

**Addendum
No. 1**

Date: December 1, 2020

Project: DHCI – Guest Pavilion 2 Elevator Modernization

Project No: MC3514000049

The work herein shall be considered part of the bid documents for the referenced project and carried out in accordance with the following supplemental instructions issued in accordance with the Contract Documents without change in Contract Sum or Contract Time. Acknowledge receipt of addendum on the bid form as indicated.

General

1. Pre-Bid Meeting Minutes attached.
2. Pre-Bid sign-in sheet attached.
3. Updated Bid Form with subcontractors.

Changes to the Specifications

1. Section 14 21 00 – CONVEYANCE SYSTEMS has been inadvertently left out and is now included.
2. Division 10 should be called SPECIALTIES. No update will be issued for this change.

END

Pre Bid Meeting

Date: December 1, 2020, 1000 am

Project: State of Delaware / DHSS
OMB/ Division of Facilities Management
DHCI Guest Pavilion 2 Elevator Modernization

The work herein shall be considered part of the bid documents for the referenced project and carried out in accordance with the following supplemental instructions issued in accordance with the Contract Documents without change in Contract Sum or Contract Time. Acknowledge receipt of addendum on the bid form as indicated.

General

1. This is the Pre-Bid Meeting for

DFM Project #MC3514000049
DHCI Guest Pavilion 2 Elevator Modernization

2. Attendance at this meeting is a prerequisite for bidding on this contract.
3. Roll Call – Repeat names of all attendees on the call.

Sealed bids for **OMB/DFM Contract No. MC3514000049 – Delaware Hospital for the Chronically Ill – Guest Pavilion 2 Elevator Modernization** will be received by the State of Delaware, Office of Management and Budget, Division of Facilities Management, by either electronic mail or by mail as follows. Bid submissions submitted by electronic mail must be sent to DFM-BID@delaware.gov and a hard copy of the entire submission shall be sent by mail within five (5) business days of the bid submission deadline.

Sealed bids shall be mailed and addressed to the Division of Facilities Management, Thomas Collins Building, 540 S. DuPont Highway, Suite 1 (Third Floor), Dover, DE 19901. The outer envelope should clearly indicate: **“OMB/DFM CONTRACT NO. MC3514000049 – DELAWARE HOSPITAL FOR THE CHRONICALLY ILL – GUEST PAVILION 2 ELEVATOR MODERNIZATION - SEALED BID - DO NOT OPEN.”**

Bids will be accepted until **1:15 PM on Wednesday, December 16, 2020**. Bids will be opened and read aloud at **2:00 PM** local time on **Wednesday, December 16, 2020**. Bidder bears the risk of late delivery. Any bids received after the stated time whether by mail or electronic mail will be rejected and the mailed bids will be returned unopened. The bid opening will be held through electronic means to comply with the Governor’s State of Emergency. To attend the bid opening, the public may participate by joining the meeting at Webex.com, meeting number **173 335 0108** and password **a3aMPABQG44**. There will be no in-person meeting.

Only bids submitted to the “DFM-BID” mailbox or by hard copy to Thomas Collins will be accepted.

DO NOT request a “notification of receipt” or a “read receipt” because these emails will be blocked by the States security system and diverted to a spam mailbox. Automatic acknowledgement to “read receipt” will not be sent.

DO NOT wait to the last minute to submit via email. Remember that email is not instant.

The “DFM-BID” mailbox is not monitored unless bids are due and the mailbox is not to be used for any purpose other than bid submission.

Bidders will receive an email acknowledgement that documents have been received. DO NOT call the Project Manager or A/E, they do not have access to the “BIDS” mailbox.

4. The deadline for RFIs to StudioJAED is Wednesday, December 9 at 2:00 pm.
5. RFI and questions are to be submitted via email to Gabriel Cheung at StudioJAED.

cheungg@studiojaed.com

All questions will be responded to in an Addendum, which will be provided to all participants on the call.

Pre Bid Agenda

1. Introductions
2. Review Scope
 - a. Modernization of the existing elevator, includes cab interior, lights, flooring, doors, hardware, pit ladder, etc.
 - b. Cut existing concrete for new sump pump pit.
 - c. Electrical work to support modernization, lighting and power in elevator machine room.
 - d. Demolition of existing AHU that serves the elevator machine room. New wall mounted ductless split system and heat pump, run piping out to grade.
3. Review Bid Form
 - a. Complete forms as presented, do not edit or alter.
 - b. Provide all information requested in full or bid will not be accepted.
 - c. Acknowledge all addendums as individual items.
 - d. Contract time shall indicate full contract time from Notice to Proceed through Closeout.
 - e. Affidavit of Craft Training Compliance must be completed after contract award.
 - f. A bid form hardcopy must be sent to the Tom Collins Building within 5 business days of the bid opening.
 - g. List all Sub-contractors and any third tier sub-contractors performing work.
 - h. If Contractor is self-performing work, please list as part of sub-contractor list.

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4. Review Sub Contractor List
 - a. Elevator
 - b. Electrical
 - c. Mechanical
 5. Review Alternates
 - a. None
 6. Review Unit Prices
 - a. None
 7. Review Allowances
 - a. Allowance No. 1 - \$10,000 for general contingencies and repairs. Any remaining balance of which is to be returned to Owner by credit change order at project conclusion.
 8. Prevailing Wage Project
 - a. 2020 wage rates apply. These are included on the Bid Solicitation Directory and in the Spec Book.
 9. Schedule
 - a. Anticipate prompt award after bids are received.
 10. Contractor Use of Premises
 - a. Construction Operations: Limited to areas noted on drawings.
 - b. Arrange use of site and premises to allow:
 - i. Work hours are between 8:00 am to 4:30 pm, Monday through Friday. Alternate hours will only be considered on a special-need basis.
 - c. Provide access to and from site as required by law and by Owner:
 1. Emergency building exits during construction: keep all exits required by code open during construction period; provide temporary exits sign if exit routes are temporarily altered.
 2. Do not obstruct roadways, sidewalks, or other public ways without permit.
 - d. On-site storage to be discussed after project is awarded.
 - e. Time restrictions:
 1. Limit conduct of especially noisy exterior work to after normal work hours.
 - f. Utility outages and shutdown:
 1. Limit disruption of utility services to hours the building is unoccupied.
 2. Do not perform any utility shutdown, without 7 day notice to Owner.
 3. Prevent accidental disruption of utility services to other facilities.

11. Owner Occupancy
 - a. The owner will occupy the building and site throughout construction.
12. Permitting
 - a. All construction permit submissions and fees shall be by the contractor.
13. Dates and times for site visits will be arranged if requested.
14. Section 14 21 00 – CONVEYANCE SYSTEMS has been inadvertently left out and will be included in Addendum No. 1.
15. Existing elevator is not to be taken out of service until all new material for elevator modernization is on-site. A shutdown meeting will be scheduled with DFM, facilities department, and Architect.
16. Reminder to submit bids early, especially via e-mail. Past bids have been tossed out due to not arriving on time.
17. Mike Sanders from Harvard Environmental informed us that there is asbestos containing material in GP2 building.
 - a. Asbestos floor tile and mastic and underlying vapor barrier in the elevator cab.
 - b. Asbestos floor tile and mastic outside the elevators on both 1st and 2nd floor.
 - c. Contractor responsible to coordinate with Harvard Environmental scope of asbestos removal.

END

**Pre-Bid
Attendance**

Date: December 1, 2020, 0900 am

Project: State of Delaware / DHSS
OMB/ Division of Facilities Management
DHCI GP2 Elevator Modernization

- | | |
|---------------------|--------------------------------|
| 1. Gabe Cheung | StudioJAED |
| 2. Patrick McKenna | OMB/DFM |
| 3. Danny Episcopo | DHSS |
| 4. Karl Fauser | APEX Mechanical & Fabrication |
| 5. Andrea DiFabio | BSS Contractors, LLC |
| 6. Keith Mitchell | Delaware Elevator |
| 7. Chelsea Schurman | BRS Consulting, Inc. |
| 8. Tony Orga | Deldeo Builders, Inc. |
| 9. Matt Bailey | Power Plus Electric LLC |
| 10. Tony Ventresca | Ventresca Bros. INC |
| 11. Alan Kocenko | DHCI |
| 12. Ike Henry | DHCI |
| 13. Stacey Bush | Amakor, Inc |
| 14. Vance Morrow | Delmarva Veteran Builders, LLC |
| 15. Mike Sanders | Harvard Environmental |

BID FORM

To: OMB/ Division of Facilities Management
540 South DuPont Highway, Suite 1
Dover, DE 19901

(Other License Nos.): _____

Phone No.: () _____ - _____ **Fax No.:** () _____ - _____

\$()

There are no unit prices.

