



NEW YORK CITY DEPARTMENT OF CORRECTION
Joseph Ponte, Commissioner
Ava B. Rice, Assistant Commissioner / ACCO
Central Office of Procurement

Bulova Corporate Center
75-20 Astoria Boulevard, Suite 160
East Elmhurst, NY 11370

Office: 718 546-0768
Fax: 718 278-6205

May 4, 2016

ADDENDUM No. 1

RE: PIN: 072201605CPD – BROOKLYN DETENTION COMPLEX (BKDC) ROOF REPLACEMENT – INTAKE, RAILING AND WINDOWS

Dear Prospective Bidders:

Pursuant to Section 3-02(i), the Department of Correction (DOC) is issuing an addendum to clarify the Pre-Bid Meeting and Bid Date.

Pre-Bid Meeting– Site Visit / Bid Submission Date:

- **PRE-BID – SITE VISIT:** Please be advised that the Pre-Bid Date for the above-referenced procurement has been changed from “Thursday, May 12th, 2016 at 11AM” to “Monday, May 16th, 2016 at 9AM”. Vendors who are interested in attending the Pre-Bid/Site Visit is to submit the “Security Clearance Form”, (which is attached to this addendum) no later “Tuesday, May 10th, 2016”. Failure to submit the requested form by the specified date may prohibit Vendors from gaining access to the work site. The location of the Pre-Bid remains unchanged.

Brooklyn Detention Complex (BKDC)
NYC Department of Correction
275 Atlantic Avenue
Brooklyn, NY 11201

- **BID DATE:** Due to the rescheduling of the Pre-Bid, the Bid Date has been changed from “Thursday, May 19th, 2016 at 11AM” to “Monday, May 23rd, 2016 at 10AM”

BID SUBMISSION LOCATION:

Please provide all bid packages to the NYC Department of Correction, 75-20 Astoria Blvd, Suite 160, East Elmhurst, New York 11370-Attention: Kareem Alibocas

Your bid submission must contain the following:

- Section B completed (pages B-1 to B-18)
- All Addendums with signatures

Please submit this addendum with your Bids.

In addition to submitting the bid package, all addendums must be signed and submitted in a separate envelope.


Agency Chief Contracting Officer

I acknowledge receipt of this addendum.

Bidder/Company Name (Print)

Authorized Representative (Print Name)

Authorized Representative (Signature) Date

The City of New York
Department of Correction



Special Operations Division
Rikers Island Security Unit

Form SOD/RISU2

CLEARANCE REQUEST AND AUTHORIZATION FORM

Effective 3/16/98

SECTION #1 - Instructions

Complete all of the required information in Sections #2, #3 and #4. Submission of a clearance request does not necessitate approval. The command receives Notification of denials via fax and/or in writing. Confirmation of approvals shall be telephonically effected as follows:

Wardens/Commanding Officers or Deputy Wardens shall initiate facility clearance requests. All other commands (bureaus, divisions or units) – Senior Staff Members or Commanding Officers or Executive Officers, only. It is the responsibility of each facility/command to ensure that visitors are advised of the security/safety issues of the Riker's Is. Correctional Complex (e.g., speed limit, securing vehicles, display of ID/pass, unauthorized items)

Category	Clearance Location	Telephone #
Vehicle Access/Pass	Construction Control Trailer	(718) 546-1578
Public Transportation	Rikers Is. Main Control Bldg.	(718) 546-1565
Problems/Information	Rikers Is. Clearance Office	(718) 546-1539

SECTION #2 – Command Requests / Escort Information

Date Requested:	Requested By (Print Last and First Name)	Rank/Title:	Shield/ID#	Command	Telephone #: () - - - - -
Uniform Escort Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	Escort Officer (Print Last and First Name)	Rank:	Shield #:	Command:	Telephone #: () - - - - -
Command Authorization <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied	Sr. Staff/Comm. Off./Dep. Warden/Exec. Off.:	Rank/Title:	Shield/ID #:	Command:	Telephone #: () - - - - -

SECTION #3 – Clearance / Visit Information - COMPANY NAME:

PIN 072201605CPD

Date of Visit:	Visitors' Full Name	Title	Visitors' Full Name	Title	V	i	Title
5/16/2016	1.		6.				11.
Estimated Time of Arrival:	2.		7.				12.
	3.		8.				13.
Agency / DOC Affiliation	4.		9.				14.
	5.		10.				15.

