



## **R G Architects, LLC**

200 West Main Street  
Middletown, DE 19709  
302.376.8100  
302.376.9851 fax  
www.rgarchitects.net

RG A No. 13030  
5 October 2015

### **ADDENDUM NO. 1**

STATE OF DELAWARE OMB/DFM  
James T. Vaughn Correctional Center  
Fence Line Renovations  
1181 Paddock Road  
Smyrna, DE 19977

R G Architects  
200 West Main Street  
Middletown, DE 19709  
Phone: 302-376-8100 (phone)  
Fax: 302-376-9851 (fax)  
Email: chris@rgarchitects.net

BIDS DUE:

**Monday, October 26, 2015 at 2:00 p.m.**

LOCATION:

**THOMAS COLLINS BUILDING  
Division of Facilities Management Office  
540 S. DuPont Highway, Suite 1 (Third Floor)  
Dover, Delaware 19901**

### **NOTICE TO ALL BIDDERS**

#### **1.0 GENERAL NOTES:**

- 1.1 Bidders are hereby notified that this Addendum shall be and hereby becomes part of their Contract Documents, and shall be attached to the Project Manual for this project.
- 1.2 The following items are intended to revise and clarify the Drawings and Project Manual, and shall be included by the Bidder in their proposal.
- 1.3 Bidders shall verify that their Sub-bidders are in full receipt of the information contained herein.
- 1.4 The pre-bid sign-in sheet is attached to this Addendum.
- 1.5 All addenda will be sent out to the registered plan holders only, via email or fax. Contractors are encouraged to keep an eye on their email accounts during the bidding period for such updates.

#### **2.0 PREBID MEETING:**

- 2.1 A Prebid Meeting was held on Monday, October 5, 2015 at 10:00 a.m. in the conference room of the Facilities Management Office in the Thomas Collins Building. The following items were reviewed:
  - A. Project Description: A brief overview of the Project was discussed.

- B. Project Schedule: The project start date and completion date is on the project documents. The sequence of work is also on the documents.
- C. Bid schedule is as follows:
1. The bids are due by **2:00 p.m. on Monday, October 26, 2015.**
  2. Substitution requests will be received until **4:00 p.m. on Friday, October 16, 2015.**  
Instructions for requesting substitutions are very specific and are contained in the project manual. If the contractor does not follow the processes it is automatic grounds for rejection.
  3. Questions regarding the bid documents will be received until **4:00 p.m. on Wednesday, October 21, 2014.**  
All questions **must** be submitted **in writing** (via fax or email, addressed to Jerry Rozanski, [jerry@rgarchitects.net](mailto:jerry@rgarchitects.net)) to R G Architects. Neither R G Architects or the Owner will answer questions verbally.
  4. The last day for addenda to be issued, if required, shall be, **Wednesday, October 21, 2015.**
- D. Substitutions: If a specification lists one product manufacturer as well as listing “or equal”, the contractor is not obligated to submit for substitution prior to bid for that item. However, the contractor will still be responsible to meet the requirements of that product during the review process as per the specifications. If the product substituted as an equal does not meet ALL of the requirements of the specifications, as determined by the Architect, the Contractor is obligated to provide the specified product at no additional cost to the project.
- E. Subcontractors List: The subcontractors list was reviewed and the agreed upon. The subcontractors are as follow:
1. Painting Contractor
  2. Fencing Contractor
- F. The owner has offered an additional time for the contractors to tour the facility, without the escort of the design team, on **Monday, October 19, 2015 at 10:00 a.m.**  
Contractors who wish to attend are asked to complete their Security Clearance Forms they received at the Pre-Bid meeting and return to the contact listed on the form by **Friday, October 9, 2015.** Once you have received the approved clearances, contractors are also asked to contact Jerry at R G Architects via email at [Jerry@rgarchitects.net](mailto:Jerry@rgarchitects.net) requesting their names be added to the list of attendees for this site visit by **Friday, October 16, 2015 at 10:00am.**  
**Contractors are not allowed to bring cameras or cell phones on site.**
- G. Security Procedures: All contractors are to reference specification section 01 35 53 SECURITY PROCEDURES for specific instructions that must be followed at this facility.

**3.0 Revisions to the SPECIFICATIONS**

3.1 None at this time.

**3.0 Revisions to the DRAWINGS**

3.1 None at this time.

**4.0 Questions**

Q.1 Will there be liquidated damages as part of this project?

A.1 No

Q.2 Will contractors be able to work on both sides of the fence at the same time?

A.2 Yes, DOC will have enough security supervision to allow contractors to work from both sides of the inner fence at the same time. However, a 200; long temporary work fence will also be required. A detail for this fence is on the contract documents.

Q.3 The specifications call for the paint to be applied with rollers. Can we utilize the sprayed on method to apply the special paint coating?

A.3 Contractors are to roll on the paint as specified.

Q.4 Is there any preparation of the fence that needs to take place?

A.4 Prepare the surface to be painted per the manufacturers recommendations as we have specified.

**5.0 ATTACHMENT LIST:**

- A. Pre Bid Sign-In Sheet
- B. Bid Register
- C. JTVCC Security Clearance Form

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**PREBID MEETING SIGN-IN**

OMB/DFM MC3804000057

Vaughn Correctional Center - Fence Line Painting

	Name	Company	Telephone	Email
1	John Gormley	Abel Fence LLC	302-999-0099	John@abel Fence . Com
2	L.C. Worrell	Kent Construction Co	302 653-64109	Estimator2@kentconstructionco.com
3	Tony Ventresca	Ventresca Bros., Inc.	302-658-6436	Tony@Ventresca Bros. com
4	Stella Seely	Amkor Inc.	302-934-8664	Amkor @ aol. Com
5	Sean Seely	OMB/DFM	302-959-5644	joseph.seely@state.de.us
6	JERRY ROTANSKY	RG ARCHITECTS	302-376-8100	JERRY@RGARCHITECTS.NET
7				
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17				

SECURITY CLEARANCE APPLICATION  
BUREAU OF PRISONS  
PLEASE PRINT CLEARLY

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

PLEASE LIST ALL OTHER NAMES YOU HAVE USED INCLUDING MAIDEN, NICKNAMES AND RELIGIOUS NAMES:  
\_\_\_\_\_

DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ SSN#: \_\_\_\_\_

SEX: MALE / FEMALE RACE: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_ State: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

DO YOU HAVE A CRIMINAL CONVICTION AND/OR ARREST ANYWHERE, TO INCLUDE TRAFFIC TICKETS?  
NO/YES (IF YES, COMPLETE BELOW). HAVE YOU EVER BEEN ARRESTED ANYWHERE WHETHER  
CONVICTED/DISMISSED/NOLLE PROSSED OR PARDONED: NO /YES (IF YES, COMPLETE BELOW). IF YOU  
NEED MORE ROOM, PLEASE UTILIZE THE BACK OF THIS FORM.

COUNTRY : \_\_\_\_\_ DATE: \_\_\_\_\_

OFFENSE: \_\_\_\_\_ SENTENCE: \_\_\_\_\_

ARE YOU PRESENTLY UNDER DEPT. of CORRECTION SUPERVISION: NO/YES (IF YES, WHAT): \_\_\_\_\_

ARE YOU RELATED TO OR KNOW ANYONE INCARCERATED AT A DOC FACILITY: NO/ YES

IF YES, NAME OF INMATE AND YOUR RELATIONSHIP TO THEM: \_\_\_\_\_

REASON FOR CLEARANCE: \_\_\_\_\_ DATE OF ACTIVITY: \_\_\_\_\_ COMPANY/  
ORGANIZATION \_\_\_\_\_

COMPANY/ORGANIZATION EMAIL ADDRESS: \_\_\_\_\_

**PLEASE READ AND SIGN:**

I understand that prison authorities will verify my criminal record information. I also understand that my application may be rejected for any reason.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The following is the result of the DELJIS and NCIC records checks:

DELAWARE WANTS/WARRANTS \_\_\_\_\_ DELAWARE CRIMINAL HISTORY \_\_\_\_\_

NCIC WANTS/WARRANTS \_\_\_\_\_ NCIC CRIMINAL HISTORY \_\_\_\_\_

DELJIS/NCIC  
INVESTIGATOR \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED \_\_\_\_\_ APPROVAL EXPIRES ON: \_\_\_\_\_ IF DENIED, PLEASE INDICATE REASON  
BELOW:

DENIED \_\_\_\_\_ (1) Dishonest/incomplete application; (2) Active pending warrants/capiases; (3) Felony convictions or incarceration for a felony in past five years; (4) Misdemeanor convictions or incarceration for misdemeanor in past two years; (5) DUI conviction past two years; (6) Trafficking/delivery and/or possession of controlled substance conviction past ten years; (7) Other (See Investigation for info).

Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PRINT CLEARLY**

**State of Delaware**

**James T. Vaughn Correctional Center - Fence Line Renovations**

Bids Due: **Monday, October 26, 2015 at 2:00 pm**

**Facilities Management Office, Thomas Collins Building  
540 S. DuPont Highway, Suite 1 (Third Floor)**

**Dover, DE 19901**



**BID DOCUMENTS REGISTER**

**PLEASE PRINT CLEARLY**

**\$ 100.00 per set or \$50 per CD**

#01	Name of Company <u>State of Delaware - OMB/DFM</u>	
	Physical Address: _____	
	City, State: <u>Dover, DE</u>	
	Contact: <u>Dean Selly</u>	GC: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	EMAIL: <a href="mailto:joseph.seely@state.de.us">joseph.seely@state.de.us</a>	
	Fax <u>302-739-3037</u>	Phone: <u>302-739-5644</u> Date: <u>10/6/2015</u>
#02	Name of Company <u>ABC Delaware</u>	
	Physical Address: <u>31 Blevins Drive, Suite B</u>	
	City, State: <u>New Castle, DE 19720</u>	
	Contact: _____	GC: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	EMAIL: <a href="mailto:ecapodanno@abcdelaware.com">ecapodanno@abcdelaware.com</a>	
	Fax <u>302-323-1122</u>	Phone: <u>302-328-1111</u> Date: <u>10/6/2015</u>
#03	Name of Company <u>McGraw-Hill Dodge Reports</u>	
	Physical Address: <u>3315 Central Ave</u>	
	City, State: <u>Hot Springs, AR 71913-6138</u>	
	Contact: <u>Lisa Clancy</u>	GC: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	EMAIL: <a href="mailto:dodge.bidding@mhfi.com">dodge.bidding@mhfi.com</a>	
	Fax <u>484-369-5945</u>	Phone: <u>513-763-3601</u> Date: <u>10/6/2015</u>
#04	Name of Company <u>DCA Plan Room</u>	
	Physical Address: <u>527 Stanton Christiana Rd.</u>	
	City, State: <u>Newark, DE 19713</u>	
	Contact: _____	GC: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	EMAIL: <a href="mailto:nhandlin@e-dca.org">nhandlin@e-dca.org</a>	
	Fax <u>302-994-8185</u>	Phone: <u>302-994-7442</u> Date: <u>10/6/2015</u>

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RGA # 13030

BID DOCUMENTS REGISTER

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#05	<p>Name of Company <u>Kent Construction</u></p> <p>Physical Address: <u>2 Big Oak Rd</u> City, State: <u>Smyrna, DE</u></p> <p>Contact: <u>Larry Scuse</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>EMAIL: <u><a href="mailto:estimator2@kentconstructionco.com">estimator2@kentconstructionco.com</a></u></p> <p>Fax <u>302-653-2108</u></p> <p>Phone: <u>302-653-6469</u> Date: <u>10/6/2015</u></p>
#06	<p>Name of Company <u>Amakor Inc.</u></p> <p>Physical Address: <u>72 Clinton Street</u> City, State: <u>Delaware City DE</u></p> <p>Contact: <u>Steve Serbu</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>EMAIL: <u><a href="mailto:amakor@aol.com">amakor@aol.com</a></u></p> <p>Fax <u>302-834-8681</u></p> <p>Phone: <u>302-834-8664</u> Date: <u>10/6/2015</u></p>
#07	<p>Name of Company <u>Ventresca Bros. Inc.</u></p> <p>Physical Address: <u>2300 N. DuPont Hwy.</u> City, State: <u>New Castle, DE</u></p> <p>Contact: <u>Tony Ventresca</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>EMAIL: <u><a href="mailto:Tony@ventrescabros.com">Tony@ventrescabros.com</a></u></p> <p>Fax <u>302-658-2360</u></p> <p>Phone: <u>302-658-6436</u> Date: <u>10/6/2015</u></p>
#08	<p>Name of Company <u>Abel Fence LLC</u></p> <p>Physical Address: <u>2006 Foulk Rd, Suite F</u> City, State: <u>Wilmington, DE 19810</u></p> <p>Contact: <u>John Gormley</u> GC: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p> <p>EMAIL: <u><a href="mailto:john@abelfence.com">john@abelfence.com</a></u></p> <p>Fax <u>302-999-0995</u></p> <p>Phone: <u>302-999-0099</u> Date: <u>10/6/2015</u></p>

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**BID DOCUMENTS REGISTER**

**PLEASE PRINT CLEARLY**

#09	Name of Company <u>Long Fence Company</u>
	Physical Address: _____
	City, State: _____
	Contact: <u>Sean McFadden</u> GC: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	EMAIL: <u><a href="mailto:smcfadden@longfence.com">smcfadden@longfence.com</a></u>
	Fax <u>302-499-4440</u>
Phone: <u>302-350-2400 x1409</u> Date: <u>10/7/2015</u>	
#10	Name of Company: _____
	Physical Address: _____
	City, State: _____
	Contact: _____ GC: YES <input type="checkbox"/> NO <input type="checkbox"/>
	EMAIL: _____
	Fax _____
Phone: _____ Date: _____	
#11	Name of Company: _____
	Physical Address: _____
	City, State: _____
	Contact: _____ GC: YES <input type="checkbox"/> NO <input type="checkbox"/>
	EMAIL: _____
	Fax _____
Phone: _____ Date: _____	
#12	Name of Company: _____
	Physical Address: _____
	City, State: _____
	Contact: _____ GC: YES <input type="checkbox"/> NO <input type="checkbox"/>
	EMAIL: _____
	Fax _____
Phone: _____ Date: _____	