ALLOWANCE No. 1: For general contingencies and repairs, the remaining balance of which is to be returned to owner by credit change order at project conclusion (\$10,000).

**Guest Pavilion 2 Elevator Modernization
Delaware Hospital for the Chronically Ill
100 Sunnyside Road; Smyrna, DE 19977
Contract No. MC3514000049**

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 of Employee Drug Testing Program
Affidavit of Contractor Qualifications
Bid Security
(Others as Required by Project Manuals)

Guest Pavilion 2 Elevator Modernization
Delaware Hospital for the Chronically III
100 Sunnyside Road; Smyrna, DE 19977
Contract No. MC3514000049

BID FORM

SUBCONTRACTOR LIST

In accordance with Title 29, Chapter 69, Section 6962(d)(10)b of the Delaware Code, the following subcontractor listing must accompany any bid submittal. The bidder must list **in each category** the full name and address (City & State) of the sub-contractor that the bidder will be using to perform the work and provide material for that subcontractor category. Should the bidder's listed subcontractor intend to provide any of their subcontractor category of work through a third-tier contractor, the bidder shall list that third-tier contractor's full name and address (City & State). **If the bidder intends to perform any category of work itself, it must list its full name and address.** For clarification, if the bidder intends to perform the work themselves, the bidder **may not** insert "not applicable", "N/A", "self" or anything other than its own full name and address (City & State). To do so shall cause the bid to be rejected. In addition, the failure to produce a completed subcontractor list with the bid submittal shall cause the bid to be rejected. If you have more than three (3) third-tier contractors to report in any subcontractor category, print out additional page(s) containing the appropriate category, complete the rest of your list of third-tier contractors for that category, notate the addition in parentheses as (CONTINUATION) next to the subcontractor category and an asterisk (*) next to any additional third-tier contractors, and submit it with your bid.

<u>Subcontractor Category</u>	<u>Subcontractor</u>	<u>Address (City & State)</u>	<u>Subcontractors tax-payer ID # or Delaware Business license #</u>
1. Elevator			
A.			
B.			
C.			
2. Electrical			
A.			
B.			
C.			

Delaware Hospital for the Chronically III
October 26, 2020

BID FORM

[illegible][illegible]

StudioJAED Architects & Engineers
Project No. 18076

**Guest Pavilion 2 Elevator Modernization
Delaware Hospital for the Chronically Ill
100 Sunnyside Road; Smyrna, DE 19977
Contract No. MC3514000049**

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 *(Project or Contract Number)* 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.

**Guest Pavilion 2 Elevator Modernization
Delaware Hospital for the Chronically Ill
100 Sunnyside Road; Smyrna, DE 19977
Contract No. MC3514000049**

**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, including subcontractors, 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.

**Guest Pavilion 2 Elevator Modernization
Delaware Hospital for the Chronically Ill
100 Sunnyside Road; Smyrna, DE 19977
Contract No. MC3514000049**

**AFFIDAVIT
OF
CONTRACTOR QUALIFICATIONS**

We hereby certify that we will abide by the contractor's qualifications outlined in the construction bid specifications for the duration of the contract term.

In accordance with Title 29, Chapter 69, Section 6962(d)(10)b.3 of the Delaware Code, after a contract has been awarded the successful bidder shall not substitute another subcontractor whose name was submitted on the Subcontractor Form except for the reasons in the statute and not without written consent from the awarding agency. Failure to utilize the subcontractors on the list will subject the successful bidder to penalties as outlined in the General Requirements Section 5.2 of the contract.

Contractor Name: _____

Contractor 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.

