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**ADDENDUM NO. 1**

**DATE:** July 12, 2021

**TO:** ALL RESPONDING PARTIES TO THE RFP FOR SANITARY  
SEWER ROOT CONTROL SERVICES

**FROM:** Inga Alonzo, Management Analyst

**SUBJECT:** Changes in Scope and Replacement Pages

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The City of Morgan Hill is informing all responding parties to the Sanitary Sewer Root Control Services Request for Proposals of the following changes.

**SECTION 2 – Scope of Work and Special Provisions**

Page 10, **Contractor Experience** Remove whole section and replace whole section with the following:

The Contractor shall be licensed as a pesticide application business with the California Department of Pesticide Regulation prior to proposal submittal. Contractors who do not meet this qualification will not be considered for award of contract. Each contractor is required to submit with the proposal a list of their qualifications applicable to root foaming projects. Experience with other local California governments, should be included.

The Contractor must have performed at least 2 other jobs similar in size and scope to the work specified herein within the last five years. Contractors must have treated in excess of 300,000 linear feet of sanitary sewer with its own personnel. Any work performed by subcontractors for the Contractor will not be considered.

All work shall be performed by Certified Pesticide Applicators licensed with the California Department of Pesticide Regulation. Certified Pesticide Applicators shall have a minimum of one year of experience in performing the type of work specified and shall each have personally performed a minimum of 100,000 linear feet of treatments as a Certified Pesticide Applicator. A minimum of two Certified Pesticide Applicators that are registered with the California Department of Pesticide Regulation, prior to the proposal submittal, is required. License numbers for these two applicators and years of experience shall be submitted with the proposal. Additional proof of applicator experience may be requested by the City.

Page 12, under **Composition of the Chemical Root Control Material**, B. Surfactant system:  
Remove item 4. Surfactants designed to foam chemically, upon contact with water, shall not be accepted. (This item is no longer a requirement in this RFP.)

**SECTION 3 – Proposal and attachments**

**ATTACHMENT B, TECHNICAL QUESTIONS FORM, Sanitary Sewer Root Control Services**

Remove Page 19 and replace with the updated Page 19 attached to this addendum.

**Section 3: References**, Page 21, Remove first sentence and replace with the following:

The Contractor must submit at least two references of similar scope using the product submitted, which the City can verify.

ADDENDUM NO. 1 ACKNOWLEDGMENT

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Company Name

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Contractor signature and date

**THIS DOCUMENT SHALL BECOME PART OF THE PROPOSAL SUBMITTAL**

**ATTACHMENT B**  
**TECHNICAL QUESTIONS FORM**  
**Sanitary Sewer Root Control Services**

Failure to complete all technical questions in full, and to provide valid, existing licenses and insurance, as required, will render this proposal non-responsive and result in the rejection of this proposal. **Do not provide marketing materials in place of the requested narrative which answers the specific questions below.**

**Section 1: Contractor Experience and Qualifications**

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

Email: \_\_\_\_\_ Contractor's DIR Registration # \_\_\_\_\_

Contractor's CDPR Pesticide Business license #: \_\_\_\_\_

Contractor US DOT #: \_\_\_\_\_

Brand name of proposed chemical root control product: \_\_\_\_\_

US EPA root control product registration #: \_\_\_\_\_

CDPR root control product registration #: \_\_\_\_\_

Does the Contractor have pollution liability insurance as specified? Yes \_\_\_\_\_ No \_\_\_\_\_

Contractor's pollution liability insurance carrier: \_\_\_\_\_

What is the current a.m. best rating for your pollution insurance carrier? \_\_\_\_\_

Using the product submitted, does the Contractor have:

1. At least one year of experience applying the product? Yes \_\_\_\_\_ No \_\_\_\_\_
2. A total of 300,000 linear feet completed in the type of work specified? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Two other jobs completed, each consisting of similar scope and size in linear feet, which the City can verify. Yes \_\_\_\_\_ No \_\_\_\_\_

Is a product label and Safety Data Sheet (SDS) attached? Yes \_\_\_\_\_ No \_\_\_\_\_

**Contractor's CDPR Certified Pesticide Applicators**

(List 2 minimum)

1. Name: \_\_\_\_\_ Certification #: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

2. Name: \_\_\_\_\_ Certification #: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

**THIS FORM MUST BE USED WHEN SUBMITTING PROPOSAL**