

State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

Solicitation Information
November 25, 2019

ADDENDUM # 1

RFQ# 7599835A1

**TITLE: Construction Services Stedman Government Building
Renovations of Restrooms**

**Submission Deadline has been postponed until:
December 3, 2019 at 11:30 AM (Eastern Time)**

Notice:

- Attached includes:
 - Sign in sheet from mandatory pre bid conference
 - Questions received with responses
 - MBE pilot program plan
 - DCYF Clearance Form

Interdepartmental Project Manager

Interested parties should monitor this website, on a regular basis, for any additional information.



State of Rhode Island
Division of Purchases
One Capitol Hill
Providence, RI 02903

"MANDATORY" PRE-BID CONFERENCE SIGN IN SHEET

Mandatory Pre-bid Conference: Any vendor who intends to submit a bid proposal in response to this solicitation must have its representative attend this mandatory prebid conference, sign, and complete all required information on this Sign-In Sheet. Failure to comply with this requirement will result in the rejection of any bid proposal.

BID NUMBER: 7599835
 BID TITLE: Construction Services Steedman Government Building Renovations of Restrooms
 PRE-BID DATE AND TIME: November 14th, 2019 at 2:00 pm

Purchasing Representative
 Max Righter
 Mandatory Pre-Bid Conference
 2:08 PM
 Mandatory Pre-Bid Conference
 2:46 PM

COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER
1 State of Rhode Island Division of Purchases	Max Righter	<i>Max Righter</i>	1 Capitol Hill Providence, RI 02908	max.righter@purchasing.ri.gov	401-574-8179
2 SACCOCON ASSOC	Vic LaFayette	<i>Vic LaFayette</i>	1085 PARK AVE CHARLOTTE NC	vic@sa-architecture.com	901-942-7970
3 H&J CONST	Mrs V. Gallo	<i>Mrs V. Gallo</i>	82 Center St Sokery 33 Vermont Ave. Warwick, RI 02886	EV@H&J-CONST estimating@h&j-const.com	401-738-5400
4 ELL BUEMAN TOURER CONSTRUCTION	Bob Dandeneau	<i>Bob Dandeneau</i>	10 SOUTHERN INDUSTRIAL DR. CRANSTEDT, RI 02921	TOURER@CONSTRUCTIONEER.COM	401-943-0170
5 MATHONE SECURITIES	MARC B. Nouman	<i>Marc B. Nouman</i>	22 Sealed NAIR CT PROVIDENCE	Dennis@mathone.com	401-641-5478
6 MACEU CONSTRUCTION	WILLIAM HUNTER	<i>William Hunter</i>	180 BURTONHALL DR. PROVIDENCE	WCHUNTER88@gmail.com	401-272-4430
7 O'CAMM / OCA	Charles LaDre	<i>Charles LaDre</i>	Capitol Hill	Charles.LaDre@oca.com	401-601-1718
8 DPHMM	Toby Desouza	<i>Toby Desouza</i>	4880 METHUEN PROVIDENCE		401-265-0961
9 DEANN	John Traversos	<i>John Traversos</i>			401-303-32
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BID NUMBER: 7599835

BID TITLE: Construction Services Stedman Government Building Renovations of Restrooms

PRE-BID DATE AND TIME: November 14th, 2019 at 2:00 pm

Proposing Representative
 Max Righer
 Mandatory Pre-bid START TIME: 2:05 PM
 Mandatory Pre-bid END TIME: 3:46 PM

COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT EMAIL	CONTACT PHONE NUMBER
17. Hanco Construction	Amanda Moniz	<i>[Signature]</i>	1454 Main St. Unit 14 West Warwick, RI	estimating@hancoconstruction.net	(401) 578-5134
18. Stillwater Cost	Derp Kenney	<i>[Signature]</i>	44 Roswell Ave Pascoag RI	Dkenney@stillwatercost.com	401-297-9032
19. DDA	Marco Schioppa	<i>[Signature]</i>	1 Capitol Hill	USky@ddaconstruction.com	222-6000
20. DDA	Mary-Kate Bellarmino	<i>[Signature]</i>	1 Capitol Hill	marykatebellarmino@ddaconstruction.com	222-6000
21. MATHAI SERVICES	Dennis P. Marchese	<i>[Signature]</i>	225000 W. Main St	Dennis@mathaiservices.com	401-641-5478
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SECTION 00 91 13

ADDENDUM NO. 1

NOVEMBER 21, 2019

PROJECT: Restroom Renovations
Oliver Stedman Government Center
4808 Tower hill Road
South Kingstown, Rhode Island

- This addendum forms a part of the Contract Documents and modifies the original Bidding Documents dated August 26, 2019 as noted below.
- Please advise all sub-contractors.
- Acknowledge receipt of this Addendum in the space provided on the Bid Form.

GENERAL

- A. The following are questions submitted by Bidders to the Owner and their subsequent answers are highlighted in red.
1. Question: Openings #001 and #003 (Multi-Stall restrooms) On the Door Schedule call for Set 1; however, this set is for an Office Lock ... Should they have Set 5 like the other multi-stall restrooms?
Response: The door schedule is correct. The doors are to have Hardware Set 1 with the Office type lockset.
 2. Question: Opening #204 (Unisex Single Restroom) On the Door Schedule calls for Set 8; however, this set is for Office Lock ... Should it have Set 4 like the Family Toilet?
Response: The door schedule is correct. The door is to have Hardware Set 8 with the Office type lockset.
 3. Question: Please confirm that none of these openings are Fire Rated as none is indicated.
Response: All new doors are not fire rated.
 4. Question: Is the builders risk policy cost the responsibility of the owner or the GC?
Response: This value is to be included in the Contractor's base bid cost.
 5. Question: Drawing P001, Plumbing Fixture Schedule, Item P-4 as specified is a floor mounted Service Sink. Are we to cut the existing concrete slab and if so where are we tying into the under slab drain line?
Response: The floor service sink is to be changed to a wall hung utility service sink. See Project Manual Item No. 4 in this Addendum for the change.
 6. Question: Will the General Contractor be allowed to use the elevator to move demolition materials and new construction materials?
Response: Yes. Utilization of the elevator will be permitted as it is available.
 7. Question: Will the General Contractor be required to provide elevator cab wall and floor protection?
Response: Yes. The contractor is responsible for protecting all interior floor and walls affected by their work.

8. Question: What is the loading capacity of the elevator?
Response: The load capacity is 3,000 pounds.
9. Question: Will BCI checks be required for working in the building?
Response: Yes. Please reference the following DCYF Clearance request.
10. Question: Per Specification Section 01 35 63.01, Environmental Goals for the Project, will we be required to meet USGBC LEED Certification?
Response: The goal is to provide environmentally considerate products and construct the project using the most environmentally efficient methods. The project is not required to specifically achieve certification. Each individual specification section addresses the minimum requirements pertaining to the types of materials and installation methods required. The important objective is to submit the requested documentation listed in each specification section that is needed to maintain a record of the sustainable materials used.
11. Question: Per Drawing AD1.0, Partial Basement Demolition Plan, in the Women's Restroom 003 shows the lavatory located closest to the entry door to be removed.
Per Drawing A1.0, New Basement Floor Plan, Janitor Closet 004 shows a new floor mop sink to be installed in the old stall location.
Per Drawing A2.0, Elevation 6, Women's Room 003 East Elevation, no mop sink is shown.
Also, per Drawing PD1.0 only the lavatory is shown to be removed.
According to the Plumbing Specification 22 00 00, 2.07 Plumbing Fixtures, C. Fixture Description, P-4, Floor Service Sink Model Fiat TSB-3010 is a floor mounted fixture.
How are we to tie the waste drain into existing waste line? Are we to sawcut the concrete floor to tie into existing? If so, please show location and extents of concrete floor removal.
Response: The floor service sink is to be changed to a wall hung utility service sink. See Project Manual Item No. 4 in this Addendum for the change.
12. Question: The Specification contains section 03 31 00, Concrete Construction, there is no concrete construction work shown on the drawings so where would this be applicable?
Response: Due to the change of plumbing fixture P-4 from a floor service sink to a wall hung service sink, the concrete specification section is no longer required. Patching the concrete floor slabs around the new floor drains is still required though.
13. Question: The Specification contains section 07 26 16, Under-Slab Vapor Barrier, there is no concrete construction work shown on the drawings so where would this be applicable?
Response: Due to the change of plumbing fixture P-4 from a floor service sink to a wall hung service sink, the under-slab vapor barrier specification section is no longer required.