Destinations (Check All That Apply):

- | | | | | | |
|-----------------------------------|-------------------------------------|---|---|--|--|
| <input type="checkbox"/> ARDC | <input type="checkbox"/> JATC | <input type="checkbox"/> Assets Management/Environmental Health | <input type="checkbox"/> Correction Industries Div./Support Services Unit | <input type="checkbox"/> Riker's Is Main Control Bldg | <input type="checkbox"/> Riker's Is Visitor Control Bldg |
| <input type="checkbox"/> AMKC | <input type="checkbox"/> NIC | <input type="checkbox"/> Bureau Chiefs' Trailer | <input type="checkbox"/> DGS (Dept. of General Svcs.) Trailer | <input type="checkbox"/> Transportation Div. | |
| <input type="checkbox"/> CIFM/HHP | <input type="checkbox"/> OBCC/CPUSU | <input type="checkbox"/> Chapel | <input type="checkbox"/> Dockhouse/Ferryboats (OBCC Annex) | <input type="checkbox"/> Shore Rd. Trailer (Specify Area/Unit) | |
| <input type="checkbox"/> GMDC | <input type="checkbox"/> RMSC/STEP | <input type="checkbox"/> Chief of Department's Field Office | <input type="checkbox"/> Firehouse/K-9 Unit | <input type="checkbox"/> Special Operations Div. (Specify Area/Unit) | |
| <input type="checkbox"/> GRVC | <input type="checkbox"/> WF/CDU | <input type="checkbox"/> Construction Management Unit | <input type="checkbox"/> Powerhouse | <input type="checkbox"/> Other (Specify Location): | |

Reason For Visit	<input type="checkbox"/> Construction	<input type="checkbox"/> Delivery	<input type="checkbox"/> Repair	<input type="checkbox"/> Volunteer Work	Type of Access/Pass	<input type="checkbox"/> Gate #1 Restricted	<input type="checkbox"/> East/West Parking Field
	<input type="checkbox"/> Clergy	<input type="checkbox"/> Meeting	<input type="checkbox"/> Survey	<input type="checkbox"/> Other (Specify) _____		<input type="checkbox"/> Gate #2 Restricted	<input type="checkbox"/> Gate #1 Unrestricted
							<input type="checkbox"/> Other (Specify) _____

SECTION #4 – Vehicle Information--

Check Here if None *In the event the number of vehicles exceeds four (4), attach additional vehicle information on a 600ar.*

Vehicle	Year	Make	Model	Color	License Plate	State	Vehicle Type				
#1							<input type="checkbox"/> Car	<input type="checkbox"/> Van	<input type="checkbox"/> Bus	<input type="checkbox"/> Truck	<input type="checkbox"/> Other
#2							<input type="checkbox"/> Car	<input type="checkbox"/> Van	<input type="checkbox"/> Bus	<input type="checkbox"/> Truck	<input type="checkbox"/> Other
#3							<input type="checkbox"/> Car	<input type="checkbox"/> Van	<input type="checkbox"/> Bus	<input type="checkbox"/> Truck	<input type="checkbox"/> Other
#4							<input type="checkbox"/> Car	<input type="checkbox"/> Van	<input type="checkbox"/> Bus	<input type="checkbox"/> Truck	<input type="checkbox"/> Other

SECTION #5 – FOR SOD USE ONLY:

Date Received: / /	Reviewed By (Clearance Officer)	Rank:	Shield #:	SOD Time Stamp
Time Received: : hr.	Approved By (SOD/RISU Supervisor)	Rank:	Shield #:	
Final Determination <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Type of Access/Pass:	<input type="checkbox"/> Gate #1 Restricted	<input type="checkbox"/> East/West Parking Field	
		<input type="checkbox"/> Gate #2 Restricted	<input type="checkbox"/> Gate #1 Unrestricted	<input type="checkbox"/> Other (Specify) _____

Remarks: