



COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

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MARK PESTRELLA, Director

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

April 26, 2023

IN REPLY PLEASE
REFER TO FILE: **BRC-2**

**NOTICE TO BIDDERS "J" FOR TWIN TOWERS CORRECTIONAL FACILITY
ELEVATORS PROJECT
SPECS. NO. 7675
LOW-BID SOLICITATION NUMBER: BRC0000394**

This Notice to Bidders "J" clarifies the Low-Bid Solicitation dated January 26, 2023 and is hereby made a part thereof.

PROJECT MANUAL:

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

Delete: Specifications Section 00 03 00 in its entirety and **replace** with the attached revised Specifications Section 00 03 00, Form of Bid, which includes receipt of Notice to Bidders "A," "B," "C," "D," "E," "F," "G," "H," "I," and "J" (ATTACHMENT 1).

QUESTIONS AND ANSWERS:

1. Question: Specification 23 05 00 – 3.21. A “New and existing pipe systems shall be flushed and cleaned of all foreign matter before they are placed in service. The length and number of flushing cycles shall be governed by the complexity of the system, but in no case less than two (2) cycles.”

This is not possible to price given the fact we don’t have as-builts of the existing pipe. Please revise 23 05 00 – 3.21. A “New pipe systems shall be flushed and cleaned of all foreign matter before they are placed in service. The length and number of flushing cycles shall be governed by the complexity of the system, but in no case less than two (2) cycles.”

Answer: Request is denied.

2. Question: Spec Section 01 00 00, 1.06.A reads “The work to be performed under the contract shall be completed, when the last elevator modernization/renovation in the last machine room is complete and accepted by the County, within 1,278 calendar days, beginning with the date stipulated in the written notice to proceed issued by the Director.”

For bonding reasons, please revise this to read, “is complete and accepted by the County, within 1,093 calendar days.” We have received confirmation from the elevator and HVA subcontractors this duration is suitable, and actually, preferable.

Answer: Request is denied.

Kindly notify your subconsultants to this effect.

If you have any questions regarding this project, please contact Ms. Cheryl Wong of my staff at (626) 300-2330 or CWONG@dpw.lacounty.gov.

Very truly yours,

MARK PESTRELLA, PE
Director of Public Works



SOO KIM
Administrative Services Manager III
Business Relations and Contracts Division
SK:cw

ATTACHMENT 1

REVISED FORM
SECTION 00 03 00, FORM OF BID
(Affirming receipt of Notice to Bidders A,B,C,D,E,F,G,H,I, and J)

Name of Bidder (Firm Name)

Vendor Identification Number
ATTACHMENT 1

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 **BRC0000394 Twin Towers Correctional Facility Elevators Project**, in accordance with Drawings and Specifications **7675**, 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: Lump Sum Base Bid in Words + Additive Alternate 1 to Additive Alternate 6 + [Extended Overhead Daily Rate x Multiplied by 60 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 BASE BID:

The lump sum base bid for the work, including Best Management Practices (BMP) and Construction and Demolition Debris Recycling, Mandatory Jobs Coordinator, LASD/County procedures, and requirements according to the Plans and Project Manual and other bid documents, will be:

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

2. ADDITIVE ALTERNATE #1 BID: MODERNIZATION OF ELEVATOR #19

Furnish all equipment, labor and materials required to modernize the elevator #19 per drawings and specifications with the following conditions. The amount to be added to the Lump Sum Base Bid will be:

(\$ _____) (_____)
Additive Alternate #1 bid in figures Additive Alternate #1 bid in words

3. ADDITIVE ALTERNATE #2 BID: WHEELCHAIR LIFT @ ELEVATOR #19

Furnish all equipment, labor and materials required to install the wheelchair lift with the following conditions:

Prior to decommissioning of elevator #19 for modernization work, contractor shall make provisions for a temporary ADA compliant incline wheelchair lift platform to be installed at the stairway adjacent to elevator #19. Modify the existing stairway handrails as needed to accommodate the installation of the incline wheelchair lift platform for a continuous rise of three (3) flights of stairs. At completion of elevator modernization, remove the wheelchair lift, restore the handrails to the original condition as required.

The amount to be added to the Lump Sum Base Bid will be:

(\$ _____) (_____)
Additive Alternate #2 bid in figures Additive Alternate #2 bid in words

4. ADDITIVE ALTERNATE #3 BID: MODERNIZATION OF ELEVATOR #20

Furnish all labor and materials required to modernize the elevator #20 per drawings and specifications with the following conditions. The amount to be added to the Lump Sum Base Bid will be:

(\$ _____) (_____)
Additive Alternate #3 bid in figures Additive Alternate #3 bid in words

5. ADDITIVE ALTERNATE #4 BID: MODERNIZATION OF ELEVATOR #21

Furnish all equipment, labor and materials required to modernize the elevator #21 per drawings and specifications. The amount to be added to the Lump Sum Base Bid will be:

(\$ _____) (_____)
Additive Alternate #4 bid in figures Additive Alternate #4 bid in words