14. Question: Specification Section 05 50 00, Miscellaneous Metal Work, 3.01 Products, D. Metal Support Framing calls out for ceiling mounted urinal pilasters but Specification Section 10 21 13.19 Plastic Toilet Partitions, 3.01 Installation calls for floor mounted partitions. If the toilet partitions are floor fastened? If so, then Section 05 50 00 would not be applicable to the specification. Are the partitions to be floor mounted?

Response:

Section 10.21.13.19, paragraph 1.01.A indicates the partitions are to be “floor mounted and overhead braced”, this refers to the toilet stalls.

Paragraph 2.02.C.3 describes the urinal screens to have a post attached to the floor and ceiling on the leading edge with a continuous bracket attaching the screen to the wall. The ceiling connection of the screen is to use the metal framing (Unistrut or similar) to attach it to the building structure as noted in the 05 50 00 – Miscellaneous Metal Work section.

15. Question: Re: A2.0; Accessory Schedule states that T2 and T4 are “BY OWNER”. Will the owner be installing these as well as furnishing or should the GC install?

Response: Per Specification Section 01 11 00, paragraph 1.03: The Owner will furnish the Toilet Room Accessories noted in Section 10 28 13 and the Contractor will install them.

16. Question: At the pre-bid meeting information was handed out that this project would be an “MBE Capital Payment Pilot Program”. Does this project require any greater participation by MBE contractors than the usual mandated 10% because of this program?

Response: While it is strongly encouraged. This project does not require MBE participation greater than 10%.

PROJECT MANUAL

ITEM NO. 1 – SECTION 01 21 00 - ALLOWANCES

A. Paragraph 1.02: Change the “Total sum of the above noted Allowances is” amount to read “Ninety thousand dollars (\$ 90,000.00)” in lieu of “One hundred ten thousand dollars (\$ 90,000.00)”.

ITEM NO. 2 – SECTION 01 50 00 – TEMPORARY FACILITIES & CONTROLS

A. Paragraph 1.10.B: Add the following information:

- a. The hose supplying water to the trailer(s) is to be heated if the trailers are operational during weather below 35 degrees.
- b. Emptying of the waste storage tanks are to be provided by the Contractor as often as required to maintain sanitary conditions.
- c. The Contractor will be required to unlock the restroom trailer(s) Monday through Friday (excluding state holidays) by 8:00 A.M. and lock them no earlier than 4:30 P.M.

ITEM NO. 3 – SECTION 10 28 13 – TOILET ROOM ACCESSORIES

A. Paragraph 2.02.J: Electric Hand Dryer:
World Dryer model VERDEdri has been approved as an equal product.

ITEM NO. 4 – SECTION 22 00 00

- A. Paragraph 1.08 – Add the following:
- G. Modify existing plumbing and provide new piping & fittings as required to connect all new plumbing fixtures.
- B. Paragraph 2.07.C.7: Delete the paragraph in its entirety and substitute with the following:
- P-4 Wall Hung Utility Service Sink: Equal to American Standard Model # 7695.018, Enameled cast iron, 24" X 20-1/2" complete with rim guard, drilled back on 8" centers and # 7798.176 P-trap, 3" outlet, floor support with the strainer. Faucet shall be equal Chicago Model 956-RCP with # 369 lever handle, 8" centers with vacuum breaker.