SECTION 14 21 00

CONVEYANCE SYSTEMS

PART 1 - GENERAL

1.1 SUMMARY

- A. Section includes:
 - 1. Furnishing all elevator materials for the partial renovation of one hydraulic elevator.
 - 2. Furnishing all labor for the partial renovation of one hydraulic elevator.

1.2 SUBMITTALS

- A. Product Data: Submit manufacturer's product data for each system proposed for use. Include the following:
 - 1. Structural plans indicating shaft size requirements, pit and overhead depths, loads, and reactions. Elevator components shall be designed to utilize existing site conditions.
 - 2. Electrical requirements including incoming voltage, phase, Hz, and amperage to be sized to utilizing existing conditions at machine room.
 - 3. Cab enclosure section identifying cab layout and finishes provided.
 - 4. Hall entrance section identifying rough open, finished open, finishes, sill requirements, and structural requirements.

1.3 QUALITY ASSURANCE / TESTING

- A. Standards: Conform to requirements in accordance with ASME A17.1-2002 edition
- B. Code compliance, quality standards and final acceptance inspections to be conducted by Liberty Elevator Experts LLC at contractor's expense. Re-inspections due to Contractor failure are to be billed to Owner and back charged to Contractor.
- C. Provide all test materials, equipment and personnel required to demonstrate full rated load performance. Adjust hydraulic valve for proper performance. Seal relief valve in presence of inspector. Verify and correct over/under travel, refuge and piston bottom clearances.

1.4 SHIPPING, AND HANDLING

- A. Packing and Shipping: Deliver materials to site in manufacturer's original unopened packaging with labels intact.
- B. Storing:
 - 1. Store off ground to assure adequate ventilation, and protect against damage while stored at the site.
 - 2. Store materials for which a maximum moisture is specified in areas where humidity can be controlled.

PRODUCTS

1.5 HYDRAULIC ELEVATOR

- A. General:
 - 1. 4,000-pound capacity
 - 2. Hydraulic
 - 3. 100 feet per minute.
 - 4. 2 entrances

B. Entrances:

1. New GAL hatch door equipment. Complete system including tracks, closures, rollers, interlocks, gibbs, and fire tabs shall be furnished for proper operation utilizing existing doors, door bucks and sills.
2. Door bucks shall be wrapped with #18 gauge stainless steel and the finish shall be chosen by owner.
3. All required brail, unique elevator identification, fire instructions and signage shall be provided.

C. Cab

1. Replace existing "egg crate" ceiling with new
2. Replace existing car lighting with new surface mounted LED fixtures (Columbia LCS-4-35-ml-e or equivalent)
3. Remove existing flooring, prep and replace with rubber floor tile (color to be approved by owner and/or owner's representative)
4. Remove all existing Car door operator equipment, clutch, tracks, hangars and linkages and replace with new GAL MOVFR equipment.
5. Install 3-dimensional door intrusion detection device. Doors shall immediately stop and reverse automatically upon detection of an obstruction.
6. Replace car operating panel with new. Panel shall be code compliant per A17.1 and ADA requirements. Details are listed in Section D-4
7. Replace existing wall panels and hand rail with new panels/handrails of similar type to existing. Owner shall choose finishes.

D. Fixtures:

1. Provide flush mounted stainless-steel hall stations on each landing with corresponding "up/down" buttons as appropriate. LED type bulbs to be installed.
2. Fire Service Phase I key shall be FEO-K1
3. Provide access operation key switch for lowest/highest landing.
4. Provide integrated flush mounted car operating panel.
Manufactures Standard:
 - a. Raised markings and Braille shall be provided to the left hand of each push-button.
 - b. Digital Car Position Indicator at the top of and integral to the car operating panel.
 - c. Door open and door close buttons.
 - d. Light key-switch. (behind locked service cabinet)
 - e. Fan key-switch. (behind locked service cabinet)
 - f. Inspection Access key-switch. (behind locked service cabinet)
 - g. Elevator Data Plate marked with elevator capacity and car number.
 - h. Illuminated alarm button with raised markings.
 - i. In car stop switch
 - j. Firefighter's hat
 - k. Firefighter's Phase II Key-switch utilizing FEO-K1 key
 - i. Call Cancel Button
 - m. Help Button —The help button shall initiate two-way communication between the car and campus security, switching over to another location if the call is unanswered, where personnel are available who can take the appropriate action. Visual indicators are provided for call initiation.
 - n. Firefighter's Phase II emergency in-car operating instructions, worded according to A 17.1 2013, Article 2.27.7.2.
 - o. GFCI (behind locked service cabinet)
 - p. Emergency light test button (behind locked service cabinet)
 - q. Appendix O fire instructions
 - r. All car call signaling buttons shall be LED and between 35"-48" above finished floor
 - s. Hands free emergency communication phone mounted inside COP cover.
 - t. Floor passing chime
 - u. All fixtures shall meet A17.1-2013 Standard.

5. Provide digital car position indicator on main lobby landing.
 6. Flush mounted elevator traveling lantern to be locate in elevator transom.
- E. Controller:
1. **Controller shall be maintained.**
 - a. Controller should be cleaned and any debris shall be removed.
 2. Replace all existing switches in the hoistway
 3. Replace all existing wiring including hoistway wiring and traveling cable.
 - a. Wiring shall have 15% or more spare wires in each set of wires
 4. Replace car landing device (Selector) with new landing device approved by controller manufacture.
 - 5.
- F. Power Unit:
1. Remove all existing hydraulic oil from tank and oil line. Contractor assumes all responsibility for safe handling and disposal of used hydraulic oil.
 2. Clean hydraulic holding tank to ensure all oil sludge and debris is removed.
 3. Clean hydraulic lines and muffler. Replace and support as needed.
 4. Replace complete hydraulic cylinder packing seals with OEM or acceptable substitute.
 5. Provide and install complete automatic oil return system in pit adjacent to cylinder.
 6. Rebuild existing hydraulic valve with new OEM rebuild kit.
 7. Furnish new proper hydraulic oil to fill tank, oil line, and cylinder. Oil fill level shall be 3" below oil outlet pipe when elevator is fully rested on buffer stanchions.

PART 2- EXECUTION

1.6 INSTALLATION

- A. Installation of all elevator components except as specifically provided for elsewhere by others.
- B. Contractor shall provide skilled, licensed and qualified labor and supervision throughout the duration of installation.
- C. Contractor shall be able to meet or exceed job site schedules.
- D. Contractor shall attend all required meetings for site coordination.
- E. Contractor shall install all elevator equipment in 1 mobilization.
- F. Contractor shall adequately protect building flooring and wall surfaces from damage during installation.
- G. Contractor shall obtain and erect suitable protection for work area per OSHA standards.
- H. Determination of existing hazards, (airborne, physical, mechanical and/or electrical) is the responsibility of the contractor.
- I. Working hours and access to building are to be coordinated with building owner's representative
- J. Contactor shall take effective measures to protect and safeguard occupants and/or visitors in and around the work area.

1.7 CLEANING/PAINTING

- A. During the installation and upon completion, remove excess materials, equipment and debris and dispose of away from premises daily.

- B. All re-used existing elevator equipment, sling, rails and brackets, hydraulic tank etc. shall be cleaned and painted in a workmanship like manner. (excluding electrical conduits and hydraulic oil lines).
- C. Paint machine room floor and pit floor with IBC approved floor paint. All lines on pit floor shall be layout per A17.1

1.8 OPERATION AND MAINTENANCE MANUALS, KEYS

- A. Provide 3 copies minimum of job specific drawings, electrical schematics, maintenance instructions, description of operation and MCP, to be neatly bound and identified. One copy is to be labeled "Machine Room Copy" and placed in the elevator machine room.
- B. 3 complete sets of keys minimum for all switches supplied, labeled neatly. One set is to remain in elevator machine room for maintenance purposes. 1ea. GAL KMO door key to be supplied.

1.9 WARRANTY AND SERVICE

- C. All parts and/or workmanship are to be warranted for no less than 12 months from final acceptance of completed work.
- D. A monthly maintenance service plan shall be provided to include on-site hydraulic oil monitoring, fire service testing, and required maintenance checks per manufacturer. The monthly maintenance shall begin upon completion for a duration of 12 months. Service records and check charts are to be kept in the elevator machine room.

END OF SECTION