



MARK PESTRELLA, Director

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

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<http://dpw.lacounty.gov>

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

IN REPLY PLEASE

REFER TO FILE: **BRC-2**

May 13, 2024

DEPARTMENT OF PUBLIC HEALTH DOWNEY LABORATORY EXPANSION AND RENOVATION PROJECT SPECS. NO. 7817; C.P. NO. 87889

NOTICE TO BIDDERS "C"

This Notice to Bidders "C" clarifies certain portions of the bid documents all of which is hereby made part of the contract documents.

BID DUE DATE EXTENSION

Bid due date is extended from May 14, 2024, to June 4, 2024, no later than 11:00 a.m.

PROJECT MANUAL:

Delete and **replace** in its entirety Section 00 03 00, Form of Bid, with the attached revised Section 00 03 00, Form of Bid, which includes receipt of Notice to Bidders "C" (**attached**).

Kindly notify your subcontractors to this effect. If you have any questions, please contact Ms. Loydi Nguyen at Lnguyen@pw.lacounty.gov or (626) 458-2180.

Very truly yours,

MARK PESTRELLA, PE
Director of Public Works

SOO KIM
Division Chief
Business Relations and Contracts Division

SK:ln

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Attach.

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 Department of Public Health Downey Laboratory Expansion and Renovation Project in accordance with Drawings and Specifications 7817, 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 total lump sum bid price is determined by adding the following items: Lump Sum Bid + Additive Alternate + Extended Overhead Daily Rate [Multiplied by 30 days] - less County Preference, if applicable. 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) and Construction and Demolition Debris Recycling, and Mandatory Jobs Coordinator requirements complete according to the Drawings and Specifications, will be:

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

2. ADDITIVE ALTERNATE 1: BSL 3 (BIOLOGICAL SAFETY LEVEL 3)

The amount to be added to the lump sum bid for inclusion of the work as specified in Section 01 23 00, will be:

(\$ _____) (_____)
Amount in figures Amount in words

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 (LSBE), 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 the following Notices into my Bid:

Notice to Bidders A, dated April 30, 2024

Notice to Bidders B, dated May 7, 2024

Notice to Bidders C, dated May 13, 2024

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.

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

Zip Code

Title and E-mail Address

Telephone

Signature and Print Name

Fax

Title and E-mail Address