



## **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. 18041  
December 4, 2019

### **ADDENDUM NO. 1**

STATE OF DELAWARE OMB/DFM  
MC3804000094  
**DOC-HRYCI PERIMETER FENCE ENHANCEMENTS**  
1301 E. 12<sup>th</sup>. Street, Wilmington, DE 19801

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

BIDS DUE:

**Thursday, January 9, 2020 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. Contractors are encouraged to keep an eye on their email accounts during the bidding period for such updates.
- 1.6 Contract documents may be obtained at the office of **“R G Architects”, 200 West Main Street, Middletown, DE 19709, phone (302) 376-8100**, upon receipt of \$ \$50.00 for electronic PDF files per set/non-refundable. Checks are to be made payable to **“R G Architects, LLC”**.

**DOC-HRYCI Perimeter Fence Enhancements**1301 E. 12<sup>th</sup> Street, Wilmington, DE 19801**ADDENDUM # 1****2.0 PREBID MEETING:**

- 2.1 A Mandatory Pre bid Meeting was held on Wednesday, December 4, 2019 at 10:00 a.m. at the office of Division of Facilities Management, Thomas Collins Building, Dover, DE. The following items were reviewed:
- A. Project Description: A brief overview of the Project was discussed.
  - B. Project Schedule: The project tentative start date will be as soon as the winning bidder has been selected and a DFM Purchase Order issued.
  - C. Bid schedule is as follows:
    - 1. The bids are due by **2:00 p.m. on Thursday, January 9, 2020.**
    - 2. Substitution requests will be received until **9:00 a.m. on Monday, December 30, 2019.**  
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 **9:00 a.m. on Thursday, January 2, 2020.**  
All questions **must** be submitted **in writing** (via email, addressed to Jim Ament (jim@rgarchitects.net) to R G Architects. Neither R G Architects nor the Owner will answer questions verbally.
    - 4. The last day for addenda to be issued, if required, shall be, **Monday, January 6, 2020.**
  - 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:
    - 1. The subcontractors list noted on the bid form in the project manual was reviewed and agreed upon.
  - F. The project has an Allowance of \$10,000.00 “General Owner’s Allowance”.
  - G. The project has one Alternate, Alternate No. 1 – (Deduct)- Delete all work shown on section 1/A10-3 & 3/A10-2 for work on the southwest section of the perimeter fence on the south side. Alternate is noted on the Bid Form, Alternate specification section & drawing documentation accordingly.
  - H. The project is a Prevailing Wage Rate project. Current wage rates are posted in the project manual.

**DOC-HRYCI Perimeter Fence Enhancements**1301 E. 12<sup>th</sup> Street, Wilmington, DE 19801**ADDENDUM # 1**

- I. The owner has offered the contractors a follow up tour of the facility on **Wednesday, December 18, 2019 at 9:00 a.m.**

Bidders whom wish to tour the HRYCI facility may attend an unguided, security escorted, walk through.

*Note: Bidders whom wish to attend the site walk-through must submit completed security background check paperwork to HRYCI Maintenance Superintendent – Judson Hornbeck (Judson.hornbeck.@delaware.gov). No background checks are to be sent to RG Architects. Background check form is attached to this Addendum.*

- J. Security Procedures: Security procedures will be required for this project 01 35 53 SECURITY PROCEDURES and 01 35 54 SECURITY CLEARANCE specifications are in project specifications.
- K. 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.
- L. Project working hours are 7:00 a.m. to 3:00 p.m. Monday through Friday. Access to project site is through existing sally port. Check-in at 7:00 a.m. & check-out 3:00 p.m. typical. All trucks including vehicle, product inventory & tools on each truck will be inventoried & counted at entry & exit.

**3.0 Revisions to the SPECIFICATIONS:**

- 3.1 None at this time.

**4.0 Revisions to the DRAWINGS:**

- 4.1 None at this time.

**5.0 QUESTIONS:**

- 5.1 None at this time.

**6.0 ATTACHMENT LIST:**

- A. Pre Bid Sign-In Sheet
- B. Bid Register
- C. 01 35 54a Security Clearance Application

End of Addendum No.1

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 Middletown, DE 19709  
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 302.376.9851 fax  
 www.rgarchitects.net

