



R G Architects, LLC

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

RG A No. 15047
May 19, 2016

ADDENDUM NO. 1

STATE OF DELAWARE OMB/DFM
MC3406000007
Plummer Community Correction Center
38 Todds Ln, Wilmington, DE 19802
Fence line Replacement

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

BIDS DUE:

Thursday, June 16, 2016 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 Pre bid Meeting was held on Monday, May 19, 2016 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 tentative start date and completion date is September 1, 2016 and December 1, 2016 correspondently. DFM will confirm the precise starting date.
- C. Bid schedule is as follows:
1. The bids are due by **2:00 p.m. on Thursday, June 16, 2016.**
 2. Substitution requests will be received until **4:00 p.m. on Monday, June 6, 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 email, addressed to Oscar Enderica (oscar@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, June 13, 2016.**
- 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. Fencing Contractor
- F. The owner has offered the contractors a tour of the facility, without the escort of the design team, on **Thursday, June 2, 2016 at 2:00 p.m.** Contractors who wish to attend are asked to complete their Security Clearance Forms (attached) and return to the contact listed on the form by **Thursday, May 26, 2016** to Steve Brown at steven.brown@state.de.us
- G. Once you have received the approved clearances, contractors are also asked to contact Oscar Enderica at R G Architects via email at oscar@rgarchitects.net requesting their names be added to the list of attendees for this site visit.
Contractors are not allowed to bring cameras or cell phones on site.
- H. Security Procedures: All contractors are to reference specification section 01 35 53 SECURITY PROCEDURES for specific instructions that must be followed at this facility.

- I. 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.

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. Security Clearance Form

End of Addendum No.1

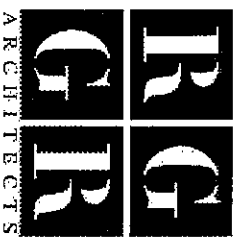
R G Architects, LLC
 200 West Main Street
 Middletown, DE 19709
 302.376.8100
 302.376.9851 fax
 www.rgarchitects.net

PREBID MEETING SIGN-IN

State of Delaware
 MCC3406000007

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

Fence line Replacement
 Plummer Community Correction Center
 38 Todds Ln, Wilmington, DE 19802



May 19, 2016

Name	Company	Telephone	Email
1 Kevin Roberts	Amvalor	302-534-8664	Amvalor@aol.com
2 Joshua S. Slawter	Kent Construction	302-653-6169	ESTIMATOR@kentconstruction.com
3 Tom Erb	Abel Fence LLC	302-999-6999	Tom@AbelFence.com
4 Tim Jauda	Pro Max Fence System	(610) 685-4300	TIMJ@PROMAXFENCE.COM
5 JERRY KOZANSKI	R G ARCHITECTS	302-376-8100	GROZANSKI@RGARCHITECTS.NET
6 OSCAR ENDERICA	" "	" "	OSCAR@RGARCHITECTS.NET
7 Kemy Wlonek	omus/DFM	302-222-7952	Kemy.Wlonek@Stark.De.US
8 John Gormley	Abel Fence LLC	302-999-0099	John@AbelFence.com
9			
10			
11			
12			
13			
14			

PLEASE PRINT CLEARLY

**MC340600007, Plummer Community Correction Center
Wilmington, DE, Fenceline Replacement**



Bids Due: June 16, 2016 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

BID DOCUMENTS REGISTER

PLEASE PRINT CLEARLY

\$50 per USB Drive

#01	Name of Company: <u>Abel Fence LLC</u>		
	Physical Address: <u>2006 Foulk Road, Suite F</u>		
	City, State: <u>Wilmington, DE 19810</u>		
	Contact: <u>John Gormley</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	EMAIL: <u>john@abelfence.com</u>		
	Fax <u>302-999-0995</u>		
	Phone: <u>302-999-0099</u> Date: <u>5/13/2016</u>		
#02	Name of Company: <u>Senco Precision Parts, LLC</u>		
	Physical Address: <u>210 River Street, Suite#23</u>		
	City, State: <u>Hackensack, NJ 07601</u>		
	Contact: <u>Filip Filipovski</u> GC: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
	EMAIL: <u>filipf@sencometals.com</u>		
	Fax <u>(201) 488-0593</u>		
	Phone: <u>(973) 342-1742</u> Date: <u>5/13/2016</u>		
#03	Name of Company: <u>Kent Construction</u>		
	Physical Address: <u>2 Big Oak Road</u>		
	City, State: <u>Smyrna, DE 19977</u>		
	Contact: <u>Larry Scuse</u> GC: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
	EMAIL: <u>estimator2@kentconstructionco.com</u>		
	Fax <u>(302) 653-4044</u>		
	Phone: <u>(302) 653-6469</u> Date: <u>5/19/2016</u>		

PLEASE PRINT CLEARLY

**MC340600007, Plummer Community Correction Center
Wilmington, DE, Fenceline Replacement**



Bids Due: June 16, 2016 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

BID DOCUMENTS REGISTER

PLEASE PRINT CLEARLY

#04	Name of Company: <u>Pro Max Fence Systems, Inc.</u>		
	Physical Address: <u>2621 Centre Avenue.</u>		
	City, State: <u>Reading, PA 19605</u>		
	Contact: <u>Tim Janda</u>	GC: <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
	EMAIL: <u>timj@promaxfence.com</u>		NO <input type="checkbox"/>
	Fax <u>(610) 685-4430</u>		
Phone: <u>(610) 685-4300</u>	Date: <u>5/19/2016</u>		
#05	Name of Company: <u>Long Fence Company, Inc.</u>		
	Physical Address: <u>8545 Edgeworth Drive</u>		
	City, State: <u>Capitol Heights, MD 20743</u>		
	Contact: <u>Sean McFadden</u>	GC: <input type="checkbox"/>	YES <input type="checkbox"/>
	EMAIL: <u>smcfadden@longfence.com</u>		NO <input checked="" type="checkbox"/>
	Fax <u>(301) 499-4440</u>		
Phone: <u>(301) 350-2400 x1409</u>	Date: <u>5/19/2016</u>		
#06	Name of Company: _____		
	Physical Address: _____		
	City, State: _____		
	Contact: _____	GC: <input type="checkbox"/>	YES <input type="checkbox"/>
	EMAIL: _____		NO <input type="checkbox"/>
	Fax _____		
Phone: _____	Date: _____		

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)

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: _____
