



MARK PESTRELLA, Director

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC WORKS

*"To Enrich Lives Through Effective and Caring Service"*

900 SOUTH FREMONT AVENUE  
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Telephone: (626) 458-5100  
<http://dpw.lacounty.gov>

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

April 3, 2025

IN REPLY PLEASE

REFER TO FILE: **BRC-2**

**NOTICE TO BIDDERS C  
HARBOR-UCLA MEDICAL CENTER REPLACEMENT PROGRAM  
GENERATOR BUILDING RETROFIT PROJECT COMPONENT  
BID NUMBER: BRC0000569  
SPECS 7962; C.P. 67961**

This Notice to Bidders C revises certain portions of the Invitation for Bids (IFB), dated February 13, 2025, for the above-named bid and is hereby made a part thereof.

**a. QUESTIONS AND ANSWERS**

Refer to the attached file dated April 3, 2025, "Request for Information/Clarifications", containing questions and answers, in response to the questions received from bidders.

**b. BID FORMS**

- 1) Replace Section 00 03 00 "Form of Bid" with the revised Section 00 03 00 (Attached).

Kindly notify your subconsultants of this Notice.

If you have any questions regarding this Notice to Bidders C, you may contact Mr. Matt Jerge at (626) 476-0378 or by email at [mjerge@pw.lacounty.gov](mailto:mjerge@pw.lacounty.gov).

Very truly yours,

MARK PESTRELLA, PE  
Director of Public Works

Soo Kim  
Division Chief  
Business Relations and Contracts Division

MJ

**April 3, 2025**  
**REQUEST FOR INFORMATION/CLARIFICATIONS**  
**HARBOR-UCLA MEDICAL CENTER REPLACEMENT PROGRAM**  
**GENERATOR BUILDING RETROFIT PROJECT COMPONENT**  
**BID NUMBER: BRC0000569**

Question Number	Question	Answer
1	What is the typical timeline for a shutdown notice, and would temporary generators be needed?	<p>The typical required shutdown notice period is four (4) weeks. Please refer to Exhibit 9 and notes in the plans, which outline the various shutdowns and cutovers that may be required throughout the course of the project.</p> <p>Bidders/Contractors shall provide Temporary Generators required for any major shutdowns exceeding 15 minutes in 24/7 occupied buildings, including but not limited to:</p> <ul style="list-style-type: none"> <li>•Main hospital buildings</li> <li>•Central Plant</li> <li>•Main Data Centers</li> </ul> <p>For buildings that operate only during regular hours, work may be scheduled off-hours to avoid the need for temporary generators. However, if a data center is present in those buildings, it must be supported with Temporary Generators during shutdowns.</p> <p>Bidders/Contractor are responsible for coordinating shutdowns, obtaining approvals, and ensuring compliance with all hospital, regulatory, and project-specific requirements.</p>
2	Please further clarify the details of the expected responsibilities from the bidders for the scope of Owner-Furnished, Contractor-Installed (OF/CI) work, and are power studies required?	<p>The Owner-Furnished, Contractor-Installed (OF/CI) scope is outlined in Exhibit 10, which clearly defines the roles and responsibilities for OF/CI work. Bidders/Contractors must review Exhibit 10 in detail to fully understand their obligations under this project.</p> <p>Power studies are required. Bidders/Contractors shall assume that all necessary power system studies (e.g., short-circuit analysis, coordination study, arc flash study, and harmonic analysis) are required and are the responsibility of the Bidders/Contractors unless explicitly stated otherwise in the Contract Documents or Exhibit 10.</p> <p>Bidders/Contractors shall install, integrate, test, and commission all Owner-Furnished equipment per project specifications and applicable codes.</p>
3	Can we schedule an additional job-walk for this project?	<p>Bidders may request one additional job walk to view the project site by emailing Matt Jerge at <a href="mailto:mjerge@dpw.lacounty.gov">mjerge@dpw.lacounty.gov</a>. Additional job walks will only be conducted from April 7, 2025 through April 11, 2025.</p>

**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 Generator Building Retrofit Project Component, in accordance with Drawings and Specifications 7962, including addenda thereto, if any, adopted by the Board of Supervisors, and on file in the office of the Board of Supervisors, as follows:

**1. INCREMENT 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 for **Increment 1**, will be:

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

**LUMP SUM BID BREAKDOWN FOR INCREMENT 1:**

	Item	Value in Dollars
<b>Division 0</b>	<b>PROCUREMENT &amp; CONTRACTING REQUIREMENTS</b>	<b>\$</b>
	<b>00 72 00 General Conditions</b>	<b>\$</b>
<b>Division 1</b>	<b>GENERAL REQUIREMENTS</b>	<b>\$</b>
	<b>01 50 00 – Temporary Facilities and Controls (Including Temp. Generators and Infrastructure for Shutdowns)</b>	<b>\$</b>
<b>Division 2</b>	<b>EXISTING CONDITIONS</b>	<b>\$</b>
	<b>02 41 00 – Demolition and Deconstruction</b>	<b>\$</b>
	<b>02 82 00 – Hazardous Material Abatement</b>	<b>\$</b>
<b>Division 3</b>	<b>CONCRETE</b>	<b>\$</b>
<b>Division 4</b>	<b>MASONRY</b>	<b>\$</b>
<b>Division 5</b>	<b>METALS</b>	<b>\$</b>
<b>Division 6</b>	<b>Wood and Plastic Products</b>	<b>\$</b>
<b>Division 7</b>	<b>THERMAL AND MOISTURE PROTECTION</b>	<b>\$</b>
<b>Division 8</b>	<b>OPENINGS</b>	<b>\$</b>
<b>Division 9</b>	<b>FINISHES</b>	<b>\$</b>
<b>Division 10</b>	<b>SPECIALTIES</b>	<b>\$</b>
<b>Division 22</b>	<b>PLUMBING</b>	<b>\$</b>
<b>Division 23</b>	<b>HEATING, VENTILATING &amp; AIR CONDITIONING (HVAC)</b>	<b>\$</b>
<b>Division 26</b>	<b>ELECTRICAL</b>	<b>\$</b>
<b>Division 27</b>	<b>COMMUNICATIONS</b>	<b>\$</b>
<b>Division 28</b>	<b>ELECTRONIC SAFETY AND SECURITY</b>	<b>\$</b>
<b>Division 31</b>	<b>EARTHWORK</b>	<b>\$</b>
<b>Division 32</b>	<b>EXTERIOR IMPROVEMENTS</b>	<b>\$</b>
<b>Division 33</b>	<b>UTILITIES</b>	<b>\$</b>
<b>Any Other Divisions</b>	<b>Other Division Not Included in the Above</b>	<b>\$</b>

LUMP SUM BID BREAKDOWN TOTAL: \$ \_\_\_\_\_

LUMP SUM BID BREAKDOWN IN WORDS: \$ \_\_\_\_\_

**2. INCREMENT 2 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 for **Increment 2**, will be:

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

**LUMP SUM BID BREAKDOWN FOR INCREMENT 2:**

	Item	Value in Dollars
Division 0	<b>PROCUREMENT &amp; CONTRACTING REQUIREMENTS</b>	\$
	00 72 00 General Conditions	\$
Division 1	<b>GENERAL REQUIREMENTS</b>	\$
	01 50 00 – Temporary Facilities and Controls (Including Temp. Generators and Infrastructure for Shutdowns)	\$
Division 2	<b>EXISTING CONDITIONS</b>	\$
	02 41 00 – Demolition and Deconstruction	\$
	02 82 00 – Hazardous Material Abatement	\$
Division 3	<b>CONCRETE</b>	\$
Division 4	<b>MASONRY</b>	\$
Division 5	<b>METALS</b>	\$
Division 6	<b>Wood and Plastic Products</b>	\$
Division 7	<b>THERMAL AND MOISTURE PROTECTION</b>	\$
Division 8	<b>OPENINGS</b>	\$
Division 9	<b>FINISHES</b>	\$
Division 10	<b>SPECIALTIES</b>	\$
Division 22	<b>PLUMBING</b>	\$
Division 23	<b>HEATING, VENTILATING &amp; AIR CONDITIONING (HVAC)</b>	\$
Division 26	<b>ELECTRICAL</b>	\$
Division 27	<b>COMMUNICATIONS</b>	\$
Division 28	<b>ELECTRONIC SAFETY AND SECURITY</b>	\$
Division 31	<b>EARTHWORK</b>	\$
Division 32	<b>EXTERIOR IMPROVEMENTS</b>	\$
Division 33	<b>UTILITIES</b>	\$
Any Other Divisions	<b>Other Division Not Included in the Above Divisions</b>	\$

**LUMP SUM BID BREAKDOWN TOTAL:** \$ \_\_\_\_\_

**LUMP SUM BID BREAKDOWN IN WORDS:** \$ \_\_\_\_\_

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**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

Extended Overhead Daily Rate X 30 days: \$ \_\_\_\_\_

**4. TOTAL LUMP SUM BID PRICE**

The lowest bid price shall be determined by adding the following items: Increment 1 Lump Sum Bid in Words + Increment 2 Lump Sum Bid in Words + Extended Overhead Daily Rate x 30 days + Additive Alternate in Words = Total Lump Sum Bid. The lowest Total Lump Sum Bid Price will be used to determine award.

(\$ \_\_\_\_\_) (\$ \_\_\_\_\_ )  
Total Lump Sum Bid Price in figures Total Lump Sum Bid Price in words

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.

**5. ADDITIVE ALTERNATE :**

**ADDITIVE ALTERNATE NO. 1:** Extend the standard one (1) year warranty Period, as noted in General Conditions Section 00 07 00-38, to three (3) years from the date of Substantial Completion of the project.

The amount to be added to the Lump Sum Proposal for inclusion of Alternate 1, Three (3) Year Warranty, will be as follows:

(\$ \_\_\_\_\_) ( \_\_\_\_\_ )  
In Figures In Words

6. The General Contractor shall provide a comprehensive list of all exclusions as part of their bid submission. Any scope, material, or service not explicitly listed as an exclusion shall be deemed included in the Contractor's bid and fully accounted for in the contract price. Failure to identify exclusions shall not be grounds for change orders or additional compensation. The County reserves the right to review, clarify, and reject any exclusions that are deemed unreasonable or inconsistent with the project requirements.

**7. 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. 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

**8. RECEIPT OF NOTICE TO BIDDERS:**

The Bidder hereby certifies and declares that it has received, reviewed, and incorporated the following Notices to Bidders into its Bid:

1. Notice to Bidders A, dated March 24, 2025
2. Notice to Bidders B, dated March 25, 2025
3. Notice to Bidders C, dated April 3, 2025.

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