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HERMAN HOLLOWAY CAMPUS  
CONTROLS CONSOLIDATION PHASE II  
OMB/DFM # MC3501000057  
ADDENDUM #2

QUESTIONS:

1. Does the scope include any balancing of any kind?  
**Answer: Yes. See drawing M-G20 for airflow diagram.**
2. Can you confirm that all control enclosures, conduit/raceways, and input and output wiring can be reused?  
**Answer: Yes, but it is the contractor's responsibility to determine and report defective equipment prior to replacement. It is also the contractor's responsibility to test existing wiring for continuity before use.**
3. Can existing communication network bus wire be reused if it is determined that it meets the communication wire specifications of the new BAS controllers?  
**Answer: Yes, but it is the contractor's responsibility to determine and report defective equipment prior to re-use. It is also the contractor's responsibility to test existing wiring for continuity before use. Currently communication wiring is suspected to be defective and was not specifically identified as existing to remain. See section 23 09 50 3.04.**
4. In the areas of the Kent-Sussex building where either patients are housed or employees are working, what the guidelines as far as allowable work hours, and specific guidelines for working around patients?  
**Answer: Work hours are to be from 8:00 am to 4:30 pm. Contractor is to provide a 3-week look ahead schedule at each meeting as well as an overall project schedule. These schedules are to be used to accurately identify where work is to be occurring so that patients and employees can be temporarily relocated while work in their areas is occurring.**
5. Kent-Sussex Drawing M-G22:
  - a. Unit heater detail #6 note 2 indicates "Prove Valve Operation New Valve". Can you clarify what this means?  
**Answer: The intent was that the controls contractor would verify that the existing valve operates as intended. If this valve does not operate as intended the contractor shall document the finding.**
  - b. Fan Coil detail #3 note 3 indicates "prove valve operation." Can you clarify this means to leave existing valve and actuator in place, and provide results of our field testing as part of the project?  
**Answer: The intent was that the controls contractor would verify that the existing valve operates as intended. If this valve does not operate as intended the contractor shall document the finding.**



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- c. Reheat Coil detail #9 note 2 indicates “verify valve operation.” Can you clarify this means to leave existing valve and actuator in place, and provide results of our field testing as part of the project?  
**Answer: The intent was that the controls contractor would verify that the existing valve operates as intended. If this valve does not operate as intended the contractor shall document the finding.**
6. Kent Sussex Drawing M-G23:  
a. Detail #1 and 2 Ahu controls shows a DO point for the return air, relief air, and outdoor air dampers, as well as an AO point. Can we provide just an AO point? Should the OA, EA, and RA dampers also have an AI feedback point?  
**Answer: The AO will suffice on the RA and OA Dampers, the RA and OA Dampers shall have an AI for damper status.**
7. Kent Sussex Drawings M-G24, G25  
a. Same question as above regarding air handler OA/RA/EA dampers.  
**Answer: The AO will suffice on the RA and OA Dampers, the RA and OA Dampers shall have an AI for damper status.**
8. Are there existing mechanical drawings available indication piping sizes for all areas where valves are to be replaced?  
**Answer: Existing mechanical drawings have been provided in this Addendum.**
9. Can you clarify if any existing control valves are to be replaced under the base bid or any of the alternates?  
**Answer: No valve replacement is included in the base bid or alternate work.**
10. Can you clarify if any existing control valve or damper actuators are to be replaced under the base bid or any of the alternates?  
**Answer: No actuator replacement is included in the base bid or alternate work. Contractor is to stroke valves and dampers to create a deficiency list.**
11. In Kent 1, 2,3, and Sussex 1, 2, 3 patient areas, the existing Alerton controllers are above the ceilings in the hallways, screwed to the wall without a NEMA1 enclosure. Are we to install new controller in place of old using same method, or should we provide control enclosure for the new controller?  
**Answer: Contractor is to provide NEMA enclosures to meet the contract specifications.**



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12. Drawing M-G14: Are pumps P-5A, 5B, 5C included in the scope? If yes, can you clarify location as we could not locate these during the site walk through.

**Answer: Modifying the control sequences for these pumps is not included in this project as they are already part of the BAS.**

13. Drawing M-G22:

a. Fin tube radiator detail BBH-# & CH-# - Please add note 2 for the HW valve to indicate what actions if any we are to take for these items.

**Answer: Note 2 shall read "Prove valve operation".**

b. Unit ventilator control diagram UV-# - Please add note 3 for HW and CHW valves to indicate what actions if any we are to take for these items.

**Answer: Note 3 shall read "Prove valve operation".**

14. Drawings M-G22, G23, G24, G25:

a. The details show room sensor points for override and setpoint adjustment. The existing 2-wire sensors do not have override or setpoint adjustment – we would therefore need to run new 4/c wiring to each sensor. Can you clarify whether you want new 4/c wire to each sensor, or whether we should reuse the existing 2-wire room sensor without override and setpoint adjustment.

**Answer: Reuse existing 2-wire room sensors.**

b. Can we assume that all points shown are existing, except those specifically indicated as "Provide New Sensor"?

**Answer: Yes**

15. Drawing M000:

a. Can you clarify that the central server referred to is the existing Automated Logic WebCTRL server on the DHSS Holloway Campus, and that all new controllers are to be Automated Logic and connect to this server.

**Answer: Yes, the BAS installed under this project is required to connect into the existing Automated Logic System. New controllers are to be compatible with this system.**

b. Can you clarify the drawing numbers listed under general notes items B., C., D., E., and F. are M-G10, M-G11, M-G15, M-G16, M-G17.

