



Addendum No.: 001

Date Of Addendum: 06/14/19

CT DAS • Construction Services • Office of Legal Affairs, Policy, and Procurement

Energy Upgrades
Greater Bridgeport Community Mental Health Center
1635 Central Avenue
Bridgeport, CT
BI – MH – 111

Original Bid Due Date / Time:

July 10th 2019

1:00pm

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 May 1st 2019. 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:

The cut-off date for submission of bid questions by prospective bidders is June 28th 2019 at 3:30pm. No questions will be answered if received after this date and time.

Item 2:

Form 6020 – Bid Phase Meeting Attendance Log (attached)

All questions must be **emailed** (not verbal or by phone) to the consulting Architect/Engineer (Jennifer Thurber, Email: jthurber@fando.com) with copies sent to the DAS/CS Project Manager (Daniel Wagoner, Email: Daniel.Wagoner@ct.gov)

End of Addendum 001

Mellanee Walton, Associate Fiscal Administrative Officer
State of Connecticut
Department of Administrative Services, Construction Services
Office of Legal Affairs, Policy, and Procurement
450 Columbus Boulevard, Suite 1302
Hartford, CT 06103



Bid Phase Meeting Attendance Log

DAS/CS Project Title:	GBCMHC Energy Upgrades		
DAS/CS Project No.:	BI-MH-111	Meeting Purpose (insert "X" below):	
Date:	6/4/2019	x	Pre-Bid Meeting
Meeting Start Time:	1:00pm		Post Bid Review Meeting
Meeting Location:	1635 Central Ave Bridgeport, CT		Other:

Name:	Daniel Wagoner	Title:	Associated Project Manager
Company/Department:	DAS/CS	E-mail:	Daniel.wagoner@ct.gov
Street:	450 Columbus BLVD	Phone:	860-713-5614
City/State/Zip	Hartford, CT 06103	FAX:	

Name:	MICHAEL COPPOLA	Title:	PROJECT MANAGER
Company/Department:	HOLZNER CONSTRUCTION	E-mail:	ESTIMATOR@G.HOLZNER CONSTRUCTION.COM
Street:	596 JOHN STREET	Phone:	203-335-4204
City/State/Zip	BRIDGEPORT CT	FAX:	203-368-3425

Name:	JOE FURMAN	Title:	SALES REPRESENTATIVE
Company/Department:	AUTOMATED LOGIC	E-mail:	Joe.furman@automatedlogic.com
Street:	23 VILLAGE LANE	Phone:	(203) 410-5432
City/State/Zip	WALLINGFORD CT 06492	FAX:	

Name:	Rich Miller	Title:	SR EST/PM
Company/Department:	CT Boiler Repair & MFG, CO. INC	E-mail:	Rich-miller@ct-boiler.com
Street:	694 OAKWOOD AVE	Phone:	860 953 9117
City/State/Zip	West Hartford, CT 06110	FAX:	

Name:	Ani Chaghatzbanian	Title:	BD Manager
Company/Department:	Diversity Construction Group	E-mail:	Estimating@diversitycg.com
Street:	531 Cortland Circle	Phone:	203-699-8387
City/State/Zip	Cheshire, CT 06410	FAX:	



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Meeting Location:	1635 Central Ave Bridgeport, CT		Other:

Name:	DREW APPLETON	Title:	SENIOR SALES ENGINEER
Company/Department:	Automated Building Systems LLC	E-mail:	dappleton@absdgc.com
Street:	126 KREIGER LANE	Phone:	860 657-9257
City/State/Zip	GLASTONBURY, CT 06033	FAX:	860 657-3135

Name:	Steve Hecimovich	Title:	Chief of Engineering
Company/Department:	DMHAS	E-mail:	Steven.hecimovich@ct.gov
Street:		Phone:	860-262-5301
City/State/Zip		FAX:	5307

Name:	DAN SMITH	Title:	PM
Company/Department:	THE TOTAL GROUP	E-mail:	DAN@TOTALINTERIORSLLC.COM
Street:	435 FOXON RD	Phone:	203-488-4602
City/State/Zip	N. BRANFORD, CT 06471	FAX:	203-488-1056

Name:	James Vryase	Title:	Estimator
Company/Department:	La Rosa Building Group LLC	E-mail:	JVryase@LaRosaBG.com
Street:	163 Research Parkway	Phone:	203-599-6211
City/State/Zip	Meriden, CT, 06450	FAX:	203-630-1998

Name:	Jennifer Thurber	Title:	Project Manager
Company/Department:	Fuss + O'Neill	E-mail:	jthurber@fando.com
Street:	146 Hartford Road	Phone:	860-646-2469 x5538
City/State/Zip	Manchester, CT 06040	FAX:	

Name:		Title:	
Company/Department:		E-mail:	
Street:		Phone:	
City/State/Zip		FAX:	