



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>

MARK PESTRELLA, Director

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

March 30, 2023

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

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

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

Los Angeles County Sheriff's Department (LASD) will hold a third site visitation on Tuesday, April 11, 2023 to individuals that have LASD clearance.

Pre-meet at 9:45 am. at the job site, 450 Bauchet Street, Los Angeles, CA 90012

Important instructions:

1. Bidders/Attendees must complete Section 1, Section 4, and bottom of page 3 of the attached EXHIBIT 1 Short Term Application Custody Facility Clearance Application and email a **color copy** of the applicant's Driver's License (FRONT AND BACK) to the Contract Administrator, Cheryl Wong: email is CWONG@dpw.lacounty.gov by **9 a.m. on Tuesday, April 4, 2023**. Signature is preferred (electronic is acceptable). Do not type a name as the signature. The Contract Administrator will forward the applications and Driver's Licenses to the Los Angeles County Sheriff's Department for approval to visit Twin Towers Correctional Facility (TTCF). The Contract Administrator will update Bidders on their applications approval. LASD requires masks to be worn inside all custody facilities.

Any Bidders/Attendees from the first and second site visitations that wish to attend the third visitation must resubmit this item, per LASD.

2. Bidders/Attendees must complete the attached EXHIBIT 4 Confidentiality Agreement - Los Angeles County Sheriff's Department – Facilities Planning Bureau and email to the Contract Administrator, Cheryl Wong: email is CWONG@dpw.lacounty.gov by **9 a.m. on Tuesday, April 4, 2023**. The Contract Administrator will forward to the Los Angeles County Sheriff's Department for approval to receive a link to plans and technical specifications. If bidder is approved, the Contract Administrator will email the link to the bidder.

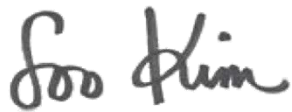
3. Pre-meet at 9:45 am. See attached map. All participants will be escorted to check in at the Security Counter. Please have Driver's Licenses or valid California picture ID.
4. Parking: Arrive early and use the pay lot across the street from TTCF. See attached map. Attendance is strongly encouraged.

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

A handwritten signature in black ink that reads "Jose Quevedo". The signature is written in a cursive, flowing style.

for

JOSE QUEVEDO, PE
Assistant Deputy Director
Business Relations and Contracts Division

JQ:cw



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT



Custody Facility Clearance Application

Type of Access (**circle one**):*One Day/Short Term**Religious Volunteer / Clergy*

Fill in the following sections

(1, 2 & 4)

(1, 3 & 4)

Application must be submitted with a color copy of the applicant's Driver's License or Identification Card (7) business days prior to visit

Please review the below disqualification criteria for all applicants prior to completion:

- Is currently on Probation or Parole (County, State, or Federal)
- Registered as a sex offender, narcotics offender, or arson offender
- Have been convicted and incarcerated in any Federal prison, State prison, or County jail within the last 7 years
- Are currently listed as a restrained person on a Protective Order/Restraining Order
- Have had an affiliation with a criminal street gang or any person of notorious reputation within the last 15 years
- Have omitted requested information, offered misstatements, lied, or provided incomplete statements on the current or any previous security clearance application
- Have active warrants or pending criminal cases
- Have used any controlled substance without a physician's prescription within the last 5 years
- Have attempted to escape or been convicted of aiding and abetting an escape from any Federal prison, State prison, or County jail
- Have a lengthy history of criminal offenses

Have a felony conviction pursuant to Penal Code 1192.7(c) and/or; misdemeanor conviction pursuant to Penal Code 667.5(c) which may include but are not limited to:

- Murder or Attempted Murder within the last 15 years
- Weapons law violation within the last 15 years
- A serious or violent felony, including charges that were considered serious or violent and categorized as a serious or violent felony at the time of conviction, within the last 15 years, or convicted of a serious or violent misdemeanor within the last 3 years
- Possession of a controlled substance for sale within the last 15 years
- Assault on a Peace Officer/Emergency Personnel within the last 15 years
- Engaging in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)
- Engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or been civilly or administratively adjudicated to have engaged in the activity described in this section
- Bringing a controlled substance or unauthorized item into a Federal prison, State prison, or County jail
- Presents any safety and security concerns that warrant denying a security clearance per the Unit Commander's discretion



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Custody Facility Clearance Application



