



MARK PESTRELLA, Director

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

900 SOUTH FREMONT AVENUE
ALHAMBRA, CALIFORNIA 91803-1331
Telephone: (626) 458-5100
<http://dpw.lacounty.gov>

ADDRESS ALL CORRESPONDENCE TO:
P.O. BOX 1460
ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE

REFER TO FILE: **BRC-2**

September 25, 2025

NOTICE TO BIDDERS "C"

**FORMER HIGH DESERT HOSPITAL SITE
DEMOLITION PROJECT
PROJECT ID NUMBER: BRC0000602
SPECS NO. 7991**

This Notice to Bidders "C" clarifies certain portions of the Project Manual and forms a part of the contract documents, responds to bidder questions, and includes videos, pictures, and as-built drawings of the project site location.

PROJECT MANUAL

1. Refer to Section 00 03 00 - Form of Bid,

Delete in its entirety and **Replace** with the following:

Section 00 03 00 – Form of Bid (Attachment A).

2. Refer to Section 00 04 00 – Attestation of Contractor's Qualifications,

Delete in its entirety and **Replace** with the following:

Section 00 04 00 – Attestation of Contractor's Qualifications (Attachment B).

ADD the following:

Videos

CT Room.MOV (Attachment C)
Main Hospital Interior.MOV (Attachment D)
Mechanical Room.MOV (Attachment E)
Patient Recovery.MOV (Attachment F)

Surgery Unit.MOV (Attachment G)
X-ray Room.MOV (Attachment H)

Pictures (Attachment I)

As-builts

Emergency Generator Replacement.pdf (Attachment J)
HD Partial Fire Alarm Replacement.pdf (Attachment K)
Hospital Electrical Wiring and Fixtures.pdf (Attachment L)
HD Replacement of Heating and Air Conditioning Equipment.pdf (Attachment M)
Underground Wiring Replacement.pdf (Attachment N)

QUESTIONS AND ANSWERS

Question 1: What is the anticipated start date for this project?

Answer: The Medical Examiner is expected to vacate the site in April-May 2026. The start of all construction work affecting Medical Examiner's operations must be coordinated to begin after this date. Medical Examiner must be kept in operation. The project is anticipated to be awarded in January 2026. Any work not affecting Medical Examiner's operations can begin, ie. tree cutting, landscaping, abatement, trash removal, demo not affecting Medical Examiner, etc. In Attachment O, maps on pages 2 and 3 show the areas the Medical Examiner is utilizing. They are occupying the building south of the Former Hospital and are currently utilizing three rooms within the main hospital (shown on page 3).

Question 2: Request for revision of the current contractor qualification language contained in the Attestation of Contractor's Qualifications Form. While we fully understand the County's intent to ensure that only qualified and experienced contractors perform this important work, we are concerned that the five-year lookback period is unnecessarily restrictive and may exclude highly capable firms that have successfully delivered large, complex demolition projects outside of this arbitrary window.

Answer: The requirement is revised from 5 years to 10 years. See revised Attestation of Contractor's Qualifications (Attachment B).

Question 3: Please confirm whether the fence described under "Temporary Barriers and Enclosures" is intended to be temporary jobsite fencing provided and maintained only for the construction period, or if any permanent fencing (e.g., driven posts with concrete footings) is required.

Answer: There is no permanent fencing on the project.

Also, attached is the second Pre-Bid Conference Sign-in Sheet dated 9/15/2025 (Attachment P).

Please notify your subcontractors to this effect.

If you have any questions, please contact Mr. Michael Sanchez, at (626) 300-2085 or misanchez@pw.lacounty.gov.

Very truly yours,

MARK PESTRELLA, PE
Director of Public Works



SOO KIM
Division Chief
Business Relations and Contracts Division

ATTACHMENT A

SECTION 00 03 00

FORM OF BID TO BE USED BY BIDDERS

The undersigned proposes to furnish all materials, labor, and equipment required for the construction to complete the Former High Desert Hospital Site Demolition Project, in accordance with Drawings and Specifications 7991, including addenda thereto, if any, adopted by the Board of Supervisors, and on file in the office of the Board of Supervisors, as follows:

The lowest bid price shall be determined by adding the following items: (1) Lump Sum Bid in Words + (2) Unit Prices Schedule 1-15 + (3) Extended Overhead Daily Rate x Multiplied by 30 days = Total Lump Sum Bid. Preference as stated in Section 00 01 00, 1.30, will be applied to the Total Lump Sum Bid, if applicable, to determine the final total bid amount.

1. LUMP SUM BID:

The lump sum bid for the work, including Best Management Practices (BMP), Construction and Demolition Debris Recycling, Mandatory Jobs Coordinator, and Community Workforce Agreement Cost Impact requirements complete according to the Drawings and Specifications, will be:

(\$ _____) (_____)
Lump sum bid in figures Lump sum bid in words

2. UNIT PRICES SCHEDULE:

1. Laborer:

\$ _____ per hour x 40 = \$ _____.
Base Estimate Quantity: 40 hours.

2. Tree Trimming, removal of minimum 50% of tree canopy, up to 6" Diameter at Breast Height:

\$ _____ per tree x 10 = \$ _____.
Base Estimate Quantity: 10 trees

3. Tree Trimming, removal of minimum 50% of tree canopy, > 6" to 12" Diameter at Breast Height:
 \$_____ per tree x 10 = \$_____.
 Base Estimate Quantity: 10 trees

4. Tree Trimming, removal of minimum 50% of tree canopy, > 12" to 24" Diameter at Breast Height:
 \$_____ per tree x 10 = \$_____.
 Base Estimate Quantity: 10 trees

5. Tree Trimming, removal of minimum 50% of tree canopy, > 24" Diameter at Breast Height:
 \$_____ per tree x 10 = \$_____.
 Base Estimate Quantity: 10 trees

6. 6' High Fencing with screening:
 \$_____ per linear foot x 200 = \$_____.
 Base Estimate Quantity: 200 linear feet.

