



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 27, 2023

**NOTICE TO BIDDERS B
CENTURY REGIONAL DETENTION FACILITY ROOF, ELEVATOR AND FIRE
PROTECTION DEFERRED MAINTENANCE REPAIRS
IFB NUMBER: BRC0000450
SPECS. NO: 7684; CP 87678**

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

CANCELLATION OF SITE VISIT

This Notice to Bidders B **cancels** the site visit #1, scheduled for Thursday, September 28, 2023, at 1 p.m., due to unforeseen circumstances. **The new date and time for the site visit will be announced at a later time.**

The date for the second site visit will remain on Thursday, October 12, 2023, at 1:00 p.m.

PROJECT MANUAL:

1. Replace Exhibit A, Short Term Custody Facility Clearance Application, attached to the IFB, with the version attached to this Notice to Proposers B (Attachment 1). This new form has a different Section 2.
2. 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 Notice to Bidders "B" (Attachment 2)

Kindly notify your subcontractors of this Notice.

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

Notice to Bidders B
September 27, 2023
Page 2

Very truly yours,

MARK PESTRELLA, PE
Director of Public Works

 for

BRIAN SORIA
Administrative Services Manager III
Business Relations and Contracts Division

BS:SK:syl

Attach.

ATTACHMENT 1



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT



Custody Facility Clearance Application

Type of Access (**circle one**):

One Day/Short Term

Religious Volunteer / Clergy

Fill in the following sections

(1, 2 & 4)

(1, 3 & 4)

Application must be submitted with a color copy of the applicant's Driver's License or Identification Card (7) business days prior to visit

Please review the below disqualification criteria for all applicants prior to completion:

- Is currently on Probation or Parole (County, State, or Federal)
- Registered as a sex offender, narcotics offender, or arson offender
- Have been convicted and incarcerated in any Federal prison, State prison, or County jail within the last 7 years
- Are currently listed as a restrained person on a Protective Order/Restraining Order
- Have had an affiliation with a criminal street gang or any person of notorious reputation within the last 15 years
- Have omitted requested information, offered misstatements, lied, or provided incomplete statements on the current or any previous security clearance application
- Have active warrants or pending criminal cases
- Have used any controlled substance without a physician's prescription within the last 5 years
- Have attempted to escape or been convicted of aiding and abetting an escape from any Federal prison, State prison, or County jail
- Have a lengthy history of criminal offenses

Have a felony conviction pursuant to Penal Code 1192.7(c) and/or; misdemeanor conviction pursuant to Penal Code 667.5(c) which may include but are not limited to:

- Murder or Attempted Murder within the last 15 years
- Weapons law violation within the last 15 years
- A serious or violent felony, including charges that were considered serious or violent and categorized as a serious or violent felony at the time of conviction, within the last 15 years, or convicted of a serious or violent misdemeanor within the last 3 years
- Possession of a controlled substance for sale within the last 15 years
- Assault on a Peace Officer/Emergency Personnel within the last 15 years
- Engaging in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)
- Engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, or been civilly or administratively adjudicated to have engaged in the activity described in this section
- Bringing a controlled substance or unauthorized item into a Federal prison, State prison, or County jail
- Presents any safety and security concerns that warrant denying a security clearance per the Unit Commander's discretion



LOS ANGELES COUNTY SHERIFF'S DEPARTMENT

Custody Facility Clearance Application



Section 1 - To be completed by Applicant

Name:	DOB:	CDL /ID #:
Address:	City:	Zip:
Home Phone: ()	Cell Phone: ()	Gender: Male Female Non-Binary
Employer Name:	Work Phone: ()	
Email Address:	Emergency Contact Name/Phone:	

Section 2 - To be completed by LASD Sponsor / Project Coordinator / Authorized Department Sponsor

Requested Facility: CRDF	Date of visit: 9/28/23 TO 10/26/23	Unit Requesting: FSB / FPB
Escort Name: EFRIM WILBORN / CHIN KIM		Phone: 323-568-4745 / 323-526-5649
Sponsor Approval (Please Print): EFRIM WILBORN / CHIN KIM		Employee #: 266665 / 273147
Project Coordinator (IF APPLICABLE): CHIN KIM		Email: EMWilbor@lasd.org / c2ukim@lasd.org
Reason for visit: DEFERRED MAINTENANCE PROJECT		

Section 3 - Chaplains / Clergy please complete the following

Clergy Program please provide the following:

- A letter from your organization/church stating you are representing the organization and nature of your visit.
- Copy of Ordination Certificate (Clergy only).

Requested Facility:	Date of visit:	Faith:
Chaplain Name:		Phone:
Reason for visit:		

Section 4

Have you ever been convicted of a misdemeanor or felony? Yes___ No___ Expungement? Yes___ No___

If "Yes", briefly explain: _____

Have you ever been contacted, questioned, detained or arrested by any law enforcement agency or have you been named as a suspect in a police investigation? Yes___ No___

If "Yes", briefly explain: _____

I hereby authorize the Los Angeles County Sheriff's Department to initiate a background check for access into the Los Angeles County Jail System.

Signature: _____

Date: _____

*** FOR OFFICE USE ONLY ***

Background Completed by:	Date:	Pass	Fail
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LOS ANGELES COUNTY SHERIFF'S DEPARTMENT
Custody Facility Clearance Application



I have applied for jail clearance and understand in order for me to participate and ensure admission into the Correctional facility, I must agree to the following terms and conditions and adhere to the following guidelines:

- I must be in possession of a valid and current Government issued Driver's License and/or Identification Card.
- I must check into Facility/Main Control to exchange my I.D. for a facility badge. Upon my departure, I must return the facility badge in exchange for my I.D.
- If my access is "escort" required, I understand I must wait to be escorted by personnel authorized to escort me.
- My access is restricted only to the facility I am allowed to enter and for the specified (if applicable) time period.
I may be searched at any time while on jail property.
- It is a crime to bring weapons, narcotics, and/or contraband into a custody facility.

