



WISCONSIN PROFESSIONAL BASEBALL PARK DISTRICT

ADDRESS: 1 BREWERS WAY MILWAUKEE, WI 53214 EMAIL: CONTACT@WIBASEBALLDISTRICT.COM PHONE: (414) 902-4040



ADDENDUM #3

Date: September 30, 2026

Addendum #3 revises the Bid Form to include required contractor alternate bids.

DOCUMENT 004100 – BID FORM

PROJECT: Field Level Restrooms
American Family Field
One Brewers Way
Milwaukee, Wisconsin 53214

OWNER: Wisconsin Professional Baseball Park District (“District” or “Owner”)
American Family Field
One Brewers Way
Milwaukee, Wisconsin 53214

DELIVER Kristi Kreklow
BID TO: Associate Director
Wisconsin Professional Baseball Park District
bid@wibaseballdistrict.com with a copy to rebeccar@ramlowstein.com
Bidders will receive an email confirming receipt of their bid.

BID FROM:

Company Name:

City, State, Zip Code

Telephone Number

Contact Name, Title
and Email

The undersigned Bidder agrees, if this bid is accepted, to enter into an agreement with the Owner, in the form included in the Bidding Documents, to perform and furnish the Work as specified or indicated in the Bidding Documents for the Bid Price and within the Bid Times indicated in this Bid and in accordance with the terms and conditions of the Contract Documents.

REPRESENTATIONS

In submitting this Bid, Bidder represents, in addition to Article 2 of the Instructions to Bidders, that:

1. This Bid will remain subject to acceptance for 30 days after the day of Bid opening;
2. Bidder has examined copies of all the Bidding Documents;
3. Bidder has visited the site and become familiar with the general, local, and site conditions;
4. Bidder is familiar with federal, state, and local laws and regulations;

ADDENDA

Bidder has received the following Addenda, receipt of which is hereby acknowledged:

Addendum Number:

Date:

_____	_____
_____	_____
_____	_____

TOTAL BASE BID Bidder will complete the Work in accordance with the Contract Documents including all Direct Owner Purchases and all applicable taxes for the following lump-sum price:

_____ (\$ _____)

Note that Owner is Sales & Use Tax Exempt

VOLUNTARY CONTRACTOR ALTERNATE BIDS (Do NOT include in the Base Bid Amounts. Do include ALL labor and materials for each alternate bid.)

Alternate No. **VC1** – Insert description:

_____ \$ _____ Deduct from
the Base Bid

Alternate No. **VC2** – Insert description:

_____ \$ _____ Deduct from
the Base Bid

Alternate No. **VC3** – Insert description:

_____ \$ _____ Deduct from
the Base Bid

REQUIRED CONTRACTOR ALTERNATE BIDS (Do NOT include in the Base Bid Amounts. Do include ALL labor and materials for each alternate bid.)

Alternate No. **1** – Provide cost for concrete floor resealing in all Restrooms in scope.

\$ _____ Add / (Deduct) to Base Bid

Alternate No. **2** – Provide cost for eliminating CT-2 in all locations. Add MTS-2 edge and epoxy paint finish instead. See Typical Elevation on A161.

\$ _____ Add / (Deduct) to Base Bid

Alternate No. **3** – Provide cost for electric hand dryers as keynoted in Architectural and Electrical plans.

\$_____ Add / (Deduct) to Base Bid

Alternate No. **4** – Provide unit cost to remove existing stainless-steel counter/supports and replace with SS-1 counter as detailed on A161 per restroom.

\$_____ Add / (Deduct) to Base Bid

INFORMATIONAL PRICING – SCHEDULE OF VALUES

Attach a Schedule of Values as a separate page.

DIVERSITY CONTRACTING PROGRAM

Attached the applicable Diversity Contracting Program form(s). See **Appendix D** for additional details.

STAFFING

Name of Project Manager _____

Name of Project Superintendent _____

SUBCONTRACTORS

Bidder agrees that the following list of subcontractors represents all those that will be required and used for completion of the work and that no subcontractor listed will be changed without prior consent from the Wisconsin Professional Ballpark Park District.

Subcontractor:	Description of Work:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____

9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

BOND – DO NOT INCLUDE THIS AMOUNT IN THE BASE BID NUMBER

Cost of Performance and Payment Bond \$ _____

FEES ON CHANGE ORDERS

- | | | |
|---------------------------------------|-------------|----------------|
| 1. Fee Mark-up on Subcontractor work | Add _____ % | Deduct _____ % |
| 2. Fee Mark up on Self-performed work | Add _____ % | Deduct _____ % |

CLOSING

Submitted
on:

(date)

By:

(Firm Name)

(Name and Title of Person Authorized to Sign)

Address:

Telephone
and Email:

Signature:

(corporate seal)

END OF DOCUMENT