



**PURCHASING DEPARTMENT**

**March 18, 2026**

**Addendum #1**

**IFB 50018-260018 Reroofing Men’s Gym and  
IFB 50018-260019 Carver Hall Annex**

The following Addenda shall be included in the Contract as part of the Work together with the drawings and specifications for the above project. Include related changes throughout the various drawings and all sections of the specifications which should result from the changes listed.

**GENERAL CONTRACTORS ARE ADVISED TO NOTIFY ALL AFFECTED SUBCONTRACTORS, SUPPLIERS, ETC.; OF CHANGES INVOLVED IN THE FOLLOWING ADDENDA INASMUCH AS THIS OFFICE DOES NOT HAVE A COMPLETE RECORD OF ALL SUBCONTRACTORS, SUPPLIERS, ETC., FIGURING THIS WORK.**

**ITEM NO. 1:** Project is TAX EXEMPT. Tax Exemption form is attached to this addendum for informational purposes; contractor is required to apply online.

**ITEM NO. 2:** UNIT PRICE FORM is attached to this addendum and shall be submitted with the contractors’ bid.

**END OF ADDENDUM NO. 1**

Erin Walker  
Acting Purchasing Director  
Grambling State University

**NOTE: PLEASE SIGN AND DATE AND RETURN WITH BID:**

**SIGN \_\_\_\_\_ DATE \_\_\_\_\_**

# LOUISIANA UNIFORM PUBLIC WORK BID FORM

## UNIT PRICE FORM

**TO: GRAMBLING STATE UNIVERSITY  
PURCHASING DEPARTMENT**

**403 MAIN STREET  
GRAMBLING, LA.**

**BID FOR: REROOFING OF BUILDING MEN'S GYM  
MEN'S MEMORIAL GYM  
GRAMBLING STATE UNIVERSITY  
GRAMBLING, LA.**

**Project No.: 01-107-25-05, F.01004635**

**UNIT PRICES:** This form shall be used for any and all work required by the Bidding Documents and described as unit prices. Amounts shall be stated in figures and only in figures.

<b>DESCRIPTION:</b>	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Additional interply roofing membrane to eliminate ponding at interply			
<b>REF. NO.</b>	<b>QUANTITY:</b>	<b>UNIT OF MEASURE:</b>	<b>UNIT PRICE</b>	<b>UNIT PRICE EXTENSION</b> <i>(Quantity times Unit Price)</i>
1	500	SQUARE FEET		
<b>DESCRIPTION:</b>	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Replace deteriorated wood nailers, blocking and installation of new wood nailers, blocking with 300 series stainless steel fasteners at 16" O.C.			
<b>REF. NO.</b>	<b>QUANTITY:</b>	<b>UNIT OF MEASURE:</b>	<b>UNIT PRICE</b>	<b>UNIT PRICE EXTENSION</b> <i>(Quantity times Unit Price)</i>
2	100	LINEAR FEET		
<b>DESCRIPTION:</b>	<input checked="" type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Extend vent pipes above roof to accommodate new insulation depth.			
<b>REF. NO.</b>	<b>QUANTITY:</b>	<b>UNIT OF MEASURE:</b>	<b>UNIT PRICE</b>	<b>UNIT PRICE EXTENSION</b> <i>(Quantity times Unit Price)</i>
3	8	Each		
<b>DESCRIPTION:</b>	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Replace additional tectum tiles			
<b>REF. NO.</b>	<b>QUANTITY:</b>	<b>UNIT OF MEASURE:</b>	<b>UNIT PRICE</b>	<b>UNIT PRICE EXTENSION</b> <i>(Quantity times Unit Price)</i>
4	100	SQUARE FEET		
<b>DESCRIPTION:</b>	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Not applicable			
<b>REF. NO.</b>	<b>QUANTITY:</b>	<b>UNIT OF MEASURE:</b>	<b>UNIT PRICE</b>	<b>UNIT PRICE EXTENSION</b> <i>(Quantity times Unit Price)</i>
Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
<b>DESCRIPTION:</b>	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Not applicable			
<b>REF. NO.</b>	<b>QUANTITY:</b>	<b>UNIT OF MEASURE:</b>	<b>UNIT PRICE</b>	<b>UNIT PRICE EXTENSION</b> <i>(Quantity times Unit Price)</i>
Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
<b>DESCRIPTION:</b>	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Not applicable			
<b>REF. NO.</b>	<b>QUANTITY:</b>	<b>UNIT OF MEASURE:</b>	<b>UNIT PRICE</b>	<b>UNIT PRICE EXTENSION</b> <i>(Quantity times Unit Price)</i>
Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
<b>DESCRIPTION:</b>	<input type="checkbox"/> Base Bid or <input type="checkbox"/> Alt.# Not applicable			
<b>REF. NO.</b>	<b>QUANTITY:</b>	<b>UNIT OF MEASURE:</b>	<b>UNIT PRICE</b>	<b>UNIT PRICE EXTENSION</b> <i>(Quantity times Unit Price)</i>
Not applicable	Not applicable	Not applicable	Not applicable	Not applicable


**Public Projects Contractor/Subcontractor**  
*Sales Tax Certification and Exemption Application*  
*Louisiana Revised Statute 47:305.7(A)(1)(b)*

For questions about this form, please contact:  
 Louisiana Department of Revenue  
 Taxpayer Compliance - SES Division  
 Phone: (855) 307-3893  
 Email: [LDRSales.ExemptionApplications@la.gov](mailto:LDRSales.ExemptionApplications@la.gov)

This form is for use by contractors and subcontractors when applying for certification and exemption from the collection of sales tax in accordance with La. R.S. 47:305.7(A)(1)(b).

Please complete the application below and return it via email to [LDRSales.ExemptionApplications@la.gov](mailto:LDRSales.ExemptionApplications@la.gov) along with a copy of the executed contract.

Applicant Information			
Contractor Legal Name		LDR Sales Tax Account Number	
Contractor Trade Name			
Physical Address	City	State	ZIP
Mailing Address	City	State	ZIP
Contact Person	Contact Number		
Email Address			

Public Entity Information	
Public Entity	LDR Sales Tax Account Number <i>(if applicable)</i>

Contract Information		
Contract Number	Contract Beginning Date <i>(mm/dd/yyyy)</i>	Contract End Date <i>(mm/dd/yyyy)</i>
Contract Description		

Please select the legal status of the public entity listed above:

- |  |   |
|--|---|
| <input type="checkbox"/> State agency, board, or commission              | <input type="checkbox"/> Parish school board or public school |
| <input type="checkbox"/> Municipal government or instrumentality thereof | <input type="checkbox"/> Law enforcement district             |
| <input type="checkbox"/> Public charter school (La. R.S. 17:3971-4001)   | <input type="checkbox"/> Waterworks district                  |
| <input type="checkbox"/> Hospital service district                       | <input type="checkbox"/> Parish and municipal libraries       |
| <input type="checkbox"/> Public housing authority                        | <input type="checkbox"/> Other _____                          |
| <input type="checkbox"/> Parish government or instrumentality thereof    |   |

Under the penalty of perjury, I declare that I am authorized to sign this application on behalf of the above named contractor, and that I have examined this application, and to the best of my knowledge, it is true, correct, and complete.

Name <i>(Please print)</i>	Title
Signature	Date <i>(mm/dd/yyyy)</i>

A copy of the contract with all parties' signatures must be attached to the application. Failure to provide a copy of the contract will result in delays in the evaluation process.