



City of New York
Department of Health and Mental Hygiene (DOHMH)
INVITATION FOR BID (IFB) FOR
ELEVATOR MAINTENANCE, INSPECTION TESTING, AND REPAIR SERVICES
PIN: 17AX000300R0X00

Addendum #3
May 3, 2016

This Addendum contains an extension to the Bid Due Date, revisions to the Scope of Services, Contractor Questions and DOHMH Answers, and a Summary of the Pre-Bid Conference.

Except as otherwise stated below and by any prior or subsequent Addenda to the above-referenced IFB, the IFB remains unchanged.

I. Revisions to the IFB – Section I, Timetable. The Bid Due date is hereby extended to May 16, 2016 at 12:00 P.M. Please see changes below and note deletions are crossed-out; new language is bolded:

5. Bid Due Date and Time, Public Bid Opening Location are as follows:

Date: ~~May 6, 2016~~ **May 16, 2016**
Time: 12:00 P.M.
Location: New York City Department of Health and Mental Hygiene
Office of the Agency Chief Contracting Officer
42-09 28th Street, 17th Floor,
Long Island City, NY 11101-4132
Attention: Michael Santangelo, Esq., Contract Manager

General Bid Submission Information:

- To ensure that bids are properly received and recorded, contractors submitting bids prior to the Bid Due Date must contact the Authorized Agency Contact to pre-arrange a bid drop-off.
- Emailed or faxed bids will not be accepted.
- DOHMH will not be responsible for bids that are deposited with anyone other than the Authorized Agency Contact.
- Any bids received by DOHMH after 12:00 PM on the Bid Due Date will be considered late and will not be accepted.

II. Revisions to the IFB – Section II, Scope of Services. Section II.A.2.b.ii (page 12) relating to emergency service calls is hereby revised as follows with deletions crossed out, new language bolded:

- ii. For emergency service calls, the Contractor must arrive at the ~~Elevator~~ **DOHMH Facility** within one hour after notice by DOHMH. An emergency call occurs if there is a trapped passenger in an elevator. Such request for service may be on any day of the week, at any hour, day or night. **After arriving at the DOHMH Facility with the emergency, Contractor shall resolve the emergency situation and shall conduct any necessary repairs to bring the elevator back into service. Contractor requests for emergency repair work may be approved by DOHMH verbally; however, within 24 hours of the initial emergency response, the Contractor must follow up with a written report detailing the work performed, including parts and labor. DOHMH will then create a Work Order to document the emergency repairs.**

III. REVISED Item 2: Bid Sheet (Annex A): Several portions of this section have been revised. To incorporate these revisions, Item 2: Bid Sheet is deleted in its entirety and a new REVISED Item 2: Bid Sheet replaces the deleted section in all respects. The REVISED Item 2: Bid Sheet is included in this Addendum #2 as **Annex A**. Bidders are directed to complete and return this REVISED Item 2: Bid Sheet as part of their bid submission.

The revisions referenced above are as follows (with new language bolded):

- Note #3 on page 46 has been revised to state “The Hourly Rate in Part III and Part V of the Bid Sheet include all costs for labor, statutory payroll, taxes, fringe benefits, travel, trucking, tools, equipment, necessary insurance, overhead and profit. **Part III of the Bid Sheet pertains to labor for repairs related to emergency situations, as defined in the Scope of Services, Section II.A.2.b.ii. Part V of the Bid Sheet pertains to labor for modernization of a Device, as defined in the Scope of Services, Section II.A.4.** Bidder must take into account potential fluctuations in Prevailing Wages in developing bid prices.”
- The heading for Part I has been revised to “Part I: Monthly **Maintenance and Quarterly** Maintenance” (page 48 of the IFB).
- A typographical error in the Extended Cost column in Part I has been corrected – the words “Year 1” have been deleted on pages 48 and 50 of the IFB.
- The number of months in the heading “Total for Monthly Maintenance for all Devices per DOHMH Location” has been corrected to **60** months on page 50 of the IFB (the headings on pages 48 and 49 correctly stated this number already).
- The number of months in the heading “Total for Quarterly Maintenance for all Devices per DOHMH Location” has been corrected to **20** months on page 50 of the IFB (the headings on pages 48 and 49 correctly stated this number already).
- The heading for Part II has been revised to “Part III: Inspection Testing (**Category 1 and Category 5**)” (page 51 of the IFB).
- The subtotal box in Part III has been revised to “Subtotal bid for Labor **for** Emergency Repairs: Part III” (page 51 of the IFB).
- The heading for Part IV has been revised to “Part IV: Parts and Materials **for** **Emergency Repairs**” (page 52 of the IFB).
- In Part IV, The Not to Exceed Yearly Amount has been revised to **\$20,000.00** for

years 1 through 5 (page 52 of the IFB).

- The heading in Part VI has been revised to “Part VI: Modernization **Parts and Materials**” (page 52 of the IFB).
- In Part VI, the Not to Exceed Yearly Amount has been revised to **\$160,000.00** for years 1 through 5 (page 52 of the IFB).

- IV. REVISED Item 3: Acknowledgement of Addenda form (Annex B):** Attached is a REVISED Item 3: Acknowledgement of Addenda form. Bidders are directed to sign this version of the form and submit it with their bid package.
- V. Questions and Answers:** All contractor questions and DOHMH answers from the Pre-Bid Conference and others that were sent in writing by the Questions Due Date are included herein as **Annex C**.
- VI. Pre-Bid Conference Summary:** a summary of the Pre-Bid Conference and a copy of the attendance log are included herein as **Annex D**.

REVISED ITEM 2: BID SHEET

NOTICE TO ALL BIDDERS: FAILURE TO COMPLETE THIS SECTION IN DETAIL WILL RESULT IN REJECTION OF YOUR BID.

The undersigned agrees, if this bid is accepted, that it will, within 10 days of receipt of notice of award, submit executed copies of insurance policies as may be required, execute the Agreement set forth in this Invitation for Bid, and will proceed, when directed to do so, with the work required hereunder in strict compliance with the terms and conditions set forth in this Bid AT THE UNIT AND OTHER PRICES SET FORTH BELOW.

- NOTE #1:** Monthly and Quarterly Maintenance costs in Part I of the Bid Sheet include all costs relating to labor, tools, equipment, insurance, overhead and profit necessary to complete the maintenance. The Monthly and Quarterly Maintenance Costs will be fixed for the duration of the contract; therefore, in calculating these costs, the Contractor must take into account any anticipated increases in associated costs.
- NOTE #2:** Category 1 and Category 5 Inspection costs in Part II of the Bid Sheet includes all costs relating to labor, tools, equipment, insurance, overhead, and profit necessary to complete the required testing for the entire term of the contract.
- NOTE #3:** The Hourly Rate in Part III and Part V of the Bid Sheet include all costs for labor, statutory payroll, taxes, fringe benefits, travel, trucking, tools, equipment, necessary insurance, overhead and profit. Part III of the Bid Sheet pertains to labor for repairs related to emergency situations, as defined in the Scope of Services, Section II.A.2.b.ii. Part V of the Bid Sheet pertains to labor for modernization of a Device, as defined in the Scope of Services, Section II.A.4. Bidder must take into account potential fluctuations in Prevailing Wages in developing bid prices.
- NOTE #4:** The bid mark-up rate in Part IV and Part VI of the Bid Sheet include, but are not limited to, all costs for materials, labor, tools, equipment, traveling/parking, trucking, necessary insurances, overhead and profit. The Bid Mark-Up rate for each Part must not exceed 10%.
- NOTE #5:** Reimbursable Expenses in Part VII of the Bid Sheet shall include permits and other fees related to the work. The Contractor shall be entitled to recover DOHMH approved expenses at cost. Contractor must provide documentation verifying the amount and necessity of the expenses. **No Markup is permitted on this category.**
- NOTE #6:** This is a requirements contract and is intended to cover, during the term of this

Contract, the requirements of DOHMH. **The quantities listed are estimated for the full term of this contract, and DOHMH may use more, less or none of the quantities listed.**

NOTE #7: DOHMH reserves the right to add or remove locations at any time during the period of this Contract.

NOTE #8: As specified in Section I of the Scope of Services, payment of prevailing wages is required for titles covered under this solicitation. The Number of Units expressed or implied on the BID SHEET are **estimates only and shall be used for bid purposes only**; DOHMH does not guarantee any minimum or maximum amount of work and the Department of Health and Mental Hygiene shall not be bound thereby. Although the prevailing wage and supplemental benefits rates may change in accordance with New York State Labor Law, the bid mark-up percentage shall remain firm for the duration of this agreement. Services are to be provided only at the request of DOHMH.

NOTE #9: If the prevailing wage and/or benefit amount promulgated by the Comptroller in accordance with Section 230 of the New York State Labor Law shall be increased for any of the classifications of employees to be utilized in the performance of moving services hereunder during the term of this contract, the rate bid by the contractor shall be deemed increased by like amount and the obligations to pay such compensation and afford such benefits to the persons performing such services, either as employees of the contractor or of any approved subcontractor, will likewise be deemed to have increased in commensurate amounts.

Compliance with all provisions of the New York Labor Law is mandatory under this contract. Pursuant to Sections 220 and 230 of the New York State Labor Law, the Comptroller of the City of New York has promulgated a schedule of prevailing wages and supplemental benefits. These wages and benefits have been established solely for laborers, workmen, and mechanics engaged by private contractors to perform public work contracts. The wages to be paid and the benefits to be provided are those which prevail when the work is performed. A copy of the current relevant wage rates is attached as Appendix E.

The appropriate job title(s) as defined in labor Law Section 220, Prevailing Wage Schedule, shall be used throughout the terms of this contract. Certified payroll reports shall be provided with each partial payment request to verify that the appropriate job title(s) are being used and that the provisions of the labor Law, as to the hours of employment, rates, and supplemental benefits are being observed. The job titles required under this contract includes, but is not limited to: **Elevator Repair and Maintenance; Elevator Constructor.**

REVISED ITEM 2: Bid Price Sheet for DOHMH Elevators (Page 1 of 6)**PIN: 17AX000300R0X00****Bidder's Legal Name** _____ **Bidder's Tax ID#** _____

Part I: Monthly Maintenance and Quarterly Maintenance				
		A	B	C
Location	Elevator Device Number(s)	Total for Monthly Maintenance for all Devices per DOHMH Location (Monthly Maintenance x 60 months)	Total for Quarterly Maintenance for all Devices per DOHMH Location (Quarterly Maintenance x 20 months)	Extended Cost Per Site (A + B)
Central Harlem HC 2238 5 TH Avenue, New York, NY 10035	1P12159, 1W6367	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
East Harlem HC 158 East 115 St, New York, NY 10029	1W6474, 1P10338	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
Manhattanville HC 21 Old Broadway, New York, NY 10027	1P43224	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
Riverside HC 160 West 100 St, New York, NY 10025	1P47074, 1P47073 1P32111 1W6651	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
Washington Heights HC 600 West 168 St, New York, NY 10032	1P20392, 1P20393	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
Chelsea HC 303 9 th Ave, New York, NY 10029	1P20011	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
Public Health Labs 455 First Ave, New York, NY 10029	1P27288 1P27289 1P27290 1P27291 1P27292 1P27293	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
Animal Shelter (Manhattan) 326 E.110 th Street, New York, NY 10029	1P36604	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____

REVISED ITEM 2: Bid Price Sheet for DOHMH Elevators (Page 2 of 6)**PIN: 17AX000300R0X00****Bidder's Legal Name** _____ **Bidder's Tax ID#** _____

Part I (cont'd)				
		A	B	C
Location	Elevator Device Number(s)	Total for Monthly Maintenance for all Devices per DOHMH Location (Monthly Maintenance x 60 months)	Total for Quarterly Maintenance for all Devices per DOHMH Location (Quarterly Maintenance x 20 months)	Extended Cost Per Site (A + B)
Morrisania HC 1309 Fulton Ave, Bronx, NY 10456	2P3021 2P3022	\$____ per month x 60 months = \$_____	\$____ per month x 20 months = \$_____	\$_____
Tremont HC 1826 Arthur Ave, Bronx, NY 10457	2P2149 2P2150 2P2151 2L542	\$____ per month x 60 months = \$_____	\$____ per month x 20 months = \$_____	\$_____
Brownsville HC 259 Bristol St, Brooklyn, NY 11212	3P4037	\$____ per month x 60 months = \$_____	\$____ per month x 20 months = \$_____	\$_____
Bedford HC 485 Throop Ave, Brooklyn, NY 11221	3P4726	\$____ per month x 60 months = \$_____	\$____ per month x 20 months = \$_____	\$_____
Bushwick HC 335 Central Ave, Brooklyn, NY 11221	3P5298 3P10058	\$____ per month x 60 months = \$_____	\$____ per month x 20 months = \$_____	\$_____
Homecrest HC 1601 Ave S, Brooklyn NY 11229	3P11048	\$____ per month x 60 months = \$_____	\$____ per month x 20 months = \$_____	\$_____
Fort Greene HC 295 Flatbush Ave, Brooklyn, NY 11201	3P3158 3P3159 3P3160	\$____ per month x 60 months = \$_____	\$____ per month x 20 months = \$_____	\$_____
Crown Heights HC 1218 Prospect Place, Brooklyn, NY 11213	3P10891	\$____ per month x 60 months = \$_____	\$____ per month x 20 months = \$_____	\$_____
Williamsburg HC 151 Maujer Street, Brooklyn, NY 11206	3P2701	\$____ per month x 60 months = \$_____	\$____ per month x 20 months = \$_____	\$_____

REVISED ITEM 2: Bid Price Sheet for DOHMH Elevators (Page 3 of 6)**PIN: 17AX000300R0X00****Bidder's Legal Name** _____ **Bidder's Tax ID#** _____

Part I (cont'd)				
		A	B	C
Location	Elevator Device Number(s)	Total for Monthly Maintenance for all Devices per DOHMH Location (Monthly Maintenance x 60 months)	Total for Quarterly Maintenance for all Devices per DOHMH Location (Quarterly Maintenance x 20 months)	Extended Cost Per Site (A + B)
Astoria HC 12-26 31 st Ave, LIC, NY 11106	4P942 4W10142	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
Jamaica Main HC 90-37 Parsons Blvd, Jamaica, 11432 & Jamaica Annex HC 90-27 Parsons Blvd, Jamaica, 11432	4P2216 4P2217 4P2218 4P12141 4W10025 4W11183	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
Corona HC 34-33 Junction Blvd, Jackson Heights, 11372	4P1314	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
Richmond HC 51 Stuyvesant Pl, Staten Island, NY 10302	5P62 5P63	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
2527 Glebe Avenue, Bronx, NY 10461	2P3016	\$_____ per month x 60 months = \$_____	\$_____ per month x 20 months = \$_____	\$_____
Subtotal Bid: Monthly Maintenance and Quarterly Maintenance, Part I				\$_____

ITEM 2: Bid Price Sheet for DOHMH Elevators (Page 4 of 6)

PIN: 17AX000300R0X00

Bidder's Legal Name _____ **Bidder's Tax ID#** _____

Part II: Inspection Testing (Category 1 and Category 5 Tests)					
		E	F	G	
Type of Inspection Test		Cost Per Inspection Test	Number of Devices	Extended Cost: (E x F)	
Category 1 Test	Year 1	\$ _____	47	\$ _____	
	Year 2	\$ _____	47	\$ _____	
	Year 3	\$ _____	47	\$ _____	
	Year 4	\$ _____	47	\$ _____	
	Year 5	\$ _____	47	\$ _____	
Total for Category 1 Inspection Testing				\$ _____ (a)	
Category 5 Test		\$ _____	47	\$ _____ (b)	
Subtotal Bid for Inspection Testing (Category 1 and Category 5 Tests): Part II				\$ _____ [sum of (a)+(b)]	

Part III: Labor for Emergency Repairs					
		J	K	L	
Description	Year	Hourly Rate	Estimated Number of Hours Per Year	Yearly Cost (J x K)	
Labor for Emergency Repairs	1	\$ _____	175 hours	\$ _____	
	2	\$ _____	175 hours	\$ _____	
	3	\$ _____	125 hours	\$ _____	
	4	\$ _____	125 hours	\$ _____	
	5	\$ _____	125 hours	\$ _____	
Subtotal Bid for Labor for Emergency Repairs: Part III				\$ _____	

ITEM 2: Bid Price Sheet for DOHMH Elevators (Page 5 of 6)

PIN: 17AX000300R0X00

Bidder's Legal Name _____ Bidder's Tax ID# _____

Part IV: Parts and Materials for Emergency Repairs				
		M	N	O
Description	Year	Not to Exceed Yearly Amount	Markup Rate	Yearly Cost [(M x N)+M]
Parts and Materials	1	\$20,000.00	_____ %	\$ _____
	2	\$20,000.00	_____ %	\$ _____
	3	\$20,000.00	_____ %	\$ _____
	4	\$20,000.00	_____ %	\$ _____
	5	\$20,000.00	_____ %	\$ _____
Subtotal Bid for Parts and Materials for Emergency Repairs: Part IV				\$ _____

Part V: Labor for Modernization Work				
		J	K	L
Description	Year	Hourly Rate	Estimated Number of Hours Per Year	Yearly Cost (J x K)
Labor for Modernization Work	1	\$ _____	550	\$ _____
	2	\$ _____	550	\$ _____
	3	\$ _____	550	\$ _____
	4	\$ _____	550	\$ _____
	5	\$ _____	550	\$ _____
Subtotal Bid for Labor for Modernization Works : Part V				\$ _____

Part VI: Modernization Parts and Materials				
		P	Q	R
Description	Year	Not to Exceed Yearly Amount	Markup Rate	Yearly Cost ((P x Q)+P)
Modernization Parts and Materials	1	\$160,000.00	_____ %	\$ _____
	2	\$160,000.00	_____ %	\$ _____
	3	\$160,000.00	_____ %	\$ _____
	4	\$160,000.00	_____ %	\$ _____
	5	\$160,000.00	_____ %	\$ _____
Subtotal Bid for Modernization Materials: Part VI				\$ _____

ITEM 2: Bid Price Sheet for DOHMH Elevators (Page 6 of 6)

PIN: 17AX000300R0X00

Bidder's Legal Name _____ **Bidder's Tax ID#** _____

Part VII: Reimbursable Expenses	
Subtotal Bid for Reimbursable Expenses: Part VII (See Note #5)	<u>\$10,000.00</u>

TOTAL BID PRICE CALCULATION

TOTAL AMOUNT PART I: \$ _____

TOTAL AMOUNT PART II: \$ _____

TOTAL AMOUNT PART III: \$ _____

TOTAL AMOUNT PART IV: \$ _____

TOTAL AMOUNT PART V: \$ _____

TOTAL AMOUNT PART VI: \$ _____

TOTAL AMOUNT PART VII: \$ 10,000 _____

TOTAL BID PRICE (SUM OF PARTS I-VII) \$ _____

Total Bid Price in words:

In the case of any discrepancy between the price in words and that in figures, the lowest price will be considered the bid price.

[SIGNATURE AND CORPORATE SEAL ON FOLLOWING PAGE]

The undersigned, in submitting this bid, expressly states and represents that it is made in good faith, and that calculations were made on reasonable estimates. The undersigned hereby certifies to the truth and accuracy of all figures and answers contained herein, and authorizes the Department to make any necessary examination of the books of account, records and vouchers of the bidder or other investigation to determine its responsibility.

Bidder: _____
(Insert Full Legal Name of Company)

By: _____
(Signature of Person Authorized To Sign the Bid)

Attest: _____
(Secretary of Corporate Bidder)

(CORPORATE SEAL)

TO BE NOTARIZED:
Sworn to before me this ____ day
of _____, 2016

(Notary Public or Commissioner of Deeds)

(TO BE NOTARIZED)

A) AFFIDAVIT WHERE BIDDER IS AN INDIVIDUAL:

STATE OF _____

COUNTY OF _____ ss:

_____ being duly sworn says: I am the person described in and who executed the foregoing bid and the several matters therein stated are in all respects true.

(Signature of the person who signed the Bid)

Subscribed and sworn to before me this _____ day of _____, 20 _____

Notary Public

(TO BE NOTARIZED)

B) AFFIDAVIT WHERE BIDDER IS A PARTNERSHIP:

STATE OF _____

COUNTY OF _____ ss:

_____ being duly sworn says: I a member of
_____, the firm described in and which executed the
foregoing bid. I subscribed the name of the firm thereto on behalf of the firm, and the several
matters

therein stated are in all respects true.

(Signature of Partner who signed the bid)

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

(TO BE NOTARIZED)

C) AFFIDAVIT WHERE BIDDER IS A CORPORATION:

STATE OF _____

COUNTY OF _____ ss:

_____ being duly sworn says: I am the _____ of the above named Corporation whose name is subscribed to and which executed the foregoing bid. I reside at _____. I have knowledge of the several matters therein stated, and they are in all respects true.

(Signature of Officer who signed the bid)

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

REVISED ITEM 3: ACKNOWLEDGMENT OF ADDENDA

Complete Part I or Part II, whichever is applicable, and sign your name in Part III:

PART I: LISTED BELOW ARE THE DATES OF ISSUE FOR EACH ADDENDUM RECEIVED IN CONNECTION WITH THIS IFB:

ADDENDUM # 1, DATED APRIL 5, 2016

ADDENDUM # 2, DATED APRIL 22, 2016

ADDENDUM # 3, DATED MAY 3, 2016

ADDENDUM # 4, DATED _____ , 20__

ADDENDUM # 5, DATED _____ , 20__

ADDENDUM # 6, DATED _____ , 20__

PART II: _____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS INVITATION FOR BIDS.

PART III:

PROPOSER (NAME) _____ DATE __/__/__

PROPOSER (SIGNATURE) _____

Answers to Questions received in writing at the Pre-Bid Conference, and Questions received in writing at BIDS@health.nyc.gov by the Questions Due Date 3/24/16

NOTE: Be advised that the DOHMH Answers provided below are the final agency responses and supersede any previously provided answers at the Pre-Bid Conference. As deemed appropriate by DOHMH, similar/same questions have been consolidated and one response is provided.

1. **Question:** The above referenced contract provides for a pre bid meeting. However I could not locate any information concerning site visits to the various locations. Can we begin to visit the sites to inspect the elevators?
DOHMH Answer: Addendum #1, released on April 5, 2016 to all vendors known to have received a copy of the IFB and posted to our website, amended the Timeline for the Solicitation to include Site Visits, which were held on April 11, 2016. The Site Visits occurred at three DOHMH facilities which were determined to be representative of the types and condition of the elevators in place at all of the facilities listed in the IFB.

2. **Question:** Will the NYC Dept. of Health allow an extra (sic) for the purchase of specialized equipment (proprietary control equipment with software and diagnostic tools) if needed since contractors cannot determine if it is needed prior to becoming the successful bidder?
DOHMH Answer: Proprietary equipment, if needed, would be purchased by DOHMH and would remain at the DOHMH facility.

3. **Question:** On page 8 paragraph ii, items I through 5, are these part of the monthly maintenance price, please clarify.
DOHMH Answer: No, Section II.A.1.b.ii, items 1 through 5 (page 8 and 9 of the IFB) are part of Quarterly Maintenance and bidders should factor these items in to the Quarterly Maintenance price on the Bid Price Sheet.

4. **Question:** On page 9 items c & d - is the testing identified in these paragraphs included in the monthly maintenance price?
DOHMH Answer: No, Sections II.A.1.c and d refer to Category 1 and Category 5 inspection tests respectively. These items are listed separately from maintenance on the Bid Price Sheet in Part II – Inspection Testing.

5. **Question:** On page 11-paragraph f (i) if deficiencies are found because of a Category 1 or Categor5 (sic) is the repair of those deficiencies billable to the DOHMH?
DOHMH Answer: As indicated in Section II.A.1.f.i of the IFB (page 11), when deficiencies are found because of Category 1 or Category 5 inspection tests, “Contractor must immediately submit to DOHMH a separate written report listing in detail each item of defect and/or deficiency (code lettering and/or work tickets will not suffice). Repairs to correct any and all defects and deficiencies found will be made either by DOHMH or by Contract at the request of DOHMH.” If DOHMH requests that the Contractor repair the

deficiencies/defects, the request will be in the form of a Work Order (per Section II.A.3 of the IFB, beginning on page 12), which is billable as Service Repairs.

6. **Question:** On page 11-paragraph g, “re-testing,” how will the ¼ value be determined?
DOHMH Answer: As indicated in Section II.A.1.g (page 11), the cost of a retest “will be equal to one quarter (1/4) of the amount of the original proposal price for the test,” that is, it will be equal to one quarter of the Contractor’s Bid Price for the respective test (Category 1 or Category 5) on their Bid Price Sheet.

7. **Question:** On page 11-12 Service Calls – (c) This paragraph contradicts the language on page 8 paragraph i. Please clarify and explain how this paragraph applies to paragraph ii, page 8 items I through 5.
DOHMH Answer: Section II.A.1.b (inclusive of subparagraphs i and ii) refer to Quarterly Maintenance. Section II.A.2.c – Service Calls refers to when the Contractor is summoned by DOHMH to address either an emergency (an individual stuck in an elevator) or non-emergency (elevator must be taken out of service for any reason), at any time, on any day. The service call is a separate event from either Monthly Maintenance or Quarterly Maintenance. As part of the service call, the Contractor will inspect the subject Device and provide DOHMH with an assessment of necessary repairs, which will then fall under Section II.A.3 – Service Repairs to Specific Devices.

8. **Question:** How is a contractor supposed to price the maintenance of equipment he cannot survey?
DOHMH Answer: The device number for each current elevator in DOHMH Facilities is listed in the bid document. Bidders can enter the device number on the NYC Department of Buildings website and obtain history of the device, including manufacturer, make, model, date installed, and open violations.

9. **Question:** If a contractor comes in with a price that appears to be low – how will the DOH evaluate the bid – number of hours at the prevailing wage per elevator?
DOHMH Answer: If the difference between the proposed Contractor’s bid and the next lowest responsive bid is greater than \$300,000 or 10% of the next lowest bid, whichever is greater, DOHMH will perform a “due diligence” review to determine whether the proposed Contractor will comply with all applicable wage requirements.

10. **Question:** Why [does the IFB contain] quarterly maintenance?
DOHMH Answer: Quarterly Maintenance covers different items and services that do not need to be performed every month.

11. **Question:** Since many of your elevators, are “Old” how does the Dept. address the situation of obsolete parts that are no longer available but are covered under the “Full Service” portion of the contract?

DOHMH Answer: If the situation arises where replacement parts are obsolete, DOHMH will evaluate the situation and will make a determination as to whether to upgrade or replace the equipment is appropriate.

12. **Question:** Since the contractors cannot survey the equipment, can the successful contractor have a fixed period to survey the equipment and submit proposals to correct all of the deficiencies found?

DOHMH Answer: All repair work will require that the Contractor survey the equipment and submit recommendations for repair to DOHMH so that Work Orders can be created and executed. DOHMH will work with the contractor on scheduling all repairs and any upgrades.

13. **Question:** If an elevator is not in service at the time of the award will the contractor be able to submit proposals to return the elevator to service.

DOHMH Answer: In such an instance, the Contractor would survey the elevator and submit recommendations for repair to DOHMH so that a Work Order can be created and executed.

14. **Question:** When an elevator goes out of service is that call a billable item?

DOHMH Answer: As indicated in Section II.A.2., when an elevator is taken out of service for any reason, this is considered a non-emergency service call, and the Contractor is required to respond within 2 hours of notice by DOHMH. As specified in Section II.A.2.c. (page 12), “the Contractor will not be paid a separate fee for either non-emergency or emergency service calls.” Upon arrival at the site, the Contractor would inspect the subject device, prepare a proposal for the necessary repairs, submit the proposal to DOHMH, and execute a Work Order. The work performed under that Work Order would be billable under Service Repairs to Specific Devices.

IFB for Elevator Maintenance, Inspection Testing, and Repair Services
PIN: 17AX000300R0X00
Pre-Bid Conference Summary and Attendance Log

- a. Welcoming remarks, overview of the format of the conference.
 - i. Attendees were requested to sign the attendance sheet. A copy of the attendance log is included in this **Annex D**.
 - ii. Attendees were instructed to submit any questions during conference in writing using Question sheets.

- b. Timetable in Section I of the IFB was reviewed.

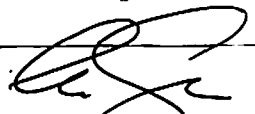

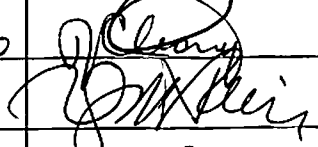
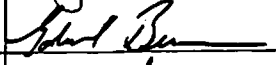
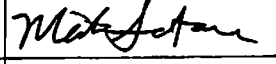
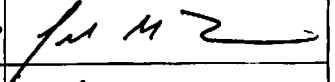


- c. Scope of Services
 - i. DOHMH Director of Plant Operations and DOHMH Director of Facilities Resource Management delivered a general description and condition of the elevators at the DOHMH facilities and provided a general overview of the Scope of Services in the IFB.

- d. Review of Bid Submission Requirements
 - i. DOHMH Deputy Agency Chief Contracting Officer reviewed the bid submission requirements, including experience, certification/licensing, and forms/documents to be included.

- e. Questions and Answers
 - i. All questions submitted in writing by the attendees were collected and after a brief intermission, DOHMH read the attendees' questions as well as questions DOHMH received in writing to date and provided responses to the questions to all in attendance. Annex C includes these vendor questions and DOHMH responses. DOHMH written responses included in Annex C to this Addendum supersedes responses given at the Pre-Bid Conference.

The attendance log can be found on the following page.

Pre-Bid Conference Attendee Log
Elevator Maintenance, Inspection Testing, and Repair Services (PIN: 17AX000300R0X00)

	Name of Attendee	Organization/Company Name and Address	Minority or Women Owned Business (MWBE)		Email	Telephone No.	Signature
			Is your firm minority or women owned? (Y/N)	Is your firm a Certified MWBE? (Y/N)			
1	ERIC SCHUBERT	Pride of Service Etc	N	N	ERIC.SCHUBERT@PRIDEANDSERVICE.COM	845 421-7148	
2	Janelle Cleary	DOHMH			jcleary1@health.nyc.gov	347-396-6510	
3	Margaret Tullai	DOHMH			mtullai@health.nyc.gov		
4	Edward Beiner	DOHMH			ebeiner@health.nyc.gov	212 447 2540	
5	Michael Santangelo	DOHMH					
6	Joseph M. Hannig	Big Apple Etc			bjaff@bigappleetc.com	646 239 2109	
	George TROIANO	DOHMH			gtroiano@health.nyc.gov	347-396-6454	
8	Bob ALVIGGI	SLADE ELEVATOR	N	N	RALVIGGI@SLADE-ELEVATOR.COM	212-274-7117	
9							
10							
11							
12							