



Event Addendum(s)

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Event Addendum(s)

Environmental Services Department

ADDENDUM NO. 2

DATE: February 24, 2026

REVISIONS TO:

**Request for Bids Specification No. ES26-0004F
SWM Main Receiving Building Tipping Floor Resurfacing**

NOTICE TO ALL RESPONDENTS:

This addendum is issued to clarify, revise, add to or delete from, the original specification documents for the above project. This addendum, as integrated with the original specification documents, shall form the specification documents. The noted revisions shall take precedence over previously issued specification documents and shall become part of this contract.

REVISIONS TO THE SUBMITTAL DEADLINE:

The submittal deadline remains the same.

REVISIONS TO THE BID PROPOSAL AND CONTRACT FORMS:

Change No. 1 Revision to the Statement Of Qualifications Project Experience Form

REPLACE the existing Statement of Qualifications Project Experience Form in its entirety with the revised Statement of Qualifications Project Experience Form at the end of ES26-0004F Addendum No. 2.

REVISIONS TO 00 73 00 SUPPLEMENTAL CONDITIONS AS MODIFIED BY THE CITY OF TACOMA:

Change No. 2 Revision to Part 1.10 Minimum Experience Requirements

DELETE AND REPLACE subparagraph 1 of paragraph 1.10.C in its entirety with the following:

1. **Tipping Floor Topping System Installation Contractor:** The Contractor performing the installation of the high-performance concrete Tipping Floor Topping System (Topping System), whether as Bidder or subcontractor, shall demonstrate successful experience and competence completing a cumulative total of at least 45,000 square feet of comparable Topping System installations within the past seven (7) years. The work shall have included all work associated with the planning, cleaning, preparing, product application, and curing of the Topping System and shall have been performed in a satisfactory manner for each project.



Event Addendum(s)

REVISIONS TO THE TECHNICAL SPECIFICATIONS:

Change No. 3 Revision to 03_35_10 High Strength Concrete Topping System

DELETE AND REPLACE subparagraph 6 of Paragraph 1.06A in its entirety with the following:

6. Applicator: Contractor shall have successfully completed a cumulative total of at least 45,000 square feet of comparable High Strength Concrete Topping System applications within the past seven (7) years. Comparable projects will have similar scope, design, and materials.

REVISIONS TO THE SUBMITTAL PACKAGE:

Change No. 4 Revision to the Statement Of Qualifications Project Experience Form

REPLACE the existing Statement of Qualifications Project Experience Form in its entirety with the revised Statement of Qualifications Project Experience Form at the end of ES26-0004F Addendum No. 2.

NOTE: Acknowledge receipt of this addendum by initialing the corresponding space as indicated on the Signature Page. Vendors who have already submitted their bid/proposal may contact the Purchasing Division at 253-502-8468 and request return of their bid/proposal for acknowledgment and re-submittal. Or, a letter acknowledging receipt of this addendum may be submitted in an envelope marked RFB Specification No. ES26-0004F Addendum No. 2. The City reserves the right to reject any and all bids, including, in certain circumstances, for failure to appropriately acknowledge this addendum.

cc: Max Drathman, Environmental Services

STATEMENT OF QUALIFICATIONS PROJECT EXPERIENCE FORM

PROJECT: SWM MAIN RECEIVING BUILDING TIPPING FLOOR RESURFACING

This form shall be completed in its entirety and submitted with the Bid Submittal Package for all workers listed, including any relief personnel if needed for a second shift. Use additional copies of the form if necessary. **Failure to submit the completed form and meet the requirements as stated in Section 1.10 of the Supplemental Conditions (Document 00_73_00) may be grounds for rejection of bid.**

The City of Tacoma shall solely determine if a Bidder meets the minimum experience requirements.

The Contractor performing the installation of the high-performance concrete Tipping Floor Topping System (Topping System), whether as Bidder or subcontractor, shall demonstrate successful experience and competence completing a cumulative total of at least 45,000 square feet of comparable Topping System installations within the past seven (7) years. The work shall have included all work associated with the planning, cleaning, preparing, product application, and curing of the Topping System and shall have been performed in a satisfactory manner for each project.

This experience requirement shall apply equally and separately to both the Contractor that performs the installation and the on-site Supervisor responsible for overseeing the daily work. For the purposes of this requirement, Contractor is defined as the general contracting company if the Topping System work is being self-performed; or shall be the General Contractor's Subcontractor if the General Contractor chooses not to self-perform this work.

Furthermore, the **Contractor shall be certified in writing by the Topping System manufacturer as being qualified to perform the work** and shall be responsible for performing all Topping System work indicated in the Contract Documents. This experience shall be demonstrated through providing the required information below for each project intended to be used to demonstrate compliance with the cumulative minimum Topping System installations requirement.

Attach manufacturer's written certification that the Contractor is qualified to install the manufacturer's Topping System for work similar in material, design, and extent to that indicated for this Project.

Tipping Floor Topping System Installation Contractor:

The contractor installing the Topping System shall have successfully completed projects totaling a minimum of 45,000 square feet within the past seven years.

Name: _____

Address: _____

Phone: _____

Contact Person: _____

List successfully completed projects totaling a minimum of 45,000 square feet of Topping System installations completed within the past seven years. Attach additional sheets if necessary.

#1. Project Name: _____
Project Location: _____
Owner: _____
Owner Contact Person: _____
Contact Phone Number: _____
Size of Installation (SF): _____
Type of Materials Installed: _____
Date of Installation: _____

#2. Project Name: _____
Project Location: _____
Owner: _____
Owner Contact Person: _____
Contact Phone Number: _____
Size of Installation (SF): _____
Type of Materials Installed: _____
Date of Installation: _____

#3. Project Name: _____
Project Location: _____
Owner: _____
Owner Contact Person: _____
Contact Phone Number: _____
Size of Installation (SF): _____
Type of Materials Installed: _____
Date of Installation: _____

#4. Project Name: _____
Project Location: _____
Owner: _____
Owner Contact Person: _____
Contact Phone Number: _____
Size of Installation (SF): _____
Type of Materials Installed: _____
Date of Installation: _____

#5. Project Name: _____
Project Location: _____
Owner: _____
Owner Contact Person: _____
Contact Phone Number: _____
Size of Installation (SF): _____
Type of Materials Installed: _____
Date of Installation: _____

Superintendent:

The Superintendent shall be the on-site supervisor overseeing the Topping System installation.

Name: _____
Address: _____
Phone: _____

List successfully completed projects totaling a minimum of 45,000 square feet of Topping System installations installed within the past seven years. Attach additional sheets if necessary.

#1. Project Name: _____
Project Location: _____
Owner: _____
Owner Contact Person: _____
Contact Phone Number: _____
Size of Installation (SF): _____
Type of Materials Installed: _____
Date of Installation: _____

#2. Project Name: _____
Project Location: _____
Owner: _____
Owner Contact Person: _____
Contact Phone Number: _____
Size of Installation (SF): _____
Type of Materials Installed: _____
Date of Installation: _____

#3. Project Name: _____
Project Location: _____
Owner: _____
Owner Contact Person: _____
Contact Phone Number: _____
Size of Installation (SF): _____
Type of Materials Installed: _____
Date of Installation: _____

#4. Project Name: _____
Project Location: _____
Owner: _____
Owner Contact Person: _____
Contact Phone Number: _____
Size of Installation (SF): _____
Type of Materials Installed: _____
Date of Installation: _____

#5. Project Name: _____
Project Location: _____
Owner: _____
Owner Contact Person: _____
Contact Phone Number: _____
Size of Installation (SF): _____
Type of Materials Installed: _____
Date of Installation: _____