



**Hennepin County Transportation Department**

**ADDENDUM**

**TO PLANS, SPECIFICATIONS AND SPECIAL PROVISIONS FOR  
MILL AND OVERLAY BITUMINOUS PAVEMENT**

**HENNEPIN COUNTY TRANSPORTATION DEPARTMENT**

**(To be opened Tuesday, May 25, 2010, at 2:00 P.M.)**

**ADDENDUM NO. 1**

**CSAH 12 etal; C.P. 1012**

**NOTICE TO ALL BIDDERS:**

**Egram Project Information Access**

**Notice to ALL Bidders: The County has gone to providing project information on its website called "eGram". To receive email notification of addendums and other updates, Bidders will need to log on the website via their ID and password. A bidder, after logging in, is added automatically to the website plan holders list and the email notification list.**

**This will be the last addendum of this project to be sent out certified mail unless a bidder requests a certified mail addendum by calling 612-348-3181.**

**Division "A"**

1. The first paragraph of Section A-24 (Page 14-A) "**WEP Goal Setting**" is hereby deleted and replaced with the following:

As part of the Contractor's obligations under the Workforce Entry Program (WEP), the Contractor shall make good faith efforts to hire at least 3 WEP apprentices to perform at least 400 hours each of labor for a total of at least 1200 hours for this Project. In the event the Contractor subcontracts a portion of the Contract work, Contractor shall determine how much of the WEP requirement will be fulfilled by the subcontractor; provided, however, that the Contractor shall retain the primary responsibility for meeting the WEP requirements imposed by this special provision. The Contractor shall ensure that these provisions are made applicable to such subcontract.

2. **The following two forms included in this Addendum are hereby added to this Contract as attachments to Division A:**

Hennepin County Workforce Entry Program Apprentice Form  
Hennepin County Workforce Entry Program Monthly Reporting Form

**Transportation Department**

1600 Prairie Drive  
Medina, MN 55340-5421  
(612) 596-3000 FAX: (763) 478-4000 TDD: (763) 852-6760

*Recycled Paper*

3. On page 16-A, Section A-26 **“WEP: Compliance/Monitoring”** is revised as follows:

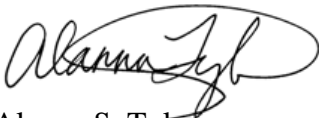
“per Section X and XVI of Division A -- Federally Funded Construction Contracts” is hereby deleted from the Section.

**Division “S”**

1. On page 4-S, the following is hereby added to Section S-2 **“Insurance”** as section S-2.15:

The Contractor shall not commence work until it has obtained required insurance and filed with the County a properly executed Certificate of Insurance which clearly evidences the required insurance coverages. The certificate shall name Hennepin County as the certificate holder, and shall also name Hennepin County and the Cities of Champlin, Dayton, Loretto, Medina and Rogers, and Hassan Township as additional insured(s) for the Commercial General Liability coverage with respect to operations covered under the Contract. The certificate should also show that Hennepin County will receive 30 days prior written notice in the event of cancellation, non-renewal, or material change in any described policies.

The Contractor shall furnish to the County updated certificates during the term of the Contract as insurance policies expire. If the Contractor fails to furnish proof of insurance coverages, the County may withhold payments and/or pursue any other right or remedy allowed under the Contract, law, equity, and/or statute.



Alanna S. Tyler  
Purchasing Manager

WL  
May 13, 2010  
Attachment(s)

***Receipt of this addendum must be acknowledged in accordance with the provisions of 1210 of the specifications.***

HENNPIN COUNTY  
WORKFORCE ENTRY PROGRAM APPRENTICE FORM

Project # \_\_\_\_\_ Project Description: \_\_\_\_\_

Prime Contractor: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

EEO Officer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Subcontractor (if applicable) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EEO Officer: \_\_\_\_\_ Project Manager: ( ) \_\_\_\_\_

Tel: \_\_\_\_\_

**APPRENTICE**

Job Title or Trade Classification: \_\_\_\_\_ Number of Training Hours on this Project: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Apprentice is employed by: \_\_\_\_\_

Approximate Start Date: \_\_\_\_\_

Approximate Completion Date: \_\_\_\_\_

Attach a proposed Work Schedule for the apprentice.

Which approved program did the apprentice graduate from: American Indian OIC \_\_\_\_; Summit Academy OIC \_\_\_\_;  
Dunwoody Institute \_\_\_\_; or Minneapolis Community and Technical College \_\_\_\_.

Has the apprentice completed an apprenticeship training course leading to journeyman status? Yes \_\_\_\_ No \_\_\_\_

Has the apprentice been employed as a journeyman? Yes \_\_\_\_ No \_\_\_\_

Is the WEP apprentice a member of a certified apprenticeship program? Yes \_\_\_\_ No \_\_\_\_

Copy to: Ms. Angie Kirkpatrick  
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