



Addendum No.: 1

Date Of Addendum: April 7, 2017

CT DAS • Construction Services • Process Management and Procurement Unit

Osborn Prison - Fire Alarm Replacement
335 Bilton Road
Somers, CT
BI – JA – 475

Original Bid Due Date / Time:

May 10, 2017

1:00 PM

Previous Addendums: None

TO: Prospective Bid Proposers:

This Addendum forms part of the "Contract Documents" and modifies or clarifies the original "Contract Documents" for this Project dated 6/30/2016. Prospective Bid Proposers shall acknowledge receipt of the total number the Addenda issued for this Project on the space provided on Section 00 41 00 Bid Proposal Form.

Failure to acknowledge receipt of the total number the Addenda issued for this Project on the space provided on Section 00 41 00 Bid Proposal Form shall subject Bid Proposers to disqualification.

The following clarifications are applicable to drawings and specifications for the project referenced above.

Item 1:

Pre-BID clearance requirements:

Prospective Bidders are required to complete the attached Clearance Form and Fax or Email to the address provided on the form before 4PM on April 17, 2017. Also, put the project number (BI-JA-475) on the form so they can be expedited by the Agency. Only bidders cleared by the Department of Correction will be allowed on the premises for this mandatory walk through.

Item 2:

Project construction clearance requirements:

A security background check of personnel working on this project will be required by the Department of Correction. Only personnel cleared by the Department of Correction will be allowed on the premises.

All questions must be in writing (not phone or e-mail) and must be forwarded to the consulting Architect/Engineer (DTC, Fax: 203-234-7376) with copies sent to the DAS Project Manager (Ashour Gevargisnia, Fax: 860-622-2947 and Construction Manager (If Applicable)

End of Addendum 1

Mellahee Walton, Associate Fiscal Administrative Officer
State of Connecticut
Department of Administrative Services, Construction Services
Process Management and Procurement Unit
450 Columbus Boulevard, Suite 1302
Hartford, CT 06103

COLLECT BACKGROUND REPORT Fax to Attention Tracie Gadrow 860-920-3081 - 0
FOR VENDORS/CONTRACTORS Email scanned forms to DOC.Collect1@ct.gov

NAME _____			D.O.B. _____		
(LAST)	(FIRST)	(MI)	(MM/DD/YYYY)		
MAIDEN NAME _____			SSN _____		
HGT. _____	WGT. _____	RACE _____	SEX _____	EYES _____	HAIR _____
SCARS TATTOOS _____			VENDOR: _____		
DRIVER'S LICENSE # _____			STATE _____		
CO. CONTACT EMAIL: _____			PHONE: _____		

OFFICIAL USE ONLY - DO NOT COMPLETE:

POSITIVE
RESPONSE

NO PRIOR
CONVICTIONS

FL02 DRIVER INFO _____	<input type="checkbox"/>	<input type="checkbox"/>
FLQW CT VEHICLE/WANTED INQ.	<input type="checkbox"/>	<input type="checkbox"/>
SPRC CT MASTER FILE	<input type="checkbox"/>	<input type="checkbox"/>
SPSC CT SUSPENSE FILE	<input type="checkbox"/>	<input type="checkbox"/>
OBTS OFF. BASED TRACKING CHECK	<input type="checkbox"/>	<input type="checkbox"/>
FLQH INTERSTATE III CHECK	<input type="checkbox"/>	<input type="checkbox"/>
RT45SS DOC SS CHECK	<input type="checkbox"/>	<input type="checkbox"/>
RT45NM DOC NAME CHECK	<input type="checkbox"/>	<input type="checkbox"/>
FLIQ OUT OF STATE CHECKS		
RI _____	<input type="checkbox"/>	<input type="checkbox"/>
NY _____	<input type="checkbox"/>	<input type="checkbox"/>
MA _____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>

CHECK COMPLETED BY _____ DATE _____

Comments/Findings:		OFFICIAL USE ONLY:			
Arrest Date:	Arresting Agency/Docket Number:	Charge:	Level: Misd. or Fel.	Date Disposed:	Court Disposition:

Please note: this form will not be processed if incomplete or illegible
 Please read and sign below in the presence of a witness

ACKNOWLEDGEMENT

I, the undersigned, acknowledge and understand that the Connecticut Department of Correction (CTDOC) can deny any individual entry to any correctional facility administered by the CTDOC at any time.

Signature of Applicant _____ Date Signed _____
 Signature of Witness _____ Date Signed _____