



CITY OF TORRINGTON

Addendum # 3

ADDENDUM #3 CONSISTS OF QUESTIONS SUBMITTED AND ANSWERS FOR THE UPDATED ARCHITECTURAL CONSULTANT TO DESIGN EMERGENCY OPERATION DISPATCH CENTER WITH THE BID OPENING DATE EXTENDED TO JUNE 15, 2010 AT 2:00 PM.

RFP#ADE-022-052610 ARCHITECTURAL CONSULTANT TO DESIGN EMERGENCY OPERATION DISPATCH CENTER

Date of bid opening: May 26, 2010 Time: 2:00 PM Location: City Hall, 140 Main Street, Room 206, Torrington

Submit signed addenda with bid.

The City of Torrington reserves the right to accept or reject any or all bids or any portion thereof, to waive technicalities, and to award the contract as will best serve the public interest.

Dated in Torrington: June 9, 2010

Purchasing Agent _____
Pennie Zucco

Bid Submitted By: _____

Name of Company _____

Signature _____

Date _____

Title _____

Questions & Responses 6/10/10

- 1) **Q) Who are the decision makers during the design work for the City (a volunteer building committee? or fire, police, and municipal staff members only?)**
A) **The decisions will be made with the contact person being D/C Gary Brunoli**
- 2) **Q) Does the City want to identify for the Design/Builders if hazardous materials are present in the work area? If so, who is to provide the hazardous material testing and design services? The City or A/E?**
A) **N/A**
- 3) **Q) Are we to include a scope of work for the Design/Builders for the furniture (FF+E), audio/video, security, telephone (voiceover IP), data/computer, HAM radio and communication design services?**
A) **N/A**
- 4) **Q) You've asked for fees, but you haven't indicated in what format, phase or structure they should be presented...that means your RFP review committee will have over 25 different fee formats and structures, making it very difficult to do that initial "apples to apples" comparison, developing that shortlist or selection. Are we to do just one fee number for you?**
A) **The submitted proposal should be one fee. This fee is to help the D/C write the bid specs for the second phase of the project. The fee will not be the determining factor as to the firm being chosen.**

- 5) **Q) Since these are professional service proposals, I trust that the boiler plate “Instruction to Proposers” requiring Performance, Maintenance and Labor bonds are not required of us? We can’t get these, as professional service providers. Related to that, it would mean that the Consent of Surety form on page 9 would not apply to us.**
A) N/A
- 6) **Q) What level of Professional Liability Insurance do you want? \$1,000,000? \$2,000,000? And what aggregate?**
A) Attached is a sample form for the City of Torrington Professional Liability Insurance.
- 7) **Q) Do you require the EEO info with the proposals, or only when a contract is being prepared?**
A) The EEO information shall be submitted when a contract is being prepared
- 8) **Q) Will the design consultant hired to provide the preliminary design that will be issued for Design /Build RFP be prohibited from responding or from being a part of a Design/Build Team that would respond to that RFP?**
A) The design consultant hired will be prohibited from responding or being part of the Design/Build Team.
- 9) **Q) Given the change in the role of the Architect and the scope of services to that of assisting the City of Torrington in the preparation of plans for a Design/Build proposal and the content of the Addendum, has the previous requirement to submit preliminary plans as part of the proposal process been eliminated?**
A) No plans will need to be submitted at the time of the bid opening.
- 10) **Q) What is the specific scope for the Architect for this “assistance” role? We have provided similar services to the State of Connecticut as their “Design Build Criteria Architect” and the scope has included the following: Programming and Schematic Design; Outline Specifications; Assistance in the development of the Design/Build RFP; Project Design Oversight (review of D/B Team’s documentation at Design Development and Construction Documents (35% AND 95% completion); Construction Observation. Which if any, of the above services are to be included in this proposal?**
A) The scope of work required is stated in Addendum #2.
- 11) **Q) What is the total budget for the project?**
A) The budget will be determined when the proposals are submitted.

PRODUCER _____ FAX _____	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED _____	INSURERS AFFORDING COVERAGE
	INSURER A: Insurance Carrier(s) with AM Best's rating INSURER B: of "A- VII" or better. INSURER C: _____ INSURER D: _____ INSURER E: _____

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE _____ RETENTION \$ _____				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	OTHER Professional Liability				\$1,000,000 Each Claim \$2,000,000 Aggregate

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Project: (Project Name/Description)
 City of Torrington is additional insured for General Liability and Umbrella coverage with respect to this project, coverage form is attached.

CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
** SAMPLE CERTIFICATE FOR PROFESSIONAL CONSULTANTS **	AUTHORIZED REPRESENTATIVE _____

IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder; nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

SAMPLE