Prohibited items within the secured areas of the jail include, but are not limited to:

Firearms, Ammunition, Knives, or any type of weapon, Cellular Telephones, Smart Watches, Cameras, Audio Recording Devices, Backpacks, Duffel Bags, Purses, Fanny Packs, Shopping Bags, Brief Cases, Lighters, Matches, Cigarettes, (including E-Cigarettes, vaporizers). Please make arrangements to secure any of the above listed personal items prior to entering the facility. If you are unsure of an item, please ask the facility.

- The Los Angeles County Jail is a professional setting and I am expected to wear appropriate attire (clothing should be business casual).
- I may be asked to clear a metal detector (magnetometer). Failure to comply with the request will result in permanent removal from current and future jail access.
- I may be subjected to the risk of my personal safety or death, and/or damage to personal property, and I accept these risks.
- The Los Angeles County Sheriff's Department maintains a no hostage policy and will not consider bargaining with hostage takers for any reason. In the event I am taken hostage, no inmate will be released as a condition of my safety, and no consideration for my safety will be given to those who have taken me hostage.
- I understand I may be exposed to unlawful acts of force or violence by inmates, riots, nudity, assault, or caustic chemicals. I agree to comply with questioning if I am a witness to any of the aforementioned.
- I will refrain from engaging inmates in conversation or from answering inmates if they attempt to engage me regarding matters that are not official business for which my access was granted.
- I shall not knowingly fraternize with, engage the services of, accept services from, do favors for, or maintain a business or personal relationship or association with the spouse, immediate family member, or romantic companion of any person in the custody of the Sheriff's Department or within 30 days of their release.
- Permission to enter the correctional facility may be subject to cancellation without notice.
- The number of persons permitted in the facility will be determined at the discretion of the facility Watch Commander.
- Distribution of literature, written or printed materials, business cards, photographs, pictures, or other visual materials shall not be circulated, distributed, or posted in any LASD facility by persons or groups not associated with LASD.

I understand any violation of the above will result in my access being revoked. I have carefully read and understand the contents of this document and sign it of my own free will.

Print Name

Driver's License Number

Applicant Signature

Date

ATTACHMENT 2

ATTACHMENT 2

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 Century Regional Detention Facility Roof, Elevator, and Fire Protection Deferred Maintenance Repairs project, in accordance with Drawings and Specifications 7684, 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 60 days] + Bid Alternate 1 (3) + Bid Alternate 2 (4) = 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: INTERIM MAINTENANCE DURING CONSTRUCTION

The amount to be added to the Lump Sum Bid for inclusion of the work of Additive Alternate 1, As per the detailed scope of services described in "Exhibit 14 CRDF Elevator Interim Maintenance and Warranty Specifications". A part of the bid documents. Contractor is to furnish all services, materials, labor, and equipment required for the facilities elevators continued operation and conduct all required elevator servicing to meet County and State operational requirements of the existing non-modernized elevators during construction as follows:

Provide a monthly unit price per elevator within each machine room. These services shall become effective at the start of and for the duration of the modernization for all elevators **WITHIN THE SAME ELEVATOR MACHINE ROOM.**

Total Number of Elevators	8
Monthly Unit Price per Elevator	\$_____/Elevator/Month

(Additive Alternate #1) = 8 x Monthly Unit Price per Elevator x 12 months

The amount to be added to the Lump Sum Base Bid will be:

(\$ _____) (_____)
Additive Alternate #1 bid in figures Additive Alternate #1 bid in words

Durations listed herein are only for Bid evaluation purposes. Payments will be per actual durations.

4. BID ALTERNATE 2: WARRANTY MAINTENANCE

The amount to be added to the Lump Sum Bid for inclusion of the work of Additive Alternate 2. As per the detailed scope of services described in “Exhibit 14 - CRDF Elevators Maintenance and Warranty Specifications”. A part of the bid documents. Provide a monthly unit price per machine room.

Contractor is to furnish all services, materials, labor, and equipment required for the facilities elevators continued operation and conduct all required elevator servicing to meet County and State operational requirements of the newly replaced elevators **after modernization/replacement** of all elevators **WITHIN THE SAME ELEVATOR MACHINE ROOM**. These services shall run concurrently with the required 12-month warranty period.

Machine Room	Total Number of Elevators (TNOE)	Monthly Price per Machine Room	Months	Total (Monthly Price per Machine Room x Months)
West Tower 1	4	\$ _____	12	\$ _____
East Tower 2	4	\$ _____	12	\$ _____
(Additive Alternate #2)				\$ _____

(\$ _____) (_____)

Additive Alternate #2 bid in figures

Additive Alternate #2 bid in words

Durations listed herein are only for Bid evaluation purposes. Payments will be per actual durations.

5. 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. 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	<input type="checkbox"/>	No	<input type="checkbox"/>
SE Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
DVBE Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

6. RECEIPT OF NOTICE TO BIDDERS: (IF APPLICABLE)

I hereby certify and declare that I have received, reviewed and incorporated the following Notices to Bidders into my Bid:

- Notice to Bidders A, dated September 21, 2023
- Notice to Bidders B, dated September 27, 2023

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