Questions below were from the Mandatory Pre-Bid meeting:

- Question - Specific sequence or schedule?
 - Answer - Start with 1st floor, public facing restrooms all at once. 2nd & ground floors concurrently
- Comment - Contractor is to provide facility trailer
- Question - Integral ADA unit or plastic ADA?
 - Answer - Must be ADA accessible
- Question - Pumping every day?
 - Answer - 2x day.
- Question - Exterior hose bid available?
 - Answer – Yes
- Question – Construction to take place in winter?
 - Answer – Yes
- Question – Will contractor be responsible for clearing snow to the trailer?
 - Answer – Yes
- Question – Will the contractor be responsible for providing paper products and cleaning the trailer?
 - Answer – Yes
- Question – Is the trailer only needed for the first floor?
 - Answer – Yes
- Comment – Can provide 20A feeds necessary for the trailers from the mechanical room. 2x 20A per trailer
- Comment – Winter conditions will cover snow removal
- Question – Is there a lay down area for roll-off?
 - Answer – Yes, area in driveway.
- Question – Will the elevator be able to use?
 - Answer – Yes, should be available.
- Question – What is the capacity of the elevator?
 - Answer – Not sure, not much. 1200 – 1500 lbs
- Question – Potential for BCI check?
 - Answer – Yes, will need to check.
- Question – Any parking restrictions?
 - Answer – No, but some days will be busier than others. Plan on parking in front lot.

220-RICR-70-00-3

TITLE 220 - DEPARTMENT OF ADMINISTRATION

CHAPTER 70 - CAPITAL ASSET MANAGEMENT AND MAINTENANCE

SUBCHAPTER 00 - N/A

PART 3 - MBE CAPITAL PAYMENT PILOT PROGRAM

3.1 Purpose

The purpose of this Part is to govern the certified MBE Capital Payment Pilot Program (Program), for the sole purpose of facilitating weekly payments to Rhode Island certified minority business enterprise (MBE) subcontractors for completed work on public projects.

3.2 Authority

This Part is promulgated pursuant to the authority granted in R.I. Gen. Laws § 42-11-2.9.

3.3 Applicability

- A. This Part shall be applicable to all vendors, including contractors and subcontractors, participating in the Program.
- B. The Department of Administration will select no less than five (5) projects of varying size and complexity as part of this pilot program. Participation in the pilot program will be listed in the solicitation for each such project.
- C. The Program will expire on December 31, 2021. Notwithstanding the expiration of the Program, any vendor contractually bound to participate in the Program shall participate in the Project until the date of final project completion.

3.4 Definitions

- A. "Program Payments" means weekly payments made at the completion of a work week to certified MBE's by a contractor participating in the Program.
- B. "Minority Business Enterprise" (MBE) shall have the same meaning as set forth in R.I. Gen. Laws § 37-14.1-3.

3.5 Eligibility

A. Subcontractors

1. Only subcontractors certified as MBE's pursuant to R.I. Gen. Laws Chapter. 37-14 and that maintain a principal office or headquarters within the State of Rhode Island shall be eligible to participate in the Program.

B. Only contractors in good standing with the Division of Purchases may participate in the Program.

3.6 Program Payments and Contractor Invoicing

A. Program Payments

1. Contractors shall make Program payments to participating MBE's on a weekly basis with respect to the contract between the contractor and subcontractor, commencing after the MBE's first week of completed work on the subcontract.

