

ADDENDUM NO.: 3

DATE OF ADDENDUM: December 11, 2015

Energy Upgrades Greater Bridgeport
Community Mental Health Center
1635 Central Avenue
Bridgeport, CT
BI – MH – 111

Original Bid Due Date / Time: December 16, 2015 1:00 PM

Revised Bid Due Date/Time: None 1:00 PM

Previous Addendums: Addendum #2 dated 12/8/2015, Addendum #1 dated 11/18/2015

TO: Prospective Bid Proposers:

This Addendum forms part of the "Contract Documents" and modifies or clarifies the original "Contract Documents" for this Project dated May 27, 2015. Prospective Bid Proposers shall acknowledge receipt of the total number the Addenda issued for this Project on the space provided on Section 00 41 00 Bid Proposal Form. Failure to do may subject Bid Proposers to disqualification.

The following clarifications are applicable to drawings and specifications for the project referenced above.

Item 1

Question: Will you accept Siemens's Talon and Gamma Brand's BacNet , KNX open protocol control system as alternate to the 3 manufacturers listed?

Response: See Approved "Equals or Substitution Product Request" on DAS/DCS Form 7001 attached.

Item 2

In Section 23 09 00, MANUFACTURERS - DIRECT DIGITAL CONTROL SYSTEMS, paragraph 2.1.A

ADD: Paragraph 2.1. A. 4. Siemens Talon

Substitute

All questions must be in writing and must be forwarded to the consulting Architect/Engineer (Jennifer Thurber @ (Fuss & O'Neill) with copies sent to the DCS Project Manager (Wayne E. Thorpe @ email: wayne.thorpe@ct.gov).

End of Addendum 3



Mellanee Walton, Associate Fiscal Administrative Officer
Department of Administrative Services
On Behalf of the Division of Construction Services

Request Phase Pre-Bid Post Bid (See Article 15 Materials: Standards, General Conditions)
 (If Pre-bid only) Current Bid Due Date: 12/16/2015 Request No.: 1 Dated: 12/10/2015
 To: State of Connecticut DCS Project No.: B1-MH-111
 Department of Administrative Services Project Name / Location:
 Division of Construction Services

References:	Specification(s):	Section(s): <u>2309 00</u>	Paragraph(s): <u>2.1</u>
	Drawing(s):	Drawing(s) No(s):	Detail(s) No(s):
Contractually Specified Product:	<u>Automatic Logic, ALBERTON, JOHNSON</u>		
Contractor Proposed Product:	<u>SIEMENS, TALON</u>		
Proposed Product is:	Equal: <input checked="" type="checkbox"/>	Substitute: <input checked="" type="checkbox"/>	Model No.: <u>TC-36</u>
See attached data for both specified and proposed products as required by Article 15 General Conditions.			
Data attached:	Drawings: <input type="checkbox"/>	Product Data: <input checked="" type="checkbox"/>	Reports: <input type="checkbox"/>
	Tests: <input type="checkbox"/>	Other:	Samples: <input type="checkbox"/>
Reason(s) for not providing the Specified Product: <u>SIEMENS TALON = OPEN PROTOCOL ISACNET</u>			
Similar Installation: Project: <u>GREENWICH HIGH SCHOOL</u> Architect: <u>AKF</u> Address: <u>10 HILLSTIDE RD</u> Owner: <u>TOWN OF GREENWICH</u> <u>GREENWICH CT 06630</u> Date Installed: <u>3-15-2015</u>			

Will proposed substitution impact other parts of the Work?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	If yes attach explanation.
Will proposed substitution increase Contract Time?	No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/>	by number of Days
Actual Dollar Savings to the State of Connecticut if substitution is accepted:	<u>\$Device Cost (30%)</u>		
The Undersigned Certifies that the proposed Request for an Equal or Substitute Product conforms to all of the requirements of Division 01 General Requirements, Section 01 25 00 Substitution Procedures.			
Request Submitted By General Contractor / CMR:	<u>Sarracino Mechanical</u> (Firm's Typed Name)		
By: <u>Donald J. Wilson</u>	<u>Sr Sales Eng</u>	<u>[Signature]</u>	<u>12-10-2015</u>
	(Typed Name)	(Title)	(Date)
CONTRACTOR / CMR Send copies to	DCS PM: <input checked="" type="checkbox"/>	CA: <input checked="" type="checkbox"/>	

Consultant's Review - This Substitution Request is:		Request Received on (Date):
<input checked="" type="checkbox"/> Approved:	(Submittals in accordance with Div. 01 General Requirements, Section 01 33 00 Submittal Procedures.)	
<input type="checkbox"/> Approved as Noted:	(Submittals in accordance with Div. 01 General Requirements, Section 01 33 00 Submittal Procedures.)	
<input type="checkbox"/> Rejected:	Use Specified Materials.	
<input type="checkbox"/> Rejected:	Request Not Received Within Specified Time Period - Use Specified Materials.	
Reviewed Issued By: <u>FUSSELL O'NEILL, INC</u>	<u>[Signature]</u>	<u>12/10/15</u>
	(Typed Name)	(Date)
CONSULTANT Send copies to:	DCS PM: <input type="checkbox"/>	CA: <input type="checkbox"/>
	Chief Architect <input type="checkbox"/>	Chief Engineer <input type="checkbox"/>

If Approved: As noted by Consultant,
 DCS Chief Architect: _____
 (Signature) (Date)

Copies: Project File Red R2