | _        |
| City/State/Zip: |        |          |
| Telephone:      | FAX No |          |
| E-MAIL:         |        |          |
| Print Name:     | Title: | <u>-</u> |
| Signature:      | Date:  |          |