



## ADDENDUM

PROJECT TITLE: Salt Shed Remediation	ADD. NO: 2
TENDER NO: 2024-085102T	DATE: April 11 <sup>th</sup> , 2024
PAGE 1 of 3 (Including Confirmation Sheet)	

Make the following modifications to the above project. Include in the amount of the Tender, any additions to or deductions from the cost of the work by reason of these instructions.

**Sign and attach this Addendum to the Tender documents and submit with your Tender. Failure to do so may result in the rejection of your Tender.**

Please note that the closing date for the above-mentioned tender has been change to Tuesday, April 23<sup>rd</sup>, 2024 at 2:30:00 PM Local Time.

**Please find below additional information around the specifications of the work to be completed.**

**Curent Specification:**

- Dwg. #S01, Foundation Wall – Liquid Applied Membrane, Section A) Manufacturer – This section states that the “**Acceptable Manufacturer**” is “**Naturaseal Distiribution Inc.**” with no provisions for acceptable alternatives and/or equivalents.

**Replace with updated specification:**

- Dwg. #S01, Foundation Wall – Liquid Applied Membrane Section A) Manufacturer –
  - “Acceptable Manufacturer” is “Naturaseal Distiribution Inc” or equivalent approved by the consulting.

**SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL**

BY: Monic MacVicar  
Monic MacVicar, CCLP, CPPB  
Procurement Specialist, Supply Chain Management

\_\_\_\_\_  
Contractor’s Signature



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### **Instructions for submitting alternate Liquid Applied Membrane**

Bidders shall submit the alternate liquid applied membrane products for consideration to [supplychainmanagement@saintjohn.ca](mailto:supplychainmanagement@saintjohn.ca) no later than **Tuesday, April 16<sup>th</sup>, 2024, by 4:00:00 PM Atlantic Time.** Alternatives must meet or exceed the performance, durability, and compatibility requirements specified herein and will be subject to approval by the consultant.

**Bidders must indicate how and by whom the liquid applied membrane will be applied as part of the alternate submission and approval.** The alternate product may not require a licensed applicator depending on the manufacturer's requirements.

An addendum including a list of approved alternates will be issued on **Thursday, April 18<sup>th</sup>, 2024, by 12:00:00 PM Atlantic Time.**

### **SIGN AND RETURN THIS ADDENDUM WITH YOUR PROPOSAL**

BY: Monic MacVicar  
Monic MacVicar, CCLP, CPPB  
Procurement Specialist, Supply Chain Management

\_\_\_\_\_  
Contractor's Signature



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## CONFIRMATION - RECEIPT OF ADDENDUM

**Upon receipt of this document, fax this page to  
(506) 658-4742 to confirm receipt of this addendum.**

CONTRACTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

RECEIVER NAME (PRINT) \_\_\_\_\_

RECEIVER SIGNATURE: \_\_\_\_\_