7. Removal and disposal of sewer lines up to 4":
 \$_____ per linear foot x 100 = \$_____.
 Base Estimate Quantity: 100 linear feet.

8. Removal and disposal of sewer lines > 4":
 \$_____ per linear foot x 100 = \$_____.
 Base Estimate Quantity: 100 linear feet.

9. Removal and disposal of water lines up to 4":
 \$_____ per linear foot x 100 = \$_____.
 Base Estimate Quantity: 100 linear feet.

10. Removal and disposal of water lines > 4":
 \$_____ per linear foot x 100 = \$_____.
 Base Estimate Quantity: 100 linear feet.

11. Removal and disposal of electrical utilities and duct banks:
 \$_____ per linear foot x 100 = \$_____.
 Base Estimate Quantity: 100 linear feet.

12. Removal and disposal of irrigation lines:

\$_____ per linear foot x 100 = \$_____.
Base Estimate Quantity: 100 linear feet.

13. Removal and disposal of underground steam:

\$_____ per linear foot x 100 = \$_____.
Base Estimate Quantity: 100 linear feet.

14. Tree Removal, including roots <12" Diameter at Breast Height:

\$_____ per tree x 2 = \$_____.
Base Estimate Quantity: 2 trees

15. Tree Removal, including roots >12" to 24" Diameter at Breast Height:

\$_____ per tree x 2 = \$_____.
Base Estimate Quantity: 2 trees

Grand Total Unit Prices Schedule Items 1-15 \$_____

3. EXTENDED OVERHEAD DAILY RATE:

The daily rate for the sum of the Contractor's field office and home office overhead applicable to this project, for each day of compensable delay will be:

(\$_____) (_____)
Daily rate in figures Daily rate in words

4. COUNTY PROGRAM PREFERENCE:

The Local Small Business Enterprise Program Preference is provided by the County for purposes of bid evaluation only, as specified in Article 1.30 of Section 00 01 00. If Bidder is a qualifying Local Small Business Enterprise, check "yes" in the box below. Section 00 04 38 Request for County Program Preference Consideration must be submitted at the time of bid with a copy of the certification letter issued by the County of Los Angeles Department of Consumer and Business Affairs. If non-qualifying, check "no" in the appropriate box.

LSBE Yes No

5. RECEIPT OF NOTICE TO BIDDERS: (IF APPLICABLE)

I hereby certify and declare that I have received, reviewed and incorporated Notice to Bidders A dated August 26, 2025, Notice to Bidders B dated September 4, 2025, and Notice to Bidders C dated September 25, 2025 into my bid.

Executed this day of _____ (Month and Year)

By: _____
(Authorized Signature of a Principal Owner, Officer, or Manager)

NOTE: Any alteration or addition to the Form of Bid may invalidate same. All blank spaces shall be filled out completely. Line out nonapplicable blanks. An incomplete form may invalidate bid. The County reserves the right to waive any informalities or to reject any or all bids or to accept any alternatives when called for.

ATTACHMENT B

SECTION 00 04 00

ATTESTATION OF CONTRACTOR'S QUALIFICATIONS

General Contractor's Firm Name (as shown on bid): _____

All bidders responding to this solicitation shall possess an active and valid Class "A" or "B" license and have successfully completed within the last ten years preceding the bid start date, at least one demolition project with a total construction cost of \$5 Million Dollars or greater (hard construction cost).

The general contractor hereby certifies to the County of Los Angeles that it possesses the qualifying experience.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct to the best of my knowledge.

Executed this _____ day of _____, 20__ at _____
(Month) (City and State)

By: _____
(Signature of owner or officer of the General Contractor)

(Title)

SECTION 00 04 00

ATTESTATION OF CONTRACTOR'S QUALIFICATIONS

The general contractor shall submit verification and justification of its qualifying experience on this County provided form as part of its bid submittal. Failure to submit the information at the time of bid and to meet requirements for qualifying experience may result in a determination by the County that the Bidder is non-responsive and/or not qualified.

The County will determine, in its sole discretion, whether or not the information provided meets the requirements for qualifying experience in order for the general contractor to be considered a qualified bidder for this project.

PROJECT 1:

Project Name	Total Square Footage	Owner Contact Name and Address	Owner Phone and Email Address	Final Contract Value	Date Completed

Project description:

PROJECT 2:

Project Name	Total Square Footage	Owner Contact Name and Address	Owner Phone and Email Address	Final Contract Value	Date Completed

Project description:

I (We) certify that on _____, 20____, License No. _____, license classification(s) _____, was issued to me (us), in the name of _____, by the Contractors' State License Board, pursuant to California Statutes of 1929, as amended, and that said license has not been revoked.

Firm Ownership Information

Check where applicable:

- 1. Minority-Owned
- Woman-Owned
- Disadvantaged-Owned
- Disabled Veteran-Owned
-

Race/Ethnic Composition

For statistical purposes only.

- Black/African American
- Hispanic/Latino
- Asian or Pacific Islander
- Native Americans
- Subcontinent Asian
- LGBTQQ-Owned
- White

- 2. An individual
- A corporation. Name _____
state or territory of
Incorporation _____
- A copartnership
- A joint venture

If a copartnership or joint venture, list names of individuals comprising same below

Date signed _____, 20____

Respectfully submitted,

Place _____
City and State

Firm Name (if applicable)

Bidder's address, E-mail address, and telephone:

Number and Street

Signature and Print Name

City and State Zip Code

Title and E-mail Address

Telephone

Signature and Print Name

Fax

Title and E-mail Address