

RON DESANTIS GOVERNOR Florida's Turnpike Enterprise P.O. Box 613069, Ocoee, FL 34761 407-532-3999 KEVIN J. THIBAULT, P.E. SECRETARY

# **ADDENDUM NO. 1**

**DATE**: May 19, 2020

TO: PROSPECTIVE BIDDERS AND PLAN HOLDERS

FROM: Prichard M. Nethercote, Jr.,

District Contracts Administrator Florida's Turnpike Enterprise

SUBJECT: CONTRACT NO.: Z8090

FINANCIAL PROJECT NO.: 443611 6 E2 03 COUNTIES: Seminole, Polk

PROJECT NAME: Pre-Event Sign Repair & Replacement

## BIDS TO BE RECEIVED: June 9, 2020 at 2:30 P.M Local Time

Proposers and other interested parties are informed that the above referenced documents are hereby revised, changed and supplemented as set forth below:

## **REVISED BID SOLICITATION NOTICE**

The Bid Solicitation Notice is revised to include the following:

CONTRACTOR EXPERIENCE DOCUMENTATION: Expertise and Experience is required in the performance of Overhead Signs. The Experience in Overhead Signs form (850-070-03) must be filled out and submitted with the bid to be reviewed by the Department. If a Contractor is presently prequalified with the Department in overhead signs, it is not necessary to submit the form.

#### **AMENDMENT NOTIFICATION**

If you are a PROPOSAL HOLDER for the subject project, please go to the Online Ordering Website at <a href="https://fdotwp1.dot.state.fl.us/contractproposalprocessingonlineordering">https://fdotwp1.dot.state.fl.us/contractproposalprocessingonlineordering</a> to download **Z8090** from your Order History.

If you have any questions regarding this information, please contact Rich Nethercote at the number shown above, ext. 3885.

Attachment

# Experience in Overhead Signs This Form is for Bidder's to list their work experience.

850-070-03 MAINTENANCE - 01/16

Days

Days

Days

Days

		F		
Bidder's Name (please print Company name)	Contract ID	Bidder's FEID Number		
Experience in <b>Overhead Signs</b> is required to bid on this pro	oject as defined below.			
Superintendent must have at least three (3) years of like e	experience as a Superinten ned by the Owner or an O alified with the Departmer			
L	IST COMPANY EXPERIENCE			

### Project Name/Number Owner/Contact Name **Project Location** Prime or Beginning **Type of Overhead** Contract (City, State) **Signing Work Performed Contact Phone Number** Mo / Year **Duration** Sub Days Days Days Days Days

850-070-03

#### LIST ADDITIONAL COMPANY EXPERIENCE

MAINTENANCE	- 01	/16

	LIST	ADDITIONAL COMPANY EXPERI	LIVEL			
Project Name/Number	Project Location ( City, State )	Type of Overhead Signing Work Performed	Owner/Contact Name Contact Phone Number	Prime or Sub	Month/ Year	Contract Duration
						Days
						Days
						Days
						Days
	LIST PROJE	CT SUPERINTENDENT'S EXPERIE	NCE	1		
Project Name/Number	Project Location ( City, State )	Type of Overhead Signing Work Performed	Owner/Contact Name Contact Phone Number	Prime or Sub	Month/ Year	Contract Duration
						Days
						Days
						Days
						Days
						Days
						Days
						Days
						Days
	-		-		/ /	20
<b>Print Name</b> of the Own	ner or Company Officer	Signature of the Own	er or Company Officer	1		

Experience will be calculated by totaling the number of Contract Days listed on the form, and dividing by 365 to determine the number of years of experience in performing the work.