



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 25, 2023

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

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

This Notice to Bidders "I" 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," and "I" (ATTACHMENT 1).

2. Refer to Section 00 09 12, Countywide Local and Targeted Worker Hire Program – Mandatory, 1.02 Definitions, I. Targeted Worker.

Add: 15. Multi-Craft Core Curriculum (MC3) program graduates.

QUESTIONS AND ANSWERS:

1. Question: Detail #1 on drawing M-601 indicates Liebert manufacturer for AHU 6-3. We assume this unit to be Trane per the equipment schedules on sheet M-002. This proposal includes pricing for Trane, not Liebert. Please confirm acceptance.

Answer: AHU 6-3 manufacturer is Trane. Trane is identified on sheets: M-002 Air Handling Unit Schedule, M-502 Detail #2 and M-601 Control Diagram detail #1 and note #2.

2. Question: In lieu of room thermostats with the VAV boxes, we are providing new space temperature sensors. Please confirm acceptance.

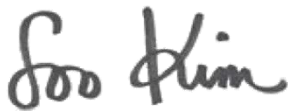
Answer: Rejected. Provide room thermostats. Sheet M-601, Control Note #12 requires Room Thermostats with Display, Adjustment and Override. An acceptable substitute is Room Sensors with Display, Adjustment and Override.

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, and I)

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.

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, and Notice to Bidders **I** dated April 25, 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