



Addendum No.: 1

Date Of Addendum: April 5, 2018

CT DAS • Construction Services • Office of Legal Affairs, Policy, and Procurement
MacDougall – Walker Correctional Institution
MacDougall Garage Repair / Rehabilitation
1153 East Street
South Suffield, CT
BI –JA-469

Original Bid Due Date / Time:

May 9, 2018

1:00 PM

Prospective Bid Proposers:

This Addendum forms part of the "Contract Documents" and modifies or clarifies the original "Contract Documents" for this Project dated 11/17/2017. 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 Security Clearance Requirements:

Prospective Bidders are required to complete the attached Clearance Form and Fax or Email to the address provided on the form before 12:00 PM on April 12, 2018. Also, put the project number (BI-JA-469) 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 **written** (not verbal or by phone) and must be forwarded to the consulting Architect/Engineer (Robert Marsoli, Email:r.marsoli@hoffarch.com) with copies sent to the DAS/CS Project Manager (Carlton Grodotzke, Email: carlton.grodotzke@ct.gov) and Construction Manager (NA, Email : NA)

End of Addendum 1

Mellanee Walton, Associate Fiscal Administrative Officer
State of Connecticut
Department of Administrative Services, Construction Services
Office of Legal Affairs, Policy, and Procurement

COLLECT BACKGROUND REPORT Fax to Attention Tracie Gadrow 860-920-3081 – OR-
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 _____

FLQW CT VEHICLE/WANTED INQ.

SPRC CT MASTER FILE

SPSC CT SUSPENSE FILE

OBTS OFF. BASED TRACKING CHECK

FLQH INTERSTATE III CHECK

RT45SS DOC SS CHECK

RT45NM DOC NAME CHECK

FLIQ OUT OF STATE CHECKS

RI

NY

MA

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 _____