



MARK PESTRELLA, Director

# 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.

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

**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?

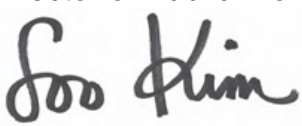
Answer: The subcontractor installer must comply with the provisions of the Section 131200, including being licensed in the state of California and having a valid registration with the Department of Industrial Relations (DIR). The helistop product can be procured from any of the three suppliers, or approved 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](mailto: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**



**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.

Yes

☐

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 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:

If minority-owned, indicate the appropriate category:

1. ☐ Minority-Owned
- ☐ Woman-Owned
- ☐ Disadvantaged-Owned
- ☐ Disabled Veteran-Owned
- ☐ Other

- ☐ African American
- ☐ Hispanic or Latino
- ☐ Asian/Pacific Islander
- ☐ Filipino
- ☐ American Indian/Alaskan Native

2. ☐ An individual
- ☐ A corporation. Name \_\_\_\_\_  
state or territory of  
Incorporation \_\_\_\_\_
- ☐ A copartnership
- ☐ A joint venture

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