B. Contractor Invoicing

1. Each participating contractor shall submit invoicing in accordance with its contract with the State.
2. Contractors participating in the Program must submit a request for Program Payments to the State at least sixty (60) days, but no more than one hundred and twenty (120) days prior to the anticipated date that the MBE subcontractor will start its subcontract work. If the subcontract work is scheduled to start within sixty (60) days from commencement of the project the contractor must submit the request as soon as practicable after the issuance of the award.
3. The request must:
 - a. State that the requested payment will be utilized by the contractor for the sole purpose of making weekly Program Payments within a calendar month to a certified MBE as part of the Program;
 - b. Provide itemization of the MBE subcontractor's scope of work, anticipated cash flow for the MBE subcontractor, value of work and schedule of values; and
 - e. Identify, based on a percentage of the subcontractor's scope of work, value of work and schedule of values, how the amount

requested in the Invoice represents weekly Program Payments for the requested calendar month.

4. Each subsequent request for Program Payments must be made sixty (60) days in advance as a line item on the contractor's monthly Application for Payment. The Application for Payment must be accompanied by a separate report, including the following information:
 - a. The amount of funds that the State has already paid to the contractor for the purpose of making Program Payments;
 - b. The amount of Program Payments that the contractor has paid to the Subcontractor as of the date of the invoice, including the dates that each Program Payment was made;
 - c. A copy of the partial waiver of lien signed by the MBE subcontractor certifying that the Program Payments have been made along with copies of supporting cancelled checks, wire transfers, or other forms of receipt of payment; and
 - d. The balance of funds, if any, held by the contractor for Program Payments received from the State but not yet paid to the MBE subcontractor.
5. Each contractor must hold any excess funds that it receives from the State for Program Payments for the sole purpose of making Program Payments and may not use the funds for any other purpose.
6. The contractor must report to the State any Program Payments that it did not pay to the MBE subcontractor and provide the reason for nonpayment within seven (7) days of nonpayment. Future payments to the contractor should be adjusted in accordance with the amount reported.

3.7 Sanctions


Any contractor who fails to abide by this Part shall be subject to termination of its contract with the State and suspension, pursuant to Vendor Suspension and Debarment, 220-RICR-30-00-14.

220-RICR-70-00-3

**TITLE 220 - DEPARTMENT OF ADMINISTRATION
CHAPTER 70 - CAPITAL ASSET MANAGEMENT AND MAINTENANCE
SUBCHAPTER 00 - GENERAL PROVISIONS
PART 3 - MBE CAPITAL PAYMENT PILOT PROGRAM**

Type of Filing: Adoption

Agency Signature

 E-SIGNED by Michael DiBiase
on 2019-10-24 13:59:44 GMT

October 24, 2019

Agency Head Signature

Agency Signing Date

Department of State

11/13/2019

Regulation Effective Date



S.I.

October 24, 2019

Department of State Initials

Department of State Date

**Request and Tracking Form for MBE Pilot Payments - DRAFT
Addendum to AIA Documents G702 & G703 - 2019**

Instructions: Information included in this sheet should cover the period from the date of the last invoice and must be filed 60 days in advance of payment date to subcontractor, but no more than 120 days in advance. Application number and information below should be consistent with the AIA G702 and G703 forms. The following back-up documentation must be attached to this form for any pilot payments made to sub(s) reported for this period: copy of partial waiver of lien signed by the MBE contractor certifying payments have been made, and copies of supporting cancelled checks, wire transfers, or other receipts of payment. This form was developed based on state regulations governing the MBE Capital Payment Pilot Program (220-FICR-70-00-3), effective November 13, 2019.

