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Addendum

**James T Vaughn Correctional Center
Matt Haley Culinary Arts Facility**

OMB/DFM/DOC Contract No.: MC3804000086
Tt Project No. 26912-16003

Addendum No. 1

REV 1
INCLUDES PRE-BID MEETING RECORD NOTES

August 05, 2016

To: ALL BIDDERS

This ADDENDUM forms a part of the BIDDING AND CONTRACT DOCUMENTS and modifies the following documents:
Original DRAWINGS and PROJECT MANUAL dated August 04, 2016

Acknowledge receipt of the ADDENDUM in the space provided on the FORM OF PROPOSAL

This ADDENDUM consists of three (11) pages, including the attachments:

The following information was discussed in the August 04, 2016 PRE-BID MEETING, and includes associated follow up information.

1.0 General:

- 1.1 See Attached sign in sheet for attendees.
- 1.2 Bid Documents can be purchased at Tetra Tech office in Newark, DE. Digital/CD version can be picked up at any time, **Call one day in advance for hard copy versions.**
- 1.3 All addenda shall be issued via e-mail only, by Tetra Tech.
- 1.4 Addendum 1 shall be issued to all attendees. Subsequent Addenda shall be issued to purchasers of Bid Documents only.
- 1.5 All Bid questions shall be e-mailed to Chuck Dobbs at chuck.dobbs@tetrattech.com.
- 1.6 Make sure that your Bid Submissions acknowledge each addendum.

2.0 Critical Bid Period Dates:

- 2.1 Bid due Date – As stated in the Advertisement to – 2:00 pm Thursday, August 23, 2016**
- 2.2 Contractor Walk Thru – 11:00am Thursday, August 16, 2016
- 2.3 Deadline for Questions – Close of Business Friday, August 18, 2016
- 2.4 Background check forms (for Walk Thru) – Tuesday 16, August 5, 2016 , Close of Business

3.0 Contractor Walk Thru (see dates above):

- 3.1 All attendees must be cleared by JTVCC Security authority via a back ground check, which is initiated when the institution receives the Dept. of Correction Background review form (attached) filled out with known law infractions and violation history.
- 3.2 The filled out forms shall be e-mailed to Ernie Kullhanak - Ernest.Kulhanek@state.de.us Make sure that the e-mail message identifies the project (JTVCC W1 Shower Improvements) and the walk thru date. A list of the individuals

that are submitting background check forms shall be e-mailed to Chuck Dobbs and Dean Seely - Joseph.Seely@state.de.us

4.0 Work Rules:

- 4.1 All individuals entering the institution shall have an approved back ground check. Same process as described above for the Walk Thru.
- 4.2 All field mechanics shall not leave the institution during their daily shift except for emergencies, including their lunches and breaks.
- 4.3 A tool list shall be provided by all contractors entering the institution.

5.0 Phasing and Hours of Operation

- 5.1 Work hours are 7:00 am to 3:00 pm. Bidders shall assume that daily entry and exiting of the intuition will each take up an hour of the designated work hours

6.0 Document Scope Review:

- 6.1 C. Dobbs reviewed the scope of work laid out in the Bid Drawings.

7.0 Subcontractor List:

- 7.1 The Subcontractor list was reviewed and the following adjustments were agreed to by all meeting attendees. All in attendance agreed to the list as stated, with exception that there was request to remove BAS Controls and Fire Alarm, due to proprietary specification requirements. It was agreed that this issue would be reviewed and finalized in the first addendum. Upon review, Tetra Tech and Department of Administrative Services has determined that while products and in the case of the BAS system a supplier are named in the specifications, these two specifications allow for other sources and products, so the requirement for list these two subcontractors will remain in the Subcontractor's list.

8.0 CHANGES to SPECIFICATION SECTIONS

- 8.1 Bid Form – REPLACE Page 5 with the attached version - The project duration has been removed from the fourth paragraph, to allow the bidder to input this information with their submission.
- 8.2 Section 114000 Food Service, paragraph 1.10 B – **CHANGE** the warrantee in the last sentence from 3 to 2.

ATTACHMENT LIST

1. Attendee Sign in Sheet (two pages)
2. Revised Bid Form P5 (one page)
3. Security Clearance Application (six pages)

Cc: All attendees, E. Kullhanek & D. Neeld

END OF ADDENDUM No. 1

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TETRA TECH

240 Continental Drive, Suite 200, Newark, Delaware 19713

PRE-BID MEETING SIGN-IN SHEET

JAMES T. VAUGHN CORRECTIONAL CETER

MATT HALEY CULINARY ARTS TRAINING FACILITY

Tt PROJECT NO.: 26912-16003

DATE: August 4, 2016

Name	Company	Physical Address	Telephone	FOR J. VANDERSTIG ^L @NICKLUB. EMAIL e-mail
1 James Vanplaslie	Nick's Electrical	540 S. Berkland St. Georgetown DE	302-858-1000	Standesh@delnet.com
2 Tyrone Markese	Amakore	72 Clifton St	8378669	Amakore@AOL.COM
3 Teri Mantey	Bancraft	1301 N Grant Ave	526 4894	tmantey@bancraftusa.com
4 Kurt Vandembraak	EDI's	110 S. Poplar St.	302-421-5700	kurt@EDIS company.COM
5 MARK HARCASIE	COMMONWEALTH CONST.	237 PENNA. AVE	302-654-6611	BBooth@ITSCOMMONWEALTH.COM
6 GREG THOMPSON	Conventional Builders Inc	846 846 School St Houston DE	302-422-2429	Conventionalbuilders@comcast.net
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Name	Company	Physical Address	Telephone	Fax	e-mail
15 Tony Ventresca	Ventresca Bros, Inc.	2300 N. DuPont Hwy. New Castle, DE 19720	302-658-6436	302-658-6436	Tony@VentrescaBros.com
16 JOHN ROZICH	HARBOR STONE CON.	100 ELIZABETH WAY OXFORD, PA 19363	610-467-0872	610 467 0692	Jrozich@harborstonecc.com
17 Rob Solloway	Kest	2 Big Oak Rd Swarthmore DE	302-653-6169	302-653-6169	estimator2@kestconstruction.com
18 Mary Clark	Schlusser+Associats	2041 Sunset Lake Rd Newark DE 19702	302-738-7333	302-738-5692	abakersa@hotmail.com
19 Robin Schurman	BRS Consulting, Inc.	293 Jackson Pkwy Harrington, DE 19952	302-786-2326		robin@brsconinc.com
20 Brian Smith	BSS contractors	281 E. Evergreen St. West Grove P.A. 19380	(610) 345-1316	(610) 345-1316	bsmith@bsscontractors.com
21 Chase Lockard	MohrCentrals	7 Bellcor Dr. New Castle, DE 19720	302-325-6850		cllockard@moheambutabk.com
22 Dea Seely	DFM				joseph.seely@state.de.us
23 Alisha McCulloch	DFM LOMB				Alisha.McCulloch@state.de.us
24 Eric Smeltzer	DOC				eric.smeltzer@state.de.us
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MATT HALEY CULINARY ARTS TRAINING FACILITY
JAMES T. VAUGHN CORRECTION CENTER
200-26912-16003/MJ3804000086

BID FORM
Rev 1 – Addendum 1 (sheet no 5 only)

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(s) of Employee Drug Testing Program
- Bid Security
- (Others as Required by Project Manuals)

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: _____

