COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

MARK PESTRELLA, Director

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

August 25, 2026

NOTICE TO BIDDERS "E"

MARTIN LUTHER KING, JR. MEDICAL CAMPUS
AUGUSTUS F. HAWKINS BUILDING DEMOLITION PROJECT
SPECS. NO. 7974; C.P. NOS. 8A090 AND 8A091

This Notice to Bidders "E" clarifies certain portions of the Project Manual, provides responses to questions received, and forms a part of the Contract Documents.

PROJECT MANUAL:

Refer to Section 00 03 00, Form of Bid. **Delete** the section in its entirety and **replace** with the attached revised Section 00 03 00 (enclosed here as Attachment 1).

QUESTIONS AND ANSWERS

1. Question: Can the bid due date be extended?

   Answer The bid due date will not be extended.

2. Question: Refer to Notice To Bidders D – Attachment 2 includes approximately 744 pages of existing fire alarm design narratives, shop drawings and product data associated with the existing MLK Medical Center campus fire alarm system. Please confirm these documents are being provided for reference only. If the Contractor is required to provide fire alarm design, modifications, programming, disconnection, relocation, testing, or other fire alarm work associated with the demolition, please identify the specific required scope of work and applicable design criteria. Please also identify which existing fire alarm systems and/or campus network components are required to remain operational during and following demolition.

Answer: Notice to Bidders D – Attachment 2, is for reference only. The contractor is to safe off devices, disconnect/terminate the fire alarm system at the existing connection points, and adjust network programming prior to demolition. All existing fire alarm systems and/or campus network components outside of the Hawkins building demolition scope are required to remain operational.

Kindly notify your subcontractors to this effect. If you have any questions, please contact Ms. Ivonne Pena at (626) 458-2585 or ipena@pw.lacounty.gov.

Very truly yours,

MARK PESTRELLA, PE
Director of Public Works

Brian Soria

for SOO KIM
Division Chief
Business Relations and Contracts Division

BS:ip

Attach.

_____ _____

Name of Bidder (Firm Name) Vendor Identification Number

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 Martin Luther King, Jr. Medical Campus Augustus F. Hawkins Building Demolition Project, in accordance with Drawings and Specifications 7974, 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 Bid (1) + [Extended Overhead Daily Rate (2) x Multiplied by 30 days] + Bid Alternate 1 (3) = 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) 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. 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

3. BID ALTERNATE 1:

The amount to be added to the Lump Sum Bid for inclusion of the work of Additive Alternate 1. Refer to Section 01 23 00, Alternates.

($_____) (_____)
Amount in figures Amount 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. Bidder shall be certified by the County of Los Angeles Department of Economic Opportunity at time of bid. 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 Economic Opportunity. If non-qualifying, check "no" in the appropriate box.

LSBE Certification for Non-Federally Funded County Solicitations

Yes ☐ No ☐

Note: Local Small Business Enterprise Program Preference will not be granted to those who are certified for Federal Funded County Solicitations only.

5. RECEIPT OF NOTICE TO BIDDERS:

I hereby certify and declare that I have received, reviewed and incorporated Notice to Bidders A dated July 14, 2026, Notice to Bidders B dated August 8, 2026, Notice to Bidders C dated August 13, 2026, Notice to Bidders D dated August 21, 2026, and Notice to Bidders E dated August 25, 2026, 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 1

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_____

Place _____
City and State

Respectfully submitted,

_____
Firm Name (if applicable)

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

_____
Number and Street

_____
City and State Zip Code

_____
Telephone

_____
Fax

_____
Signature and Print Name

_____
Title and E-mail Address

_____
Signature and Print Name

_____
Title and E-mail Address