

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC WORKS

"To Enrich Lives Through Effective and Caring Service"

900 SOUTH FREMONT AVENUE ALHAMBRA, CALIFORNIA 91803-1331 Telephone: (626) 458-5100 http://dpw.lacounty.gov

August 12, 2025

ADDRESS ALL CORRESPONDENCE TO: P.O. BOX 1460 ALHAMBRA, CALIFORNIA 91802-1460

IN REPLY PLEASE

REFER TO FILE: BRC-2

HUNTINGTON PARK LIBRARY REFURBISHMENT PROJECT SPECS. NO. 7963; C.P. NO. 8A064

NOTICE TO BIDDERS "A"

This Notice to Bidders "A" extends the pre-bid conference date, which is hereby made part of the contract documents.

PRE-BID CONFERENCE:

This Notice to Bidders A changes the date of the pre-bid conference and site visitation from August 14, 2025, at 10:00 a.m. to **August 18, 2025, at 10:00 a.m.** This meeting will be at the job site to answer questions concerning the project. Interested parties are requested to meet at the following address: 6518 Miles Avenue, Huntington Park, CA 90255. Attendance is strongly encouraged.

PROJECT MANUAL:

Refer to Section 00 03 00, Form of Bid. **Delete** the section in its entirety and **replace** with the attached revised Section 00 03 00 (Attachment 1).

Kindly notify your subcontractors to this effect. If you have any questions, please contact Ms. Ivonne Pena at (626) 458-2585 or ipena@pw.lacounty.gov.

Very truly yours,

MARK PESTRELLA, PE Director of Public Works

SOO KIM Division Chief

Business Relations and Contracts Division

BS:ip

Attach.

Name of Bidder (Firm Name)	Vendor Identification Number

SECTION 00 03 00

FORM OF BID TO BE USED BY BIDDERS

The undersigned proposes to furnish all materials, labor, and equipment required for the construction to complete the Huntington Park Library Refurbishment Project, in accordance with Drawings and Specifications 7963, including addenda thereto, if any, adopted by the Board of Supervisors, and on file in the office of the Board of Supervisors, as follows:

The lowest bid price shall be determined by adding the following items: Lump Sum Bid in Words (1) + Bid Alternate (1) + Bid Alternate (2) + [Extended Overhead Daily Rate (3) x Multiplied by 30 days] = Total Lump Sum Bid. The preference as stated in Section 00 01 00, 1.30, will be applied to the Total Lump Sum Bid, if applicable, to determine the final total bid amount.

determine the iniai total bid amount.			
1.	LUMP SUM BID:		
	The lump sum bid for the work, including Best Management Practices (BMP) and Construction and Demolition Debris Recycling, and Mandatory Jobs Coordinator requirements complete according to the Drawings and Specifications, will be:		
	(\$) Lump sum bid in figures Lump sum bid in words		
2.	EXTENDED OVERHEAD DAILY RATE:		
	The daily rate for the sum of the Contractor's field office and home office overhead applicable to this project, for each day of compensable delay will be:		
	(\$) Daily rate in figures Daily rate in words		
3.	BID ALTERNATE 1:		
	The amount to be added to the Lump Sum Bid for inclusion of the work of Additive Alternate 1:		
	(\$) Daily rate in figures Daily rate in words		

Form of Bid 00 03 00-1

\$ <u>_</u>) Daily rate in figures	() Daily rate in words
L	Daily rate in figures	Daily rate in words
1 .	COUNTY PROGRAM PRI	FERENCE:
	for purposes of bid evaluat If Bidder is a qualifying Lobelow. Section 00 04 38 February must be submitted at the time.	Enterprise Program Preference is provided by the County on only, as specified in Article 1.30 of Section 00 01 00. cal Small Business Enterprise, check "yes" in the box sequest for County Program Preference Consideration me of bid with a copy of the certification letter issued by Department of Consumer and Business Affairs. If none appropriate box.
	LSBE Yes	No
1.	RECEIPT OF NOTICE TO	BIDDERS:
	eby certify and declare that ers A dated August 12, 2025	I have received, reviewed and incorporated Notice to into my Bid.
	Executed this day of	(Month and Year)
	Ву:	ature of a Principal Owner, Officer, or Manager)

NOTE: Any alteration or addition to the Form of Bid may invalidate same. All blank spaces shall be filled out completely. Line out nonapplicable blanks. An incomplete form may invalidate bid. The County reserves the right to waive any informalities or to reject any or all bids or to accept any alternatives when called for.

I (We)	certify that on, 20_	, License No, license
classific	cation(s)	, was issued to me (us), in the name o
	, by the C	Contractors' State License Board, pursuant to
Californ	nia Statutes of 1929, as amended, ar	nd that said license has not been revoked.
Firm Ov	wnership Information	Race/Ethnic Composition
Check where applicable:		For statistical purposes only.
		() Black/African American
1. () Minority-Owned	() Hispanic/Latino
() Woman-Owned	() Asian or Pacific Islander
) Disadvantaged-Owned	() Native Americans
) Disabled Veteran-Owned	() Subcontinent Asian
() LGBTQQ-Owned	() White
2. () An individual	If a copartnership or joint
) A corporation. Name	venture, list names of
	state or territory of	individuals comprising same
	Incorporation	below