Section 1 - To be completed by Applicant

Name:	DOB:	CDL /ID #:
Address:	City:	Zip:
Home Phone: ()	Cell Phone: ()	Gender: Male Female Non-Binary
Employer Name:	Work Phone: ()	
Email Address:	Emergency Contact Name/Phone:	

Section 2 - To be completed by LASD Sponsor / Project Coordinator / Authorized Department Sponsor

Requested Facility:	Date of visit:	Unit Requesting:
Escort Name:		Phone:
Sponsor Approval (Please Print):		Employee #:
Project Coordinator (IF APPLICABLE):		Email:
Reason for visit:		

Section 3 - Chaplains / Clergy please complete the following

Clergy Program please provide the following:

- A letter from your organization/church stating you are representing the organization and nature of your visit.
- Copy of Ordination Certificate (Clergy only).

Requested Facility:	Date of visit:	Faith:
Chaplain Name:		Phone:
Reason for visit:		

Section 4

Have you ever been convicted of a misdemeanor or felony? Yes___ No___ Expungement? Yes___ No___

If "Yes", briefly explain: _____

In the last twelve months, have you been contacted, questioned, detained or arrested by any law enforcement agency or have you been named as a suspect in a police investigation? Yes___ No___

If "Yes", briefly explain: _____

I hereby authorize the Los Angeles County Sheriff's Department to initiate a background check for access into the Los Angeles County Jail System.

Signature: _____

Date: _____

***** FOR OFFICE USE ONLY *****

Background Completed by:	Date:	Pass	Fail
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LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
Custody Facility Clearance Application



I have applied for jail clearance and understand in order for me to participate and ensure admission into the Correctional facility, I must agree to the following terms and conditions and adhere to the following guidelines:

- I must be in possession of a valid and current Government issued Driver's License and/or Identification Card.
- I must check into Facility/Main Control to exchange my I.D. for a facility badge. Upon my departure, I must return the facility badge in exchange for my I.D.
- If my access is "escort" required, I understand I must wait to be escorted by personnel authorized to escort me.
- My access is restricted only to the facility I am allowed to enter and for the specified (if applicable) time period.
I may be searched at any time while on jail property.
- It is a crime to bring weapons, narcotics, and/or contraband into a custody facility.

Prohibited items within the secured areas of the jail include, but are not limited to:

Firearms, Ammunition, Knives, or any type of weapon, Cellular Telephones, Smart Watches, Cameras, Audio Recording Devices, Backpacks, Duffel Bags, Purses, Fanny Packs, Shopping Bags, Brief Cases, Lighters, Matches, Cigarettes, (including E-Cigarettes, vaporizers). Please make arrangements to secure any of the above listed personal items prior to entering the facility. If you are unsure of an item, please ask the facility.

- The Los Angeles County Jail is a professional setting and I am expected to wear appropriate attire (clothing should be business casual).
- I may be asked to clear a metal detector (magnetometer). Failure to comply with the request will result in permanent removal from current and future jail access.
- I may be subjected to the risk of my personal safety or death, and/or damage to personal property, and I accept these risks.
- The Los Angeles County Sheriff's Department maintains a no hostage policy and will not consider bargaining with hostage takers for any reason. In the event I am taken hostage, no inmate will be released as a condition of my safety, and no consideration for my safety will be given to those who have taken me hostage.
- I understand I may be exposed to unlawful acts of force or violence by inmates, riots, nudity, assault, or caustic chemicals. I agree to comply with questioning if I am a witness to any of the aforementioned.
- I will refrain from engaging inmates in conversation or from answering inmates if they attempt to engage me regarding matters that are not official business for which my access was granted.
- I shall not knowingly fraternize with, engage the services of, accept services from, do favors for, or maintain a business or personal relationship or association with the spouse, immediate family member, or romantic companion of any person in the custody of the Sheriff's Department or within 30 days of their release.
- Permission to enter the correctional facility may be subject to cancellation without notice.
- The number of persons permitted in the facility will be determined at the discretion of the facility Watch Commander.
- Distribution of literature, written or printed materials, business cards, photographs, pictures, or other visual materials shall not be circulated, distributed, or posted in any LASD facility by persons or groups not associated with LASD.

I understand any violation of the above will result in my access being revoked. I have carefully read and understand the contents of this document and sign it of my own free will.

Print Name

Driver's License Number

Applicant Signature

Date

CONFIDENTIALITY AGREEMENT

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT – FACILITIES PLANNING BUREAU

Note: This agreement shall be executed and returned to the Los Angeles County Sheriff's Department - Facilities Planning Bureau upon the commencement of the employee's involvement with the project listed below. The viewing of any reports and/or plans provided by LASD – FPB to be used as a basis of developing a no-fee cost estimate does not constitute in any way a guarantee of award of contract for the project mentioned below.

