



## **R G Architects, LLC**

200 West Main Street  
Middletown, DE 19709  
302.376.8100  
302.376.9851 fax  
[www.rgarchitects.net](http://www.rgarchitects.net)

RG A No. 15043  
19 May 2016

### **ADDENDUM NO. 1**

STATE OF DELAWARE OMB/DFM  
Baylor Women's Correctional Institution  
Housing Units 3&4 Bathroom Renovations  
660 Baylor Boulevard  
New Castle, DE 19720

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

BIDS DUE:

**Thursday, June 16, 2016 at 2:30 p.m.**

LOCATION:

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

### **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 A copy of the current bid set register is available upon request indicating individuals that have purchased project documents from R G architects.
- 1.5 The pre-bid sign-in sheet, along with Addendum #1, is being sent as a courtesy to all pre-bid meeting attendees; however, all future addenda will only be issued to registered plan holders.
- 1.6 All addenda will be sent out to the registered plan holders 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 Thursday, May 19, 2016 at 1:00 p.m. at the Facilities Management Conference Room at the Thomas Collins Building. The following items were reviewed:

- A. Project Description: A brief overview of the Project was discussed.
- B. Project Schedule: On site construction commencement is anticipated to begin September 1, 2016.
- C. Bid schedule is as follows:
  - 1. The bids are due by **2:30 p.m. on Thursday, June 16, 2016.**
  - 2. Substitution requests will be received until **4:00 p.m. on Monday, June 06, 2016.**  
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 Saturday, June 11, 2016.**  
All questions **must** be submitted **in writing** (via fax or mail, addressed to Chris Bowen, [chris@rgarchitects.net](mailto:chris@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, **Monday, June 13, 2016.**
- D. The project will be constructed using the State of Delaware Prevailing wage rates. The current rates are listed in the specification booklet.
- E. Liquidated damages: Liquidated damages are not in this contract. However, a written contract is and all conditions of that contract will be enforced as spelled out in the contract documents.
- F. 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.
- G. Subcontractors List:
  - 1. The subcontractors list noted on the bid form in the project manual was reviewed and agreed upon. All were in agreement to remove Plumbing Contractor from the subcontractors list.
  - 2. The General Contractor may NOT list more than one subcontractor for a discipline on the subcontractor’s list.

**ADDENDUM # 1**

3. On the Subcontractors List, the General Contractor must list the subcontractor that is providing the labor for 100% of the work in that category and as is required by the laws of Title 29.

H. Drug Testing Policy: RGA reviewed the new Drug Testing Policy in place by State of Delaware. Contractors are to reference the Project Manual for additional policy procedures and Drug Testing Report Forms.

I. Project Site walk-through  
Bidders whom wish to tour the Baylor Women’s Correctional Institution Housing Unit may attend a guided walk through at the following date and time:  
**Tuesday, May 31<sup>st</sup> , at 9:30 AM.**

**Bidders who wish to tour the facility must obtain Security Clearance prior to entering the facility. Bidders are to return the attached completed Security Clearance Application to Steven Brown via email ([steven.brown@state.de.us](mailto:steven.brown@state.de.us)) by May 24, 2016.**

**3.0 Revisions to the SPECIFICATIONS**

3.1 00 41 13 – Bid Form – Remove “Plumbing Contractor” from Subcontractors List. (Bid Form to be redistributed in Final Addendum)

**4.0 Revisions to the DRAWINGS**

4.1 None at this time.

**5.0 Questions**

Q.1 Will the Stainless Steel wall panels be glued and mechanically fastened?

A.1 Yes, the Stainless Steel wall panels are to be mechanically fastened using s/s tamper proof security style fasteners and also glued using construction grade adhesive.

Q.2 Will the plywood backer board for the stainless steel wall panels be Marine Grade plywood?

A.2 The documents presently call for “Exterior Grade Plywood”. This should be changed at all locations to read as “**Marine Grade Plywood**”.

Q.3 What are the working hours?

A.3 Working hours should be 7:00a.m. – 3:00p.m..

**6.0 ATTACHMENT LIST:**

- A. Pre Bid Sign-In Sheet
- B. Bid Register
- C. DOC Security Clearance Application

R G Architects, LLC  
 200 West Main Street  
 Middletown, DE 19709  
 302.376.8100  
 302.376.9851 fax  
 www.rgarchitects.net

PREBID MEETING SIGN-IN  
 State of Delaware  
 BWCI Housing Units 3 & 4 - Shower & Bathroom Renovations

May 19, 2016

	Name	Company	Telephone	Email
1	Brian Smith	BSS Contractors	(410) 345-1314	Bsmith@bsscontractors.com
2	Rick Bethg	WREATH	302-366-8601	TRBETHG@WREATHMECH.COM
3	Todd Moxes	KEIT	302 653 6469	ESTIMATE@KEITCONSTRUCTORS.CO.COM
4	Larry Bathon	LC Bathon Bldrs Inc	443 553 0931	lbathon@bathonbuilders.com
5	Kerrey WAREHAM	OMB/DPM	302-222-7952	Kerrey.Wareham@state.de.us
6	TERRY KORUSKI	PCA	302-376-8100	
7	Chris Buzen	PCA	302-376-8100	
8	Dave Boston	DFDC	802-738-7112	dboston@dfdc-eng.com
9	Alex BARKER	SCHLOSSER ASSOC	302 738-7333	AlexBarker@Hornman.com
10	Rich Ashuff	SC&A	302-584-3033	rich@scacconstructs.com
11				
12				
13				
14				
15				
16				
17				

R G Architects, LLC  
 200 West Main Street  
 Middletown, DE 19709  
 302.376.8100  
 302.376.9851 fax  
 www.rgarchitects.net

PREBID MEETING SIGN-IN  
 State of Delaware  
 BWCI Housing Units 3 & 4 - Shower & Bathroom Renovations

May 19, 2016

	Name	Company	Telephone	Email
18	Tyrone Mawbosa	Amelkon	839 8664	Amelkon@Aol.com
19	Victor VENTRESCA	VENTRESCA BROS INC	658-6436	TONY@VENTRESCABROS.COM
20	Kel Vandegrift	C+D	302 764 8013	KVandegrift.cd@verizon.net
21	Bill Booth	COMMONWEALTH CONSULTING CO.	302-654-6611	BBOOTH@COMMONWEALTHM.COM
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				

PLEASE PRINT CLEARLY

State of Delaware  
 BWC1 - Housing Units 3 & 4 - Shower and Bathroom Renovations  
 MC3804000078

Bids Due: Thursday, June 16, 2016 at 2:30 pm  
 Facilities Management Office, Thomas Collins Building  
 540 S. DuPont Highway, Suite 1 (Third Floor)  
 Dover, DE 19901



RGA # 15043

BID DOCUMENTS REGISTER

PLEASE PRINT CLEARLY

\$ 100.00 per set

<p><b>#01</b></p>	<p>Name of Company: <u>C + D</u></p> <p>Physical Address: <u>14 E 40<sup>th</sup></u>                  City, State: <u>Wilm, DE 19802</u></p> <p>Contact: <u>Ken Vandegrift</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>EMAIL: <u>KVandegrift.cd@verizon.net</u></p> <p>Fax: <u>764 7585</u></p> <p>Phone: <u>764 8013</u> Date: <u>5/19/16</u></p>
<p><b>#02</b></p>	<p>Name of Company: <u>COMMONWEALTH CONST CO.</u></p> <p>Physical Address: <u>2317 PENNSYLVANIA AVE</u>                  City, State: <u>WILM, DE</u></p> <p>Contact: <u>Bill Booda</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>EMAIL: <u>bbooda@citycommonwealth.com</u></p> <p>Fax: <u>302-654-2604</u></p> <p>Phone: <u>302-654-6601</u> Date: <u>5-19-16</u></p>
<p><b>#03</b></p>	<p>Name of Company: <u>KENT</u></p> <p>Physical Address: <u>2 BIG OAK Rd</u>                  City, State: <u>Smyrna DE</u></p> <p>Contact: <u>ESTIMATE 2 @ BENTLAWSTROTT.COM</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>EMAIL: <u>PETE Co. CON</u></p> <p>Fax: <u>653 2108</u></p> <p>Phone: <u>653 6469</u> Date: <u>5-19-16</u></p>
<p><b>#04</b></p>	<p>Name of Company: <u>RICH ACHUFF (SC&amp;A)</u></p> <p>Physical Address: <u>3411 SILVERSIDE ROAD, SUITE 202</u>                  City, State: <u>WILMINGTON, DE 19810</u></p> <p>Contact: <u>RICH ACHUFF</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>EMAIL: <u>RICH@SC&amp;A.CONSTRUCTS.COM</u></p> <p>Fax: _____</p> <p>Phone: <u>302-478-6030</u> Date: <u>5-19-16</u></p>

SECURITY CLEARANCE APPLICATION  
DELAWARE DEPARTMENT OF CORRECTION

PLEASE PRINT CLEARLY

WHO SHOULD COMPLETE THIS FORM:

- i. Applicants requesting one-time access or occasional access (whether for one facility or multiple facilities)
- ii. Applicants requesting a badge for access to one or more facilities (frequent access for period of 1 year or more)  
*Note: These applicants will be directed to Human Resources after this form is approved*
- iii. Individuals requesting to schedule an offender visit may be asked to complete this form.

Volunteers, interns and professional service visitors must attach a letter from their sponsoring organization. Letter must be on agency letterhead, signed by the agency's director and include the name and title/role of the applicant and the name of the program.

WHO SHOULD NOT COMPLETE THIS FORM:

- (1) Attorneys
- (2) Employees of DOC's contracted medical/behavioral health provider (please contact DOC's Human Resources directly)

**SECTION 1: PERSONAL INFORMATION & CRIMINAL HISTORY**

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: (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE LIST WHICH FACILITY(IES) YOU ARE REQUESTING ACCESS TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SELECT TYPE OF ACCESS REQUESTED

- Offender Visit  
 One Time Access (i.e. single event) \*No badge issued  
 Occasional Volunteer or Service Provision (Less than 3 days per week or less than 165 days per year for a period of one year or less) \* No badge issued  
 Frequent/Long Term Volunteer or Service Provision (At least 3 days per week or 165 days per year for a period of one year or more) \* You will be directed to HR to fill out a badge application packet after this form has been approved by the respective DOC Bureau Chief

DO YOU HAVE ANY ARRESTS FOR CHARGES OTHER THAN TRAFFIC TICKETS (WHETHER CONVICTED, DISMISSED, NOLLE PROSSED, OR PARDONED)? NO/YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.

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

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

**HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE OTHER THAN A TRAFFIC TICKET? NO /YES (IF YES, COMPLETE BELOW). IF YOU NEED MORE ROOM, PLEASE ATTACH A SEPARATE SHEET.**

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

**SECTION 2: JUSTIFICATION FOR SECURITY CLEARANCE REQUEST *DO NOT COMPLETE THIS SECTION IF APPLYING FOR AN OFFENDER VISIT. IF REQUESTING ONE-TIME PRISON ACCESS FOR A SINGLE EVENT, ONLY ANSWER THE QUESTIONS MARKED WITH AN ASTERISK (\*).***

**\*REASON FOR CLEARANCE:** \_\_\_\_\_

**\*DATE(S) OF ACTIVITY:** \_\_\_\_\_ **\*ORGANIZATION:** \_\_\_\_\_

**\*PROGRAM NAME:** \_\_\_\_\_

**\*JOB TITLE:** \_\_\_\_\_ **\*HOW LONG EMPLOYED/VOLUNTEERING:** \_\_\_\_\_

**ORGANIZATION ADDRESS, PHONE NUMBER, AND EMAIL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT TYPE OF VOLUNTEER OR PROFESSIONAL SERVICES WILL YOU BE PROVIDING?**

\_\_\_\_\_  
\_\_\_\_\_

**DESCRIBE YOUR QUALIFICATIONS FOR PROVIDING PROFESSIONAL OR VOLUNTEER SERVICES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ANY PAST OR PRESENT PROFESSIONAL OR VOLUNTEER ORGANIZATIONS YOU PARTICIPATED IN (INCLUDE NAME, LENGTH OF SERVICE, CONTACT PERSON, AND PHONE NUMBER OR EMAIL):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3: PLEASE READ AND SIGN ALL APPLICANTS MUST COMPLETE THIS SECTION**

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

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

\_\_\_\_\_

**DOC USE ONLY:**

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

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

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

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

APPROVED \_\_\_\_\_ APPROVAL EXPIRES ON: \_\_\_\_\_

DENIED \_\_\_\_\_

**IF DENIED, PLEASE INDICATE REASON BELOW:**

- (1) Dishonest/incomplete application;
- (2) Active pending charges/warrants/capiases;
- (3) Any criminal conviction within the past two years;
- (4) Any incarceration in a Delaware correctional facility within the past three years;
- (5) Pending litigation against DOC involving applicant, arrest for escape, conviction for smuggling prison contraband, affiliation with confirmed security threat group, or previous institutional misconduct relating to the security, life, safety, and health of the facility while incarcerated;
- (6) Other (See Investigation for info).

REVIEWER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **A GUIDE TO THE PREVENTION AND REPORTING OF SEXUAL ABUSE AND MISCONDUCT WITH OFFENDERS**

### **PREA Information for Contractors, Vendors, and Volunteers with Limited Contact with Offenders**

*Please Read, Sign, and Return this Acknowledgement Form with the Security Clearance Application*

#### **Staff Sexual Misconduct**

Delaware Department of Correction (DDOC) policy 8.60 specifically forbids any activity associated with or that promotes acts of sexual conduct, including sexual harassment between offenders and DOC staff. In this definition, “staff” includes: contractors, vendors and volunteers of the DOC. An “offender” means someone incarcerated in a correctional facility or under supervision in the community. DDOC policy 8.60 contains detailed descriptions of what constitutes sexual misconduct and staff misconduct of a sexual nature (Policy 8.60 is available on the DDOC website at: [http://www.doc.delaware.gov/downloads/policies/policy\\_8-60.pdf](http://www.doc.delaware.gov/downloads/policies/policy_8-60.pdf))

#### **Forms of sexual misconduct include, but are not limited to:**

1. Any behavior of a sexual nature directed toward an offender by a Department staff, contract staff, or volunteer.
2. Inappropriate touching between offenders and staff.
3. All completed, attempted, threatened, or requested sexual acts between Department staff and the offender.
4. Sexual comments and conversations with sexually suggestive innuendos or double meanings.
5. Display or transmittal of sexually suggestive posters, objects, or messages.

Depending on the investigation findings of an alleged incident, the outcome may result in the loss of your job/assignment and the possibility of criminal charges. In addition, persons accused of sexual harassment in civil or criminal proceedings may be held personally liable for damages to the person harassed.

#### **An Abuse of Power**

Due to the imbalance of power between offenders and staff in correctional settings, sexual interactions between staff (who have power) and offenders (who lack power) are unprofessional, unethical and illegal. Some offenders who lack power may become sexually involved with staff in an effort to equalize the imbalance of power. Occasionally an offender may try to use sex to improve his/her standing or circumstances (e.g., better job, avoid disciplinary action, affect a release plan, gain privileges, etc.). As a DOC contractor, vendor or volunteer, your designated assignments place you in a position of authority over the offenders with whom you interact in a professional capacity. It is not possible to have a relationship as equals because you have a responsibility to maintain custody, evaluate work performance, and/or provide input to issues that affect release dates, return to prison, or other sanctions.

Because of the imbalance of power between offenders and staff, vendors, contractors and volunteers, there can never be a consensual relationship between staff and offenders. In fact, the law states “consent” is not a defense to prosecution. Here are some factors to consider.

Some staff don't think of offenders as 'victims' of staff sexual misconduct, especially when the offender appears to be a willing participant or even initiated the sexual or 'romantic' interactions with a staff member. The offender is always the victim because of the imbalance of power. The consent or willingness of an offender to participate may be a survival strategy or a learned response to previous or current victimization. Many offenders have a history of victimization (physical and/or sexual abuse), which may make them especially vulnerable to the sexual overtures of persons in positions of authority. Their perception of affection/love may be skewed by this background of abuse, making it impossible for them to refuse advances of a staff member.

In some instances, particularly for female offenders, their survival in the community has been directly related to using their sexuality to obtain the means to survive. Coupled with low self-esteem, this carries over into their conduct in prison and while under community supervision.

As the person in authority, it is your responsibility to discourage, refuse and report any overtures as well as maintain professional boundaries at all times. Boundaries in relationships can be difficult. If you question your professional boundaries with an offender or feel uncomfortable with his/her actions or advances toward you, talk to another person you respect and/or bring this matter to the attention of a DOC employee before it gets out of control.

### Red Flags:

The following are behaviors or 'red flags' that may signal you or someone you work with is in danger of engaging in sexual misconduct with an offender:

- Spending a lot of time with a particular offender
- Change in appearance of an offender or staff member
- Deviating from agency policy for the benefit of a particular offender
- Sharing personal information with an offender
- Horseplay
- Overlooking infractions of a particular offender
- Doing favors for an offender
- Consistently volunteering for a particular assignment or shift
- Coming to work early/staying at work late
- Flirting with an offender

### Some Other Things to Consider:

Amorous or sexual relationships with an offender are seldom a secret. Such behavior will subject you to disrespect and manipulation from other offenders that may be aware of your situation. Once in a relationship, professional judgment becomes clouded and the normal defenses that exist to protect you will be compromised. When acting on emotions, you may take actions that would otherwise be considered inappropriate in a correctional environment (either in custody or in the community).

Amorous or sexual relationships are inappropriate and illegal when they occur between an offender and any staff member, contractor, vendor or volunteer. Offenders depend upon staff to provide for their board and care, ensure their safety, address their health care needs, supervise their work and conduct, and act as role models for socially acceptable conduct. Your conduct and the decisions you make reflect not only on your own reputation, but also on that of your peers and the agency you represent.

**How to Maintain Appropriate Boundaries:**

Most staff/offender sexual misconduct occurs only after seemingly innocent professional boundaries have been crossed. The following behaviors will assist you in maintaining appropriate boundaries:

- Maintain professional distance
- Focus behavior on duties and assignments
- Do not become overly close with offenders
- Do not share your own or other staff person's personal information with or around offenders
- When speaking to offenders about other staff, refer to the staff by their title or as Ms. or Mr.
- When speaking to offenders refer to them as Ms. or Mr. and their last name
- Do not accept gifts or favors from offenders
- Be knowledgeable of Departmental policy and procedure, rules of conduct and laws regarding sexual misconduct and sexual harassment.

**A Duty to Report**

Staff must report any inappropriate staff/offender behavior immediately. The presence of illegal and unethical behavior by staff compromises the security and safety of the agency. Staff that fail to report such behavior will be held accountable and sanctioned through dismissal. All efforts will be made to ensure the confidentiality of the reporting staff member.

**I HAVE READ AND UNDERSTAND THE INFORMATION PROVIDED IN THIS DOCUMENT.**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**ORGANIZATION / COMPANY** \_\_\_\_\_

**PROGRAM NAME:** \_\_\_\_\_