APPLICANT NAME: _____
 APPLICATION NO: _____
 APPLICATION DATE: 11/7/2019
 CALENDAR MONTH FOR REQUESTED PAYMENT: _____
 Jan-19

**ABC Construction
MBE Subcontractor #1**

ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE (TOTAL AMOUNT IN CONTRACT)	ANTICIPATED CASH FLOW REQUESTED FOR CALENDAR PERIOD	AMOUNT OF WEEKLY PAYMENT	DATE OF PAYMENT TO SUB	TOTAL AMOUNT OF PILOT PAYMENTS PREVIOUSLY RECEIVED FROM THE STATE	TOTAL AMOUNT OF PILOT PAYMENTS MADE TO SUB	% OF WORK COMPLETED	BALANCE WITHHELD
02000	Demolition	\$ 10,000	\$1,000	\$250	N/A	\$0	\$0	0%	\$0.00
08000	Rough carpentry	\$ 10,000	\$1,000	\$250	Week 1 11/8/2019 Week 2 11/15/2019 Week 3 11/22/2019 Week 4 11/29/2019	\$0	\$0	0%	\$0.00

Additional MBE Subcontractors:

**DEF Construction
MBE Subcontractor #2**

ITEM NO.	DESCRIPTION OF WORK	SCHEDULED VALUE (TOTAL AMOUNT IN CONTRACT)	ANTICIPATED CASH FLOW REQUESTED FOR CALENDAR PERIOD	AMOUNT OF WEEKLY PAYMENT	DATE OF PAYMENT TO SUB	TOTAL AMOUNT OF PILOT PAYMENTS PREVIOUSLY RECEIVED FROM THE STATE	TOTAL AMOUNT OF PILOT PAYMENTS MADE TO SUB	% OF WORK COMPLETED	BALANCE WITHHELD
Ex		\$ 1,000	\$0	\$0	Week 1 Week 2 Week 3 Week 4	\$0	\$0	0%	\$0.00

Signature _____

By signing this form I hereby certify that the requested payment will be utilized for the sole purpose of making weekly Program Payments within a calendar month to a certified MBE as part of the Program.

**RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH & FAMILIES
EMPLOYEE & INTERN
DCYF CLEARANCE REQUEST
AND
RHODE ISLAND CRIMINAL HISTORY SYSTEM CLEARANCE (BCI)**

(Section I)

Please check one of the following: INITIAL SUBSEQUENT

Agency: _____

Worker: _____ Date: _____

Subject: Male Female

Last Name First Middle Maiden

Other Names DOB Ethnicity

Address

CHECKS COMPLETED

MASTER FILE - RICHIST - CA/N for Employment -

RICHIST: No Prior Contact Active F I Closed Date: _____

Case #: _____ Worker Code _____ Record Location _____

Name _____

Masterfile: No Prior Contact Closed F I Date: _____

Case #: _____ Worker Code _____ Record Location _____

Name _____

Child Abuse/Neglect Investigation (CA/N) Information

Prior Contact (Family)
 No Prior Contact (Family)

Prior Contact (Individual)
 Reporter/Source Only

SCR #	Type	Sequence	Status	Date of Status Report
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Name(s)	Involvement	Allegations

Rhode Island Criminal History System Clearance (BCI)
Completed by DCYF

To be Completed by Person Completing Clearance

Name of person completing search _____ Date Completed: _____

(Check box if) Search Completed. No people located matching information provided. (Check box if) Search Completed Results of possible matches are attached
Attached Documents are NOT to be given to Non-DCYF persons.

Criminal History Affidavit

Have you ever been arrested for or convicted of any offense set forth in DCYF Policy 900.0040, Criminal Records Checks Addendum – Disqualifying Information? Yes No

If yes, please explain:

I, the undersigned, attest that the information contained in this affidavit is complete and accurate and understand that any false representation may be cause for denial or termination of employment or denial or revocation of licensure or certification. I further agree to apply to the Bureau of Criminal Identification of the State or local Police for nationwide criminal records check prior to beginning employment. I also understand the Department and/or employer will receive information relating to the results of the criminal records check. I understand if there is a question as to the conviction information, I am entitled to an appeal to the FBI. If there is a question as to my denial of termination of employment or denial or revocation of licensure or certification due to the results of the criminal records check, I am entitled to appeal to the DCYF Administrative Hearing Officer.

Applicant Signature: _____ Date: _____

Witness: _____ Date: _____