**Answer: Yes. Drawing M-000, M-G11, M-G15, M-G16, and M-G17 for clarity. The bid form has also been updated for clarity.**



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## SUBSTITUTION REQUESTS

- Jonson Controls Facility Explorer by Modern Controls has been approved.

It is the contractor's responsibility for any costs associated with deviating from the basis of design that subsequently become apparent or that are apparent now. Costs associated could include but are not limited to additional structure, space constraints for equipment service, electrical power requirements (breaker/fuse sizing and wire sizing changes), and piping connection location modifications. The contractor shall ensure approved as equal equipment meets or exceeds all requirements found both on the drawings and in the specifications provided for this project. Any approved as equal equipment submitted may be rejected that does not satisfy the specifications. The engineer has not redesigned the project around this substitution.

## GENERAL

**- Please use the following link to download the available mechanical drawings for the Kent/Sussex Buildings**

1. Addendum #2
  1. Addendum #2 (this document) (4 pages)
  2. Specification (6 pages)  
00 41 13 - Bid Form
  3. Drawings (5 pages)  
M-000  
M-G11  
M-G15  
M-G16  
M-G17
  4. Available mechanical drawings (provided via link).

Summarized By: DEDC, LLC  
Matt Lano  
Date: 11/23/18





**BID FORM**

I/We acknowledge Addendums numbered \_\_\_\_\_ and the price(s) submitted include any cost/schedule impact they may have.

This bid shall remain valid and cannot be withdrawn for thirty (30) days from the date of opening of bids (60 days for School Districts and Department of Education), and the undersigned shall abide by the Bid Security forfeiture provisions. Bid Security is attached to this Bid.

The Owner shall have the right to reject any or all bids, and to waive any informality or irregularity in any bid received.

This bid is based upon work being accomplished by the Sub-Contractors named on the list attached to this bid.

Should I/We be awarded this contract, I/We pledge to achieve substantial completion of all the work within \_\_\_\_\_calendar days of the Notice to Proceed.

The undersigned represents and warrants that he has complied and shall comply with all requirements of local, state, and national laws; that no legal requirement has been or shall be violated in making or accepting this bid, in awarding the contract to him or in the prosecution of the work required; that the bid is legal and firm; that he has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken action in restraint of free competitive bidding.

Upon receipt of written notice of the acceptance of this Bid, the Bidder shall, within twenty (20) calendar days, execute the agreement in the required form and deliver the Contract Bonds, and Insurance Certificates, required by the Contract Documents.

I am / We are an Individual / a Partnership / a Corporation

By \_\_\_\_\_ Trading as \_\_\_\_\_  
(Individual's / General Partner's / Corporate Name)  
\_\_\_\_\_  
(State of Corporation)

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness:** \_\_\_\_\_ **By:** \_\_\_\_\_  
(SEAL) ( Authorized Signature )  
\_\_\_\_\_  
( Title )  
**Date:** \_\_\_\_\_

**ATTACHMENTS**

- Sub-Contractor List
- Non-Collusion Statement
- Affidavit(s) of Employee Drug Testing Program
- Bid Security
- (Others as Required by Project Manuals)

**BID FORM**

**SUBCONTRACTOR LIST**

In accordance with Title 29, Chapter 6962 (d)(10)b Delaware Code, the following sub-contractor listing must accompany the bid submittal. The name and address of the sub-contractor **must be listed for each category** where the bidder intends to use a sub-contractor to perform that category of work. In order to provide full disclosure and acceptance of the bid by the *Owner*, it is **required** that bidders list themselves as being the sub-contractor for all categories where he/she is qualified and intends to perform such work. This form must be filled out completely with no additions or deletions.

<b><u>Subcontractor Category</u></b>	<b><u>Subcontractor</u></b>	<b><u>Address (City &amp; State)</u></b>	<b><u>Subcontractors tax payer ID # or Delaware Business license #</u></b>
1. MECHANICAL	_____	_____	_____
2. ELECTRICAL	_____	_____	_____
3. CONTROLS	_____	_____	_____

**BID FORM**  
**NON-COLLUSION STATEMENT**

This is to certify that the undersigned bidder has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal submitted this date to the Office of Management and Budget, Division of Facilities Management.

All the terms and conditions of OMB/DFM# MC3501000057 have been thoroughly examined and are understood.

**NAME OF BIDDER:** \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE (TYPED):** \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE (SIGNATURE):** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**ADDRESS OF BIDDER:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My Commission expires \_\_\_\_\_. NOTARY PUBLIC \_\_\_\_\_.

**THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED.**

**AFFIDAVIT  
OF  
EMPLOYEE DRUG TESTING PROGRAM**

4104 Regulations for the Drug Testing of Contractor and Subcontractor Employees Working on Large Public Works Projects requires that Contractors and Subcontractors implement a program of mandatory drug testing for Employees who work on Large Public Works Contracts funded all or in part with public funds.

We hereby certify that we have in place or will implement during the entire term of the contract a Mandatory Drug Testing Program for our employees on the jobsite that complies with this regulation:

**Contractor/Subcontractor Name:** \_\_\_\_\_

**Contractor/Subcontractor Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorized Representative (typed or printed):** \_\_\_\_\_

**Authorized Representative (signature):** \_\_\_\_\_

**Title:** \_\_\_\_\_

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My Commission expires \_\_\_\_\_. NOTARY PUBLIC \_\_\_\_\_.

**THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED.**