



# Department of Transportation

## Pierre Region Office

104 S. Garfield – Bldg. A  
Pierre, South Dakota 57501-5405 605/773-3464  
FAX: 605/773-6215

### ADDENDUM NO. 1

March 21, 2017

RE: **ADDENDUM NO. 1**

PROJECTS 000N-371, 000P-371, 000N-372, & 000P-372

PCN i4Lf, i4Lg, i4Lh, & i4Lj

Campbell, Corson, Dewey, Edmunds, Walworth, & Ziebach Counties

Spraying of Noxious Weeds – Mobridge Area

TO WHOM IT MAY CONCERN:

The following addenda to the contract shall be inserted and made part of your proposal for the above referenced project:

**COVER SHEET:**

**THIS SHEET MUST BE SIGNED, DATED AND SUBMITTED WITH YOUR BID. NOT SUBMITTING THIS COVER SHEET WILL RESULT IN YOUR BID BEING REJECTED.**

**PROPOSAL:**

Discard the original “DOT123” and replace with the revised “DOT123” “**ADDENDUM NO. 1**” supplied in the attached addenda.

The quantity for the bid item “Milestone” has been increased for the project.

Please verify that all required information is complete prior to mailing bidding documents.

Questions regarding this addendum may be directed to:

Tony Ondricek at 605-773-3464 – Senior Region Design Engineer

or Vance Martin at 605-845-6947 – Region Design Engineer

Respectfully,

**DEPARTMENT OF TRANSPORTATION**

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John C. Forman, P.E. – Pierre Region Engineer

cc: J. Humphrey – Operations  
J. Hansen – Civil Rights  
L. DeMers – DBE Coordinator  
J. Villbrandt, E. Stroeder – Mobridge Area  
Project File

# COVER SHEET

By signing this document the Contractor acknowledges receipt of **ADDENDUM NO. 1** dated **March 21, 2017** for the following projects:

PROJECTS 000N-371, 000P-371, 000N-372, & 000P-372  
PCN i4Lf, i4Lg, i4Lh, & i4Lj  
Campbell, Corson, Dewey, Edmunds, Walworth, & Ziebach Counties  
Spraying of Noxious Weeds – Mobridge Area

This cover sheet **must** accompany the Contractors other bidding documents as defined in the original proposal.

\_\_\_\_\_  
Name of Company (print or type)

\_\_\_\_\_  
Date

By \_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Title

**Notarization is not required on this document.**

**SOUTH DAKOTA DEPARTMENT OF TRANSPORTATION  
CONTRACT PROPOSAL**

DOT-123  
December 2016  
1 of 1  
ADDENDUM NO.1

CODE	PROJECT			MAINT UNIT	CONTROL REFERENCE	AFE	FUNCTION	BEGIN MRM	END MRM
	PRE	ROUTE	AGR						
		000N		371		i4Lf	2305		
		000P		371		i4Lg	2305		
		000N		372		i4Lh	2305		
		000P		372		i4Lj	2305		

CITY AND/OR COUNTY: Campbell, Corson, Dewey, Edmunds, Walworth, & Ziebach BUDGET SOURCE: 2017 Contract Maintenance

REGION MATERIALS CERTIFICATION REQUIRED:  YES  NO  
 CERTIFIED INSPECTORS/TESTERS REQUIRED:  YES  NO  
 TO BE INSTALLED ON CM&P:  YES  NO

TYPE, PURPOSE AND LOCATION OF WORK: Contract spraying of noxious weeds in State Highway Right-of-Way within various counties

**ESTIMATE OF QUANTITIES AND COST**

BID ITEM NUMBER	ITEM	QUANTITY	UNIT	UNIT PRICE	AMOUNT
910E0009	24D Amine	580.0	Gal		
910E0085	Milestone	14,275	Oz		
910E1000	Equipment truck/sprayer	1,250	Hour		
910E1060	Labor	1,250	Hour		
<b>TOTAL</b>					

**CONTRACTOR'S PROPOSAL STATEMENT**

The undersigned does hereby agree to furnish the labor and/or material in the quantities, at the unit price, for the purpose, in the place and in accordance with attached provisions upon approval of this Proposal by the State Transportation Commission. This document becomes the Contract when signed by the Contractor and a Department of Transportation Representative. The Contractor agrees to provide services in compliance with the Americans with Disabilities Act of 1990. The Contractor agrees to provide a certificate of insurance prior to commencing work, for liability coverage for the duration of the work as per the current edition of the SDDOT Standard Specifications for Roads and Bridges.

SUBSTANTIAL COMPLETION DATE N/A PROPOSED START DATE As Per Application Guidelines  
 FIELD WORK COMPLETION DATE October 31, 2017 SIGNATURE \_\_\_\_\_  
 SUBSCRIBED AND SWORN TO BEFORE ME THE \_\_\_\_\_ PRINTED NAME \_\_\_\_\_  
 \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_ COMPANY \_\_\_\_\_  
 \_\_\_\_\_ STR. ADDRESS \_\_\_\_\_  
 \_\_\_\_\_ CITY, STATE, ZIP \_\_\_\_\_  
 NOTARY - My Commission Expires \_\_\_\_\_ (SEAL) FEDERAL TAX ID NUMBER \_\_\_\_\_

**TO BE FILLED OUT BY STATE PERSONNEL:**

RECOMMENDED FOR APPROVAL: \_\_\_\_\_  
 \_\_\_\_\_ CONSTRUCTION & MAINTENANCE ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_  
 \_\_\_\_\_ REGION ENGINEER \_\_\_\_\_ DATE \_\_\_\_\_ DIRECTOR OF OPERATIONS \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVED FOR THE TRANSPORTATION COMMISSION  
 NAME \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVED as per Federal Highway Stewardship Provisions this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
 \_\_\_\_\_ PROJECT DEVELOPMENT ENGINEER