



# Waddington Elementary School Renovations

## CMr RFP

Riverside, RI

Ai3 Project #1903.02

### **Addendum #1**

October 2, 2023

The attention of Bidders submitting proposals for Waddington Elementary School Renovations Construction Manager at Risk RFP is called to the following changes to the Contract Documents dated September 19, 2023 as prepared by Ai3 Architects, LLC. The items set forth therein below, whether of revision, omission, addition, substitution or clarification are all to be included as changes to Information to Bidders, the Conditions of the Contract, Specifications and Drawings of the Contract.

**The number of this Addendum (Number 1) must be entered in the appropriate spaces provided on the Bid Form.**

#### **CLARIFICATIONS:**

**ADD 1-001** Product substitutions will not be entertained during the bidding phase.

#### **SPECIFICATIONS:**

**ADD 1-002** SPECIFICATION 00 73 46 – PREVAILING WAGE REQUIREMENTS, DELETE Section in its entirety and REPLACE with the attached SECTION 00 73 46 – PREVAILING WAGE REQUIREMENTS section.

**ADD 1-003** SPECIFICATION 03 30 00 – CAST-IN-PLACE CONCRETE, Section 2.2, Article J, DELETE in its entirety and REPLACE with the following:

J. Concrete Moisture Vapor Reduction Admixture (MVRA): MVRA shall be provided at all interior slabs-on-grade.

1. MVRA Basis-of-Design Product: “Barrier One MVRA-CPS” by Barrier One Concrete Admixtures. Other admixtures must be compatible with the MVRA. Subject to compliance with requirements, comparable products which may be incorporated in the Work include, but are not limited to, the following:
  - a. MVRA 900 by ISE Logik, Inc.
  - b. Architect/Engineer approved equivalent.

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## DOCUMENT 00 73 46

# PREVAILING WAGE REQUIREMENTS

Prevailing Wage refers to the requirements of the Rhode Island General Law 37-13 and the general prevailing rate of pay for regular, holiday, and overtime wages to be paid to each craftsmen, mechanic, teamster, laborer, or other type of worker performing work on public works projects when state or municipal funds are used in excess of \$1,000. Contractors are required to obtain current applicable Davis Bacon Wage Determination rate schedule downloaded from the United States Department of Labor, System for Award Management (SAM), <https://sam.gov/content/home>. The prevailing wage rates to be applied are those that are effective as of the date of the awarding of the contract to the General Contractor. Contractors must also adjust employees' hourly wage rates (if applicable) every July 1<sup>st</sup>, in accordance with any updated Davis Bacon Wage Determination rates.

Updates to the Davis-Bacon Wage Determination rate schedule may be found online at the United States Department of Labor, US System for Award Management (SAM).

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## **MUNICIPAL CONTRACT ADDENDUM**

### **RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING**

#### **PREVAILING WAGE REQUIREMENTS (37-13-1 ET SEQ.)**

The prevailing wage requirements are generally set forth in RIGL 37-13-1 et seq. These requirements refer to the prevailing rate of pay for regular, holiday, and overtime wages to be paid to each craftsmen, mechanic, teamster, laborer, or other type of worker performing work on public works projects when state or municipal funds exceed one thousand dollars (\$1,000).

All Prevailing Wage Contractors and Subcontractors are required to:

1. Submit to the Awarding Authority a list of the contractor's subcontractors for any part or all of the prevailing wage work in accordance with RIGL § 37-13-4;
2. Pay all prevailing wage employees at least once per week and in accordance with RIGL §37-13-7;
3. Post the prevailing wage rate scale and the Department of Labor and Training's prevailing wage poster in a prominent and easily accessible place on the work site in accordance with RIGL §37-13-11; posters may be downloaded at <https://dlt.ri.gov/requiredposters/> or obtained from the Department of Labor and Training, Center General Complex, 1511 Pontiac Avenue, Cranston, Rhode Island;
4. Access the Department of Labor and Training website, at <https://dlt.ri.gov> on or before July 1<sup>st</sup> of each year, until such time as the contract is completed, to ascertain the current prevailing wage rates and the amount of payment or contributions for each covered prevailing wage employee and make any necessary adjustments to the covered employee's prevailing wage rates effective July 1<sup>st</sup> of each year in compliance with RIGL §37-13-8;
5. Attach a copy of this CONTRACT ADDENDUM and its attachments as a binding obligation to any and all contracts between the contractor and any subcontractors and their assignees for prevailing wage work performed pursuant to this contract;
6. Provide for the payment of overtime for prevailing wage employees who work in excess of eight (8) hours in any one day or forty (40) hours in any one week as provided by RIGL §37-13-10;