6. ADDITIVE ALTERNATE #5 BID: INTERIM MAINTENANCE DURING CONSTRUCTION

As per the detailed scope of services described in “Exhibit 9- TTCF Elevator Interim Maintenance and Warranty Specifications”. A part of the bid documents. Contractor is to furnish all services, materials, labor, and equipment required for the facilities’ elevators continued operation and conduct all required elevators servicing to meet County and State operational requirements of the **EXISTING NON-MODERNIZED ELEVATORS** during construction as follows:

Provide a **monthly** unit price per elevator within each machine room. These services shall become effective at the start of and for the duration of the modernization for all elevators **WITHIN THE SAME ELEVATOR MACHINE ROOM.**

The following is the list of elevators in the same elevator machine room:

- i. Tower 1 (E908): Elevators 1, 2, 4, 5, 6, 7 & 8
- ii. Tower 1 (E1003): Elevators 9, 10
- iii. Tower 2 (S809): Elevators 11, 12, 13, 15, 16, 17 & 18
- iv. CTC (M6101): Elevators M1, M2 & M3.

| | |
|--|------------------------|
| Total Number of Elevators | 19 |
| Monthly Unit Price per Elevator | \$_____/Elevator/Month |

(Additive Alternate #5) = 19 x Monthly Unit Price per Elevator x 12 months

The amount to be added to the Lump Sum Base Bid will be:

(\$ _____) (_____)
 Additive Alternate #5 bid in figures Additive Alternate #5 bid in words

Durations listed herein are only for Bid evaluation purposes. Payments will be per actual durations.

7. ADDITIVE ALTERNATE #6 BID: WARRANTY MAINTENANCE

As per the detailed scope of services described in “Exhibit 9- TTCF Elevator Interim Maintenance and Warranty Specifications”. A part of the bid documents. Provide a **monthly** unit price per machine room.

Contractor is to furnish all services, materials, labor, and equipment required for the facilities’ elevators continued operation and conduct all required elevator servicing to meet County and State operational requirements of the **newly replaced elevators after modernization/replacement of all elevators WITHIN THE SAME ELEVATOR MACHINE ROOM is complete.** These services shall run concurrently with the required 12-month warranty period.

The amount to be added to the Lump Sum Base Bid will be:

- i. Tower 1 (E908): Elevators 1, 2, 4, 5, 6, 7 & 8
- ii. Tower 1 (E1003): Elevators 9, 10
- iii. Tower 2 (S809): Elevators 11, 12, 13, 15, 16, 17 & 18
- iv. CTC (M6101): Elevators M1, M2 & M3.
- v. Tower 1 (E1002): Elevator 3
- vi. Tower 2 (S902): Elevator 14

| Machine Room | Total Number of Elevators (TNOE) | Monthly Price per Machine Room | Months | Total (TNOE x Monthly Price per Machine Room x Months) |
|--------------------------------|---|---------------------------------------|---------------|---|
| Tower 1 (E908) | 7 | \$_____ | 6 | \$_____ |
| Tower 1 (E1003) | 2 | \$_____ | 26 | \$_____ |
| Tower 2 (S809) | 7 | \$_____ | 6 | \$_____ |
| CTC (M6101) | 3 | \$_____ | 26 | \$_____ |
| Tower 1 (E1002) | 1 | \$_____ | 2 | \$_____ |
| Tower 2 (S902) | 1 | \$_____ | 2 | \$_____ |
| (Additive Alternate #6) | | | | \$_____ |

(\$ _____) (_____)
 Additive Alternate #6 bid in figures Additive Alternate #6 bid in words

Durations listed herein are only for Bid evaluation purposes. Payments will be per actual durations.

8. 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

9. COUNTY PROGRAM PREFERENCE:

The Local Small Business Enterprise Program Preference, Social Enterprise Program Preference, and Disabled Veterans Business Enterprise Program Preference are 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, Social Enterprise Preference, and/or Disabled Veterans 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 | <input type="checkbox"/> | No | <input type="checkbox"/> |
| SE | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| DVBE | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

10. RECEIPT OF NOTICE TO BIDDERS:

I hereby certify and declare that I have received, reviewed and incorporated Notice to Bidders **A** dated February 6, 2023, Notice to Bidders **B** dated February 9, 2023, Notice to Bidders **C** dated March 2, 2023, Notice to Bidders **D** dated March 20, 2023, Notice to Bidders **E** dated March 30, 2023, Notice to Bidders **F** dated April 17, 2023, Notice to Bidders **G** dated April 20, 2023, Notice to Bidders **H** dated April 24, 2023, Notice to Bidders **I** dated April 25, 2023 and Notice to Bidders **J** dated April 26, 2023 into my Bid.

Executed this day of _____ (Month, Day, 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. If the items are incorrectly calculated, the unit price shall prevail, and the corrected total amount will be considered for alternates.

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
- LGBTQQ-Owned

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

Race/Ethnic Composition

For statistical purposes only.

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

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

Title and E-mail Address

Telephone

Signature and Print Name

Fax

Title and E-mail Address