This Amendment No. 1 is being issued on May 9, 2016. Except as modified hereby, the Invitation-for-Bid ("IFB") remains unmodified.

**Item#1 A.4 Procurement Schedule**

Delete: Bid Due May 10, 2016  
Bid Opening May 10, 2016 at 11:15

Insert: Bid Due May 13, 2016  
Bid Opening May 13, 2016 at 2:15 pm

**Item#2 A.5 Attachments:**

Delete: Attachment O Warranty Inspection Letter  
Insert: Attachment O Warranty Inspection Letter (Revised) see Exhibit 1

**Item#3 B.3 Contractor Requirements:**

Insert:

3) DC Government will not be performing any physical work related to the roof replacement. The selected contractor is responsible for executing the project according to the procurement and contract documents.

4) A complete inventory of tools being stored onsite will need to be submitted to DOC before mobilization. The inventory will be confirmed at the completion of the project. The contractor will be held responsible for any lost tools or discrepancies.

**Item#4 B.3.6 Time if of the Essence:**

Delete: The Project must be substantially complete within eighty-four (84) calendar days of Notice to Proceed.

Insert: The Project must be substantially complete within two hundred and twenty-five (225) calendar days of Notice to Proceed.

**Item#5 F.4 Bid Opening**

Delete: A public Bid Opening will be held at 11:15 a.m. on May 10, 2016 at 1250 U Street, 4th Floor L’Enfant Conference Room.

Insert: A public Bid Opening will be held at 2:15 p.m. on May 13, 2016 at 1250 U Street, 4th Floor L’Enfant Conference Room.
Item#6 F.5 Attachments and Other Bid Documents

Delete: (n) Warranty Inspection Letter (Attachment O)

Insert: (n) Warranty Inspection Letter (Attachment O), Offeror shall provide at minimum one (1) project with warranty rating at or above 90% for each roofing system.

Supporting Documents:
Exhibit 1- Warranty Inspection Letter (Revised)
Exhibit 1
Warranty Inspection Letter (Revised)
Department of Corrections Roof Replacement

Solicitation Number: DCAM-16-CS-0107

Attachment O – Warranty/Inspection Confirmation for Hot Fluid Applied Systems

Date:__________________________________________

Manufacturer:____________________________________

Manufacturer Contact:____________________________________

Company/Certified Applicator:____________________________________

The company referenced above has performed high quality installations of hot fluid applied systems at the following projects which all passed quality control and punch list inspections with no outstanding items recorded.

**Project 1:**

*Warranty rating at or above 90%?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Size:____________________________________

Date:____________________________________

**Project 2:**

*Warranty rating at or above 90%?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Size:____________________________________

Date:____________________________________

**Project 3:**

*Warranty rating at or above 90%?*

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Size:____________________________________

Date:____________________________________

Signature:____________________________________

Manufacturer Contact:____________________________________

*Warranty rating is manufacturer dependent and should be equivalent to 90%, 9, 9/10, etc.*
Department of Corrections Roof Replacement

Solicitation Number: DCAM-16-CS-0107

Attachment O – Warranty/Inspection Confirmation for PVC & PVC Hybrid Systems

Date:__________________________________________________________

Manufacturer:__________________________________________________

Manufacturer Contact:___________________________________________

Company/Certified Applicator:____________________________________

The company referenced above has performed high quality installations of PVC & PVC hybrid systems at the following projects which all passed quality control and punch list inspections with no outstanding items recorded.

Project 1:_______________________________________________________
*Warranty rating at or above 90%? Yes [ ] No [ ]
Size:___________________________________________________________
Date:__________________________________________________________

Project 2:_______________________________________________________
*Warranty rating at or above 90%? Yes [ ] No [ ]
Size:___________________________________________________________
Date:__________________________________________________________

Project 3:_______________________________________________________
*Warranty rating at or above 90%? Yes [ ] No [ ]
Size:___________________________________________________________
Date:__________________________________________________________

Signature:_____________________________________________________

Manufacturer Contact:__________________________________________

*Warranty rating is manufacturer dependent and should be equivalent to 90%, 9, 9/10, etc.