

# 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

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

IN REPLY PLEASE

REFER TO FILE: BRC-2

September 14, 2022

NOTICE TO BIDDERS D HARBOR-UCLA MEDICAL CENTER REPLACEMENT PROGRAM INTERIM HELISTOP PROJECT SPECS. NO: 7821; CP 67965

This Notice to Bidders D clarifies certain Sections of the Project Manual and is hereby made part of the Contract Documents.

## **EXTENSION OF BID DUE DATE AND BID OPENING**

This Notice to Bidders D extends the deadline for submittal of Bids. The due date is extended from September 15, 2022 to September 21, 2022. Bids shall be submitted no later than 10:00 a.m. The bids will be publicly opened, examined and declared by the Department of Public Works at 2:30 p.m. on September 21, 2022 using Microsoft Teams, or County accepted platform. The information a link to access the bid opening will be posted on the Public Works website, on the project information link.

## **PROJECT MANUAL**

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

<u>Delete</u> Section in its entirety and <u>replace</u> with the attached revised Section 00 03 00, Form of Bid, which includes receipt of Notices to Bidders (Attachment 1).

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## **QUESTION AND ANSWER**

Question: We were just notified by FEC Heliports that the CSLB license they applied

for at the beginning of this year has yet to be processed so they currently do not have an active CSLB and therefore do not have a DIR registration

either.

We understand that all contractors and subcontractors must have an active CSLB and DIR Registration in order to bid and perform work for the County. Are we able to hire licensed installers to perform the physical work and FEC Heliports will only be procuring and providing the helipad material?

Answer: The subcontractor installer must comply with the provisions of the

Section 131200, including being licensed in the state of California and having a valid registration with the Department of Industrial Relations (DIR). The helistop product can be procured from any of the three suppliers, or

approved equal, listed in Section 131200.

Kindly notify your subcontractors of this Notice.

If you have any questions regarding this Notice to Bidders D, you may contact Mr. Simon Lee at (626) 458-2509 or SIMONLEE@dpw.lacounty.gov.

Very truly yours,

MARK PESTRELLA, PE Director of Public Works

for

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

JQ:syl

Attach.

# **ATTACHMENT 1**

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 Harbor-UCLA Medical Center Replacement Program Interim Helistop Project, in accordance with Drawings and Specifications 7821, 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 in Words (1) + [Extended Overhead Daily Rate (2) x Multiplied by 30 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 BID:			
	The lump sum bid for the work, including Best Management Practices (BMP) and Construction and Demolition Debris Recycling, and Mandatory Jobs Coordinato requirements complete according to the Drawings and Specifications, will be:			
	(\$) (	sum bid in words		
2.	EXTENDED OVERHEAD DAILY RATE:			
	The daily rate for the sum of the Contractor's field of applicable to this project, for each day of compensa			

Specs. No. 7821 Form of Bid 00 03 00-1

Daily rate in words

Daily rate in figures

#### 3. 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. If non-qualifying, check "no" in the appropriate box.

No	
	No

#### 4. RECEIPT OF NOTICE TO BIDDERS:

I hereby certify and declare that I have received, reviewed and incorporated Notice to Bidders D dated September 14, 2022, into my Bid.

Executed this day of (Month and Ye		
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

			, License No, license	
clas	sification	on(s)	, was issued to me (us), in the name of	
		, by the C	Contractors' State License Board, pursuant to	
Cali	fornia S	Statutes of 1929, as amended, ar	nd that said license has not been revoked.	
Firm Ownership Information			If minority-owned, indicate the	
Check where applicable:			appropriate category:	
1.	()	Minority-Owned	() African American	
	()	Woman-Owned	() Hispanic or Latino	
	()	Disadvantaged-Owned	() Asian/Pacific Islander	
	()	Disabled Veteran-Owned	() Filipino	
	()	Other	() American Indian/Alaskan	
			Native	
2.	()	An individual	If a copartnership or joint	
	()	A corporation. Name	venture, list names of	
	. ,	state or territory of	individuals comprising same	
		Incorporation	below	
	()	A copartnership		
	()	A joint venture		
Date signed, 20		d, 20	Respectfully submitted,	
Plac	ce			
		City and State	Firm Name (if applicable)	
Bido	der's ad	ldress, E-mail address, and telep	hone:	
Num	ber and	Street	Signature and Print Name	
City and State		e	Title and E-mail Address	
Telephone			Signature and Print Name	
 Fax			Title and E-mail Address	