



NEW YORK CITY DEPARTMENT OF CORRECTION  
Cynthia Brann, Commissioner  
Ava B. Rice, Assistant Commissioner  
Contracts and Procurement  
Agency Chief Contracting Officer  
75-20 Astoria Boulevard, Suite 160  
East Elmhurst, NY 11370  
Office: 718 546-0690  
Fax: 718 278-6205

October 15, 2020

**ADDENDUM # 1 to PIN 072202002CPD**  
**Steam Tunnel System Rehabilitation**

Dear Prospective Bidder:

Pursuant to §3-02(i) of the Procurement Policy Board (PPB) Rules, the Department of Correction (DOC) is issuing Addendum # 1 to the solicitation for the services referenced above.

**Please be advised of the following clarifications:**

**BID DUE DATE**

- **PLEASE NOTE: The BID DUE DATE has been postponed to November 10, 2020, at 11:00 AM**

**SECOND SITE VISIT**

- **A second site visit has been scheduled for October 20, 2020, at 9:00 AM. Please complete and return the attached Security Clearance Form October 19, 2020 at Noon, if you would like to attend.**
- **There will be a two-day period for submission of questions after the second site visit. This questioning period ends October 22, 2020, at Noon. Absolutely, no questions will be accepted after that time.**

**PRE-BID ATTENDANCE**

- **The Pre-Bid attendance sheet is attached to this addendum**

**ANSWERS TO QUESTIONS**

- **Due to the high volume of questions received, responses will be issued in a separate addendum.**

Please sign below in acknowledgment of this addendum and submit this addendum with your bid.

All other aspects and requirements of the bid remain unchanged.

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Agency Chief Contracting Officer

**I acknowledge receipt of this addendum.**

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**Bidder/Company Name (Print)**

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**Authorized Representative (Print Name)**

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**Authorized Representative (Signature)**

**Date**

**PRE-BID/PROPOSAL CONFERENCE ATTENDANCE SHEET**

PIN #: 072202002CPD Contract Manager: Alvis-Mae Brade-John DATE: 10/01/2020 - 11:00 AM

Project Name: **Rikers Island Steam Tunnel Rehabilitation**

PLEASE PRINT CLEARLY

COMPANY NAME	STREET ADDRESS		NAME OF ATTENDEE	PHONE #	Attendance	E-MAIL
	CITY, STATE, ZIP					
1 NYC Dept. of Correction		DOC - 75-20 Astoria Blvd - Suite 160	Alvis-Mae Brade-John	718-546-0684	Yes	<a href="mailto:Alvis-Mae.Brade-John@oc.nyc.gov">Alvis-Mae.Brade-John@oc.nyc.gov</a>
2 NYC Dept of Correction		DOC - 75-20 Astoria Blvd - Suite 160	Kareem Alibocas	718-546-0689	No	<a href="mailto:Kareem.Alibocas@doc.nyc.gov">Kareem.Alibocas@doc.nyc.gov</a>
3. NYC Dept. of Correction		DOC - 75-20 Astoria Blvd - Suite 160	Hardee Saini	718-546-0787	Yes	<a href="mailto:Hardee.Saini@doc.nyc.gov">Hardee.Saini@doc.nyc.gov</a>
4 NYC Dept. of Correction		DOC - 75-20 Astoria Blvd - Suite 160	Lacy Ann Dunkley	718-546-	Yes	<a href="mailto:lacyann.dunkley@doc.nyc.gov">lacyann.dunkley@doc.nyc.gov</a>
5 NYC Dept. of Correction		DOC - 75-20 Astoria Blvd - Suite 160	Mostafa Eltalkhawy	718-546-0727	Yes	<a href="mailto:Mostafa.Eltalkhawy@doc.nyc.gov">Mostafa.Eltalkhawy@doc.nyc.gov</a>
6 C.D.E Air Co. Inc.			Mitch Merbinger		Yes	
7 Framan Mechanical, Inc.			Frank Manginelli		Yes	
9 Inifinity Contracting Services, Corp.			Beatrice Banica		Yes	
11 WDF, Inc,			James Walsh		Yes	
12 Roncon Corp.			Lepakshi C. Medasani		Yes	
14 Tully Construction Co., Inc			Nicholas Schurick		Yes	
15 RJ Industries			Richard Felicetta		Yes	
16 RAMS Mechanical			Larry Katz		Yes	
17 VPH Mechanical Corp			Peter Vanderlieth		Yes	
23 Boilermatic			Thomas Slattery		Yes	
24 Honeywell			Kenny Trowers		Yes	
28 Richards Plumbing & Heating			Bryuan Nicholas		Yes	
29 Maric Mechanical			Adfam Simunovic		Yes	
30 ACS			Ahmad Reyaz		Yes	

**PRE-BID/PROPOSAL CONFERENCE ATTENDANCE SHEET**

PIN #: 072202002CPD	Contract Manager: Alvis-Mae Brade-John	DATE: 10/01/2020 - 11:00 AM
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Project Name:	<b>Rikers Island Steam Tunnel Rehabilitation</b>
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*PLEASE PRINT CLEARLY*

COMPANY NAME			STREET ADDRESS CITY, STATE, ZIP	NAME OF ATTENDEE	PHONE #	Attendance	E-MAIL
31 ACS				Vagram Karakozov		Yes	
32 IAQ				Ara Sangha		Yes	
33 IAQ				Jack Feng		Yes	

**M/WBE Officer / Designee Authorization**

Name Lacy Ann Dunkley	Title MWBE Officer	Signature	<b>Attended</b>
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It is hereby certified that all attendees were provided with the following information relating to M/WBE contract requirements for the resulting contract from this solicitation: an explanation of M/WBE contract requirements; a review of how to properly complete Schedule B to ensure a responsive bid and request a waiver; the consequences for prime contractors that demonstrate non-compliance; an overview of the Online Directory; and the SBS Prime contractor resource sheets: 'Assistance Contacts for Primes' and 'Online Directory tips'.

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 –

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:

Date of Visit:	Visitors' Full Name	Title	Visitors' Full Name	Title	V i s i t e r '' T i t l e
	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/CPSU | <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 #:	<i>SOD Time Stamp</i>
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: