

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF GENERAL SERVICES



DESIGN-BUILD SERVICES OFFICE OF CABLE TELEVISION FILM,
MUSIC AND ENTERTAINMENT RENOVATION PROJECT

Solicitation No: DCAM-17-CS-0059

Addendum No. 2

Issued: March 31, 2017

This Addendum No. 2 is issued and hereby published on the DGS website on March 31, 2017. Except as modified hereby, the Request for Proposals ("RFP") remains unmodified.

Item #1 A.7 Attachments

Delete: Attachment A – Performance Specifications

Insert: Attachment A – Revised Performance Specifications (Exhibit 1)

Item #2 A.7 Attachments

Insert: Attachment O – EEO Policy Statement Agreement (Exhibit 2)

By: 
Brenda Allen
Chief Contracting Officer

Date: 

- End of Addendum No. 2 -

Heating Ventilation and Air Conditioning (HVAC)

The Office of Cable Television, Film, Music and Entertainment (OCTFME) would like to modify the existing HVAC system to be more flexible and allow more control to meet the new Mission critical status of the agency. The scope impacts the entire facility and specifically the areas below:

Main Roof

The chiller is located on the Main roof. The Chiller is currently oversized for the facility. As part of the HVAC modifications, the contractor shall:

- Provide calculation and size the chiller appropriately for the facility and replace
 - Provide control points to be tied to the existing BMS
- Remove and Salvage the existing chiller to be relocated to another DGS property.

Tech Core

The Tech Core is the central information center for the agency. This area cannot go without cooling. As such the existing area is cooled by three Computer Room Air Conditioning (CRAC) units tied to the chiller that serves the entire facility. As part of the HVAC modifications the contractor shall:

- Maintain Independent cooling
- Provide Redundant cooling solution
- Provide controls and tie to existing BMS

Generator & UPS

OCTFME would like to modify the existing Generator and Uninterrupted Power Supply (UPS) system to meet the needs of the new Mission critical status of the agency. The modification to the existing system is to ensure the entire facility is supported by the UPS and Generator in an incident of loss or low power supply. The scope impacts the entire facility and specifically the area below:

Generator Enclosure

The Existing Generator is located at the rear of the facility. In general, the generator is diesel powered and provides support to a portion of the facility. All specific information is part of the as built document. As part of the HVAC modifications, the contractor shall:

- Assess the capacity of the existing generator under the new loads as determined by OCTFME program requirements:
 - If the generator has the proper capacity fir the new loads the BD shall determine if the generator can be modified to run on natural gas.
 - If it is the generator does not have the capacity for the new loads the DB shall Size a new natural Gas powered generator to support the new loads as determined by OCTFME
 - Assess the Generator enclosure size and redesign as necessary to fit the new generator

Electrical room

Located in the Electrical room is the main switch board ATS 2 & ATS 3 and a majority of the electrical distribution panels. As part of the Generator & UPS systems modifications the contractor shall:

- Assess the condition of the main switch board
 - Provide replacement options
- Assess the capacity/capability of ATS 2 & 3; provide design/recommendation for full building load.

Emergency room

Located in the Emergency room are the GDP Panel and ATS 1. As part of the Generator & UPS systems modifications the contractor shall:

- Assess the capacity of the GDP Panel and provide design/recommendation for full building load
- Assess the capacity of the ATS 1 and provide design/recommendation for full building load

UPS Room

Located in the UPS room are the UPS and the batteries. As part of the Generator & UPS systems modifications the contractor shall:

- Assess the capacity of the UPS and batteries and provide design/recommendation for full building load
- Assess, design and provide cost for additional UPS system to support the Technical core
- Assess the physical capacity of the UPS room.

Electrical Utility Redundancy

OCTFME would like to modify the existing electric utility from one point of entry in to the facility to two points of entry into the facility. As such the Design builder shall provide a design for a secondary underground service and a cost estimate for the installation of the services for OCTFME.

CONTRACTOR'S LETTERHEAD

EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY STATEMENT

_____ SHALL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS.

_____ AGREES TO AFFIRMATIVE ACTION TO ENSURE THAT APPLICANTS ARE EMPLOYED, AND THAT EMPLOYEES ARE TREATED DURING EMPLOYMENT WITHOUT REGARD TO THEIR ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILIAL STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. THE AFFIRMATIVE ACTION SHALL INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING: (A) EMPLOYMENT, UPGRADING, OR TRANSFER; (B) RECRUITMENT OR RECRUITMENT ADVERTISING; (C) DEMOTION, LAYOFF, OR TERMINATION; (D) RATES OF PAY, OR OTHER FORMS OR COMPENSATION; AND (E) SELECTION FOR TRAINING AND APPRENTICESHIP.

_____ AGREES TO POST IN CONSPICUOUS PLACES THE PROVISIONS CONCERNING NON-DISCRIMINATION AND AFFIRMATIVE ACTION.

_____ SHALL STATE THAT ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT PURSUANT TO SUBSECTION 1103.2 THROUGH 1103.10 OF MAYOR'S ORDER 85-85; "EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS IN CONTRACTS."

_____ AGREES TO PERMIT ACCESS TO ALL BOOKS PERTAINING TO ITS EMPLOYMENT PRACTICES, AND TO REQUIRE EACH SUBCONTRACTOR TO PERMIT ACCESS TO BOOKS AND RECORDS.

_____ AGREES TO COMPLY WITH ALL GUIDELINES FOR EQUAL EMPLOYMENT OPPORTUNITY APPLICABLE IN THE DISTRICT OF COLUMBIA.

_____ SHALL INCLUDE IN EVERY SUBCONTRACT THE EQUAL OPPORTUNITY CLAUSES, SUBSECTION 1103.2 THROUGH 1103.10 SO THAT SUCH PROVISIONS SHALL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

AUTHORIZED OFFICIAL AND TITLE

DATE

AUTHORIZED SIGNATURE NAME

FIRM/ORGANIZATION

CONTRACTOR'S LETTERHEAD

ASSURANCE OF COMPLIANCE WITH EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS MAYOR'S ORDER 85-85, EFFECTIVE JUNE 10, 1985, AND THE RULES IMPLEMENTING MAYORS ORDER 85-85, 33 DCR 4952, (PUBLISHED AUGUST 15, 1986), "ON COMPLIANCE WITH EQUAL OPPORTUNITY REQUIREMENTS IN DISTRICT GOVERNMENT CONTRACTS," ARE HEREBY INCLUDED AS PART OF THIS BID/PROPOSAL. THEREFORE, EACH BIDDER/OFFEROR SHALL INDICATE BELOW THEIR WRITTEN COMMITMENT TO ASSURE COMPLIANCE WITH MAYOR'S ORDER 85-85 AND THE IMPLEMENTING RULES. FAILURE TO COMPLY WITH THE SUBJECT MAYOR'S ORDER AND THE IMPLEMENTING RULES SHALL RESULT IN REJECTION OF THE RESPECTIVE BID/PROPOSAL.

I, _____, THE AUTHORIZED REPRESENTATIVE OF _____, HEREINAFTER REFERRED TO AS "THE CONTRACTOR," CERTIFY THT THE CONTRATOR IS FULLY AWARE OF ALL OF THE PROVISIONS OF MAYOR'S ORDER 85-85, EFFECTIVE JUNE 10, 1985, AND OF THE RULES IMPLEMENTING MAYOR'S ORDER 85-85, 33 DCR 4952. I FURTHER CERTIFY AND ASSURE THAT THE CONTRACTOR WILL FULLY COMPLY WITH ALL APPLICABLE PROVISIONS OF THE MAYOR'S ORDER AND IMPLEMENTING RULES IF AWARDED THE D.C. GOVERNMENT REFERENCED BY THE CONTRACT NUMBER ENTERED BELOW. FURTHER, THE CONTRACTOR ACKNOWLEDGES AND UNDERSTANDS THAT THE AWARD OF SAID CONTRACT AND ITS CONTINUATION ARE SPECIFICALLY CONDITIONED UPON THE CONTRACTOR'S COMPLIANCE WITH THE ABOVE-CITED ORDER AND RULES.

CONTRACTOR

NAME

SIGNATURE

TITLE

CONTRACT NUMBER

DATE

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER INFORMATION REPORT

GOVERNMENT OF THE DISTRICT OF COLUMBIA DC Office of Contracting and Procurement Employer Information Report (EEO)	Reply to: Office of Contracting and Procurement 441 4th Street, NW, Suite 700 South Washington, DC 20001 Washington, DC 20001					
Instructions: Two (2) copies of DAS 84-404 or Federal Form EEO-1 shall be submitted to the Office of Contracting and Procurement. One copy shall be retained by the Contractor.						
Section A – TYPE OF REPORT						
1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX)						
Single Establishment Employer (1) . Single-establishment Employer Report	Multi-establishment Employer: (2) <input type="checkbox"/> Consolidated Report (3) <input type="checkbox"/> Headquarters Report (4) <input type="checkbox"/> Individual Establishment Report (submit one for each establishment with 25 or more employees) (5) <input type="checkbox"/> Special Report					
1. Total number of reports being filed by this Company. _____						
Section B – COMPANY IDENTIFICATION (To be answered by all employers) OFFICIAL						
OFFICIAL USE ONLY						
1. Name of Company which owns or controls the establishment for which this report is filed						
Address (Number and street)	City or Town	Country	State	Zip Code	a.	
b. Employer Identification No.						
2. Establishment for which this report is filed.		OFFICIAL USE ONLY				
a. Name of establishment						
Address (Number and street)	City or Town	Country	State	Zip Code	c.	
b. Employer Identification No.						
3. Parent of affiliated Company						
a. Name of parent or affiliated Company		b. Employer Identification No.				
Address (Number and street)	City or Town	Country	State	Zip Code		
Section C - ESTABLISHMENT INFORMATION						
1. Is the location of the establishment the same as that reported last year? Yes No Did not report last year		Report on combined basis		2. Is the major business activity at this establishment the same as that reported last year? Yes No No report last year Reported on combined		OFFICIAL USE ONLY
basis						
2. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or service provided, as well as the principal business or industrial activity.					e.	
3. MINORITY GROUP MEMBERS: Indicate if you are a minority business enterprise (50% owned or 51% controlled by minority members). Yes No						

SECTION D – EMPLOYMENT DATA

Employment at this establishment – Report all permanent, temporary, or part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zero. *In columns 1, 2, and 3, include ALL employees in the establishment including those in minority groups*

JOB CATEGORIES	TOTAL EMPLOYEES IN ESTABLISHMENT			MINORITY GROUP EMPLOYEES								
	Total Employees Including Minorities (1)	Total Male Including Minorities (2)	Total Female Including Minorities (3)	MALE				FEMALE				
				Black (4)	Asian (5)	American Indian (6)	Hispanic (7)	Black (8)	Asian (9)	American Indian (10)	Hispanic (11)	
Officials and Managers												
Professionals												
Technicians												
Sales Workers												
Office and Clerical												
Craftsman (Skilled)												
Operative (Semi-Skilled)												
Laborers (Unskilled)												
Service Workers												
TOTAL												
Total employ reported in previous report												
(The trainee below should also be included in the figures for the appropriate occupation categories above)												
Formal On-The-Job Trainee	White collar	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Production											
1. How was information as to race or ethnic group in Section D obtained? a. Visual Survey c. Other Specify _____ b. Employment Record _____						2. Dates of payroll period used _____ 3. Pay period of last report submitted for this establishment. _____						
Section E – REMARKS Use this Item to give any identification data appearing on last report which differs from that given above, explain major changes in composition or reporting units, and other pertinent information.												
Section F - CERTIFICATION												
Check 1. > All reports are accurate and were prepared in accordance with the instructions (check on consolidated only)												
One 2. > This report is accurate and was prepared in accordance with the instructions.												
Name of Authorized Official			Title			Signature			Date			
Name of person contact regarding This report (Type of print)			Address (Number and street)									
Title			City and State			Zip Code		Telephone Number		Extension		

INFORMATION CITED HEREIN SHALL BE HELD IN CONFIDENCE.

DEPARTMENT OF SMALL AND LOCAL BUSINESS DEVELOPMENT
CONTRACT COMPLIANCE DIVISION

SUBCONTRACT SUMMARY FORM

This SUMMARY form is to be completed by the PRIME contractor.		
BID NO. _____	CCB NUMBER: _____ of _____ pages	
NOTE: the standard for minority subcontracting is 25% or the TOTAL contract dollar amount to be subcontracted.	AMOUNT OF PRIME CONTRACT \$ _____ AMOUNT OF ALL SUBCONTRACTS: \$ _____ equals _____ % OF THE PRIME CONTRACT.	
NAME OF PRIME CONTRACTOR: TELEPHONE NO. _____	ADDRESS: _____	
PROJECT NAME: ADDRESS: _____ WARD NO: _____	PROJECT DESCRIPTIONS: _____	
SECTION II LIST ALL SUBCONTRACTORS THAT WILL BE UTILIZED ON THE ABOVE PROJECT		
1. NAME OF SUBCONTRACTOR 2. ADDRESS 3. CONTACT PERSON 4. MBOC CERT. NO. _____	5. PHONE NO. _____ 1. IS THIS A MINORITY SUB? ____ YES ____ NO 2. TRADE OR BUSINESS PRODUCT THAT SUB WILL PROVIDE.	1. \$ AMOUNT OF-SUBCONTRACT equals (=) 2. _____ % (percent) OF TOTAL PRIME CONTRACT.
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %
1. _____ 2. _____ 3. _____ 4. _____	1. MINORITY SUBCONTRACTOR ____ YES ____ NO 2. _____	1. _____ equals (=) 2. _____ %

TOTAL DOLLAR AMOUNT SUBCONTRACTED TO 'MINORITY BUSINESS ENTERPRISES \$ _____
PERCENT OF PRIME CONTRACT. _____ %

SOLICITATION NO: _____

PROJECTED GOALS AND TIMETABLES FOR FUTURE HIRING

MINORITY GROUP EMPLOYEES GOALS					TIMETABLES				
JOB CATEGORIES	MALE				FEMALE				
	Black	Asian	American Indian	Hispanic	Black	Asian	American Indian	Hispanic	
Officials and Managers									
Professionals									
Technicians									
Sales Workers									
Office and Clerical									
Craftsman (Skilled)									
Operative (Semi-Skilled)									
Laborers (Unskilled)									
Service Workers									
TOTAL									
NAME OF AUTHORIZED OFFICIAL:				TITLE:			SIGNATURE:		
FIRM NAME:						TELEPHONE NO:		DATE:	
<p>INDICATE IF THE PRIME UTILIZES A "MINORITY FINANCIAL INSTITUTION"</p> <p>_____ Yes _____ No</p> <p>NAME:</p> <p>ADDRESS:</p> <p>TYPE OF ACCOUNT/S:</p>									