December 4, 2019

PREBID MEETING SIGN-IN  
 DOC - HRYCI - PERIMETER FENCE ENHANCEMENTS

	Name	Company	Telephone	Email
1	PATRICK SCHUH	COMMONWEALTH COST	659-6611	BBooth@itscommonwealth.com
2	Aftab Cheema	CDP General Contract	(302) 222-1034	AftabCheema1@gmail.com
3	Ivan J. King	NEW HOLLAND CHAINLINK	717-278-4891	ivank@g5fr39.net
4	Bill Cabbage	Forrest Fence	302-943-5794	Bill@forrestfencing.com
5	JUSTIN ROYCE	ABEL FENCE	717 252 2946	JUSTIN@ABELFENCE.COM
6	TODD WEAVER	PROMAX LLC	610-685-4300	TODDWA@PROMAXFENCE.COM
7	Dean Seely	OMB/DFM		joseph.seely@delaware.gov
8	Sean McFadden	Long Fence Co.	301-350-2400	smcfadden@longfence.com
9	Eric Smeltzer	DOC		eric.smeltzer@delaware.gov
10	JIM AMENT	RG ARCHITECTS	302.376.8100	jmergarchitects.net
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PLEASE PRINT CLEARLY

DOC-HRYCI PERIMETER FENCE ENHANCEMENTS

MC3804000094

1301 E. 12th. Street, Wilmington, DE 19801

Bids Due: January 9, 2020 at 2:00 pm

State of Delaware, Office of Management and Budget, Division of Facilities Management

Thomas Collins Building, 540 S. DuPont Highway, Suite 1 (Third Floor), Dover DE 19901



ARGA # 18041

BID DOCUMENTS REGISTER

PLEASE PRINT CLEARLY

\$50 per USB Drive

<p><b>#01</b></p>	<p>Name of Company: <u>PRO MAX FENCE LLC</u></p> <p>Physical Address: <u>2021 CENTRA AVE</u>  City, State: <u>RANDOLPH PA 19005</u></p> <p>Contact: <u>TODD WEAVER</u> GC: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>EMAIL: <u>TODD@FROMMAXFENCE.COM</u></p> <p>Fax <u>610-685-4433</u></p> <p>Phone: <u>610-685-4300</u> Date: <u>12/4/19</u></p>
<p><b>#02</b></p>	<p>Name of Company: <u>ABEL FENCE</u></p> <p>Physical Address: <u>791 COOL CREEK ROAD</u>  City, State: <u>WRIGHTSVILLE, PA 17368</u></p> <p>Contact: <u>JUSTIN ROICE</u> GC: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>EMAIL: <u>JUSTIN.P.ABEL@FENCE.COM</u></p> <p>Fax <u>717 252 3938</u></p> <p>Phone: <u>717 252 2946</u> Date: <u>12/4/19</u></p>
<p><b>#03</b></p>	<p>Name of Company: <u>CAB General Contractors, Inc</u></p> <p>Physical Address: <u>3208 N MARKET ST</u>  City, State: <u>WILMINGTON DE 19802</u></p> <p>Contact: <u>AFTAB CHEEMA</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>EMAIL: <u>aftabcheema@gmail.com</u></p> <p>Fax _____</p> <p>Phone: <u>302-222-1033</u> Date: <u>12/4/19</u></p>

PLEASE PRINT CLEARLY

DOC-HRYCI PERIMETER FENCE ENHANCEMENTS

MC3804000094

1301 E. 12th. Street, Wilmington, DE 19801

Bids Due: January 9, 2020 at 2:00 pm

State of Delaware, Office of Management and Budget, Division of Facilities Management  
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BID DOCUMENTS REGISTER

PLEASE PRINT CLEARLY

<p><b>#04</b></p>	<p>Name of Company: <u>New Holland Chainlink LLC.</u>                      Physical Address: <u>136 South Shick Rd.</u>                      City, State: <u>New Holland PA 17557</u></p> <p>Contact: <u>Ivan J. King</u> GC: YES <input type="checkbox"/> NO <input type="checkbox"/>                      EMAIL: <u>Ivan K @ gsfr39.net</u>                      Fax <u>717 - 355-9293</u>                      Phone: <u>717 - 278-4891</u> Date: _____</p>
<p><b>#05</b></p>	<p>Name of Company: <u>Long Fence Co.</u>                      Physical Address: <u>8545 Edgeworth Dr.</u>                      City, State: <u>Capitol Heights, MD 20769</u></p> <p>Contact: <u>Sean McFadden</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>                      EMAIL: <u>Smcfadden @ longfence.com</u>                      Fax <u>301-350-4449</u>                      Phone: <u>301-350-2400 Ext. 1409</u> Date: <u>12-9-19</u></p>
<p><b>#06</b></p>	<p>Name of Company: _____                      Physical Address: _____                      City, State: _____</p> <p>Contact: _____ GC: YES <input type="checkbox"/> NO <input type="checkbox"/>                      EMAIL: _____                      Fax _____                      Phone: _____ Date: _____</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.

## History of Victimization

Page 2 of 3

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

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