Project Name **Twin Towers Correctional Facility Elevators Project**

Employer Name _____

Job No. _____

**Specs. 7675
BRC0000394**

Employee Name _____

GENERAL INFORMATION:

The intent of this agreement is to protect and safeguard all confidential County information related to the above-referenced project. This agreement is required for all persons working on the project whose employer is either providing services to, or potentially providing services to, the County of Los Angeles (County) directly through contract or providing services to a County contractor as a sub-contractor or sub-consultant at any level. This agreement is also required for all employees working on the project that are employed by a municipality or other public agency, as well as their contracted partners, involved with the project. As an employee of such a firm or public agency, the County requires your signature on this agreement.

CONFIDENTIALITY AGREEMENT:

I understand and agree that I may be involved with work on the above-referenced project and, as such, I may have access to confidential County information. In addition, I understand and agree that I may also have access to proprietary and/or confidential information supplied to County by other contractors, vendors, municipalities, and public agencies working on the project and/or who are otherwise doing business with the County. The County has a legal obligation to protect all such confidential information in its possession. I understand that, if I am involved in the project, then the County must ensure that I, too, will protect the confidentiality of such information. Consequently, I understand that I must sign this agreement as a condition of work to be provided by me through my employer on the project. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge, transmit, duplicate, or otherwise disclose to any person not approved or otherwise agreed upon to work on the project, any confidential information, including data and documentation (both electronic and in paper form), obtained by me or my employer while performing work on the above-referenced project. I agree that I must not post sensitive or otherwise confidential information, including documentation, on websites not previously approved by the Los Angeles County Sheriff's Department. I agree to forward all requests received by me for the release of any information related to the project to my immediate supervisor, who shall confirm the dissemination of such information with, and seek approval from, the Los Angeles County Sheriff's Department, prior to the release of any information. I agree to take reasonable precautions to safeguard all confidential information, as well as ensure that it is not distributed to any unauthorized persons.

I agree to maintain the confidentiality of all confidential information, data, documents, and records pertaining to the above-referenced project and any work provided on the project and/or the result of any discussion or meetings about the project, as well as design concepts, programming specifics, operational details, proprietary information, and all other original materials produced, created, or provided to or by me or my employer under the above-referenced project. I agree to protect these confidential materials against disclosure to anyone other than my employer's authorized employees or authorized County employees who have a need to know the information. I agree that, if proprietary and/or confidential information supplied by other County contractors or vendors is provided to me during this project, then I shall keep such information confidential. This agreement includes all pertinent confidential and/or proprietary documents and any information obtained throughout the project, including oral communications, project notes, facility maps, construction specifications, and any critical infrastructure information. I agree to maintain the confidentiality of all confidential documents, regardless of whether or not written materials are marked CLASSIFIED or CONFIDENTIAL. If I am unclear whether any information is sensitive or confidential, then I shall immediately seek clarification from my employer and the Los Angeles County Sheriff's Department.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials, including electronic files and paper files upon completion of this project or termination of my employment, whichever occurs first, to the Los Angeles County Sheriff's Department. I acknowledge that violation of this agreement may subject me and my employer to civil and/or criminal action and that the County may seek all possible legal redress.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

EMAIL ADDRESS: _____



Twin Towers Correctional Facility Elevators Project Site

450 Bauchet Street, Los Angeles, CA 90012

ATTACHMENT 1

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

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. 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: MODERNIZATION OF ELEVATOR #20

Furnish all labor and materials required to modernize the elevator #20 per drawings and specifications with the following conditions:

Prior to the decommissioning of this elevator for modernization work, contractor shall make provisions for a temporary ADA compliance incline wheelchair lift platform to be installed in the stairway adjacent to elevator #20. Modify the existing stairway handrails as need 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, 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 #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 #3 bid in figures Additive Alternate #3 bid in words

5. ADDITIVE ALTERNATE #4 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 elevator 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 elevator(s) 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 #4) = 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 #4 bid in figures

Additive Alternate #4 bid in words

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

6. ADDITIVE ALTERNATE #5 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** and after modernization/replacement of elevators in a single machine room. 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 #5)				\$_____

(\$ _____) (_____)
 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. 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

8. 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"/>

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

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, and Notice to Bidders **E** dated March 30, 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