7. Maintain accurate prevailing wage employee payroll records on a Rhode Island Certified Weekly Payroll form available for download at <https://dlt.ri.gov/wrs/prevailingwage/> as required by RIGL §37-13-13, and make those records available to the Department of Labor and Training upon request;
8. Furnish the fully executed RI Certified Weekly Payroll Form to the awarding authority on a monthly basis for all work completed in the preceding month.
9. For general or primary contracts one million dollars (\$1,000,000) or more, shall maintain on the work site a fully executed RI Certified Prevailing Wage Daily Log listing the contractor's employees employed each day on the public works site; the RI Certified Prevailing Wage Daily Log shall be available for inspection on the public works site at all times; this rule shall not apply to road, highway, or bridge public works projects. Where applicable, furnish both the Rhode Island Certified Prevailing Wage Daily Log together with the Rhode Island Weekly Certified Payroll to the awarding authority.
10. Any violation of RIGL 37-13-13 of Certified Weekly Payroll Forms and Daily Logs will result in the department imposing a penalty on the contractor of a minimum of one hundred dollars (\$100) for each calendar day of noncompliance.
11. Assure that all covered prevailing wage employees on construction projects with a total project cost of one hundred thousand dollars (\$100,000) or more has a OSHA ten (10) hour construction safety certification in compliance with RIGL § 37-23-1;
12. Assure that all prevailing wage employees who perform work which requires a Rhode Island trade license possess the appropriate Rhode Island trade license in compliance with Rhode Island law; and
13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at <https://dlt.ri.gov/wrs/prevailingwage/>.

## CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public  
My commission expires: \_\_\_\_\_

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**RI Department of Labor and Training - Division of Workforce Regulation & Safety**

**Professional Regulation Unit/Prevailing Wage Section**

1511 Pontiac Avenue Building 70, P.O. Box 20247 Cranston, RI 02920-0943

**Rhode Island Certified Weekly Payroll**

Contractor: \_\_\_\_\_ Subcontractor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 For Week Ending: \_\_\_\_\_ Project/Location: \_\_\_\_\_ Wage Decision #: \_\_\_\_\_ Decision Date: \_\_\_\_\_

**\*\*NOTE:** If an employee works more than one trade, please list each classification on separate lines with the corresponding hours they performed that trade and hourly rate paid.

Name, Address and Phone Number of Employee	Work Classification Apprentice %	Date:	S	M	T	W	T	F	S	Total Hrs	Hourly Rate (List all Rates)	Hourly Fringe Benefit	Weekly Gross	Weekly Deductions						
			Hours Worked Each Day											Social Security	Medi-care	Withheld		RI TDI	*Other	Weekly Net
																Federal	State			
		P.S.																		
		P.O.																		
		A.P.S.																		
		A.P.O.																		
		R.H.																		
		R.O.																		
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		A.P.O.																		
		R.H.																		
		R.O.																		

**Legend:** P.S.=Prevailing Wage Standard Hours P.O.=Prevailing Wage Overtime Hours R.H.=Regular Hours R.O.=Regular Overtime Hours APS= Additional PW Standard Hours APO=Additional PW Overtime Hours

List all PW Projects in APS/APO: \_\_\_\_\_

\*Deductions listed in "Other" column: \_\_\_\_\_



**STATEMENT OF COMPLIANCE**

I, \_\_\_\_\_ do hereby state:

*(print name and title of signatory party)*

(1) That I pay or supervise the payment of the persons employed by: \_\_\_\_\_  
*(contractor or subcontractor)*

on the \_\_\_\_\_, that during the payroll period commencing on \_\_\_\_\_  
*(project)*  
 \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, and ending on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
*(day)* *(month)* *(year)* *(day)* *(month)* *(year)*

all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said \_\_\_\_\_ from the full weekly wages earned by any person and that no deductions have been  
*(contractor or subcontractor)*

made either directly or indirectly from the full wages earned by any person, other than permissible deductions as defined in Rhode Island General Law Chapter 28-14.

(2) That any payrolls otherwise under this contract required to be submitted for the above period are correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the applicable wage rates contained in the appropriate wage determination for the project; that the classifications set forth therein for each laborer or mechanic conform with the work they performed.

(3) That the apprentices employed in the above period are duly registered in a bona fide apprenticeship program registered with the Rhode Island State Apprenticeship Council.

(4) That: **(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS OR PROGRAMS**

In addition to the basic hourly wage rates paid to each laborer or mechanic listed in the above referenced payroll, payments of fringe benefits as listed in the contract have been or will be made when due, to appropriate programs for the benefit of such employees.

Fringe Benefits Explanation: Bona fide fringe benefits are those paid to approved plans, funds or programs except those required by Federal or State Law.

Please specify the type of benefits provided:

- |                                     |                                    |
|-------------------------------------|------------------------------------|
| 1.) Medical or hospital care: _____ | 4.) Disability: _____              |
| 2.) Pension or Retirement: _____    | 5.) Vacation, sick, holiday: _____ |
| 3.) Life Insurance: _____           | 6.) Other (please specify): _____  |

**(b) WHERE FRINGE BENEFITS ARE PAID IN CASH**

Each laborer or mechanic listed in the above referenced payroll has been paid as indicated on the payroll, an amount not less than the sum of the applicable basic hourly wage rate plus the amount of the required fringe benefits as listed in the rate schedule.

(5) In accordance with Chapter 37-13-13, it is mandatory that contractors use these forms for all Rhode Island Department of Labor requests for certified copies of payroll. Failure to submit information on these forms will constitute non-compliance by the responding contractor. These forms must be signed by the owner or an officer of the corporation, certifying that this is a true and exact copy of their payroll records.

<b>SIGNATURE OF OWNER OR OFFICER OF CORPORATION</b>	<b>PRINT NAME &amp; TITLE</b>
<b>DATE</b>	
<p>My signature hereon constitutes my affirmation that the information contained herein is true and accurate regarding the number of employees participating in the prevailing wage program, the prevailing wage standard hours each employee worked, prevailing wage overtime hours, regular hours and overtime hours for each employee as well as the gross wages for each employee. I have confirmed and attest that all the information contained in this document is correct and I understand and acknowledge by my signature that if I provide any inaccurate information on this form, I may be subject to civil penalties and/or referral to the Rhode Island Attorney General for criminal prosecution.</p>	



RI Department of Labor and Training  
Division of Workforce Regulation & Safety  
Professional Regulation Unit/Prevailing Wage Section  
1511 Pontiac Avenue Building 70, P.O. Box 20247 Cranston, RI 02920-0943

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**Rhode Island Certified Prevailing Wage Daily Log**

Project Name: \_\_\_\_\_

Contractor: \_\_\_\_\_

Project Location: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employee Name (Print)	Job Title/ Classification	Time		Employee Signature
		In	Out	

I \_\_\_\_\_ hereby certify that the information in this form is complete and correct.  
(print name and title)

Any contractor who knowingly maintains a false or fraudulent daily log maybe penalized by the Department of Labor and Training up to \$500 for each calendar day of noncompliance.

\_\_\_\_\_  
Contractor/Officer's Signature

\_\_\_\_\_  
Date

**\* Each contractor working on this project must complete a Daily Log for their employees only.**

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*State of Rhode Island*  
**DEPARTMENT OF LABOR AND TRAINING**  
**Division of Workforce Regulation and Safety**  
**Professional Regulation Unit-Prevailing Wage Section**  
1511 Pontiac Avenue- Building #70  
Cranston, RI 02920  
(401) 462-8580, Option #7

**PW APPRENTICESHIP REQUIREMENT COMPLAINT FORM**

(\***Note**: Only for those state awarded projects valued at one million dollars or more)

**COMPLAINANT INFORMATION** (please print):

Complainant Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PROJECT INFORMATION** (please print):

Project in Question: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Awarding Authority: \_\_\_\_\_

General Contractor: \_\_\_\_\_

**CONTRACTOR INFORMATION** (please print):

Contractor's Name: \_\_\_\_\_ Work Performed: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel. #: (    ) \_\_\_\_\_

\* The following evidence must be provided from the Awarding Authority to support claim:

- Verification of Funding Source                       Verification of Project Cost
- Documentation of Specific Work Performed by Contractor
- Copy of General Contract and Approved Sub-contractor List

Additional Comments: \_\_\_\_\_

I hereby attest that the information provided is true and accurate to the best of my knowledge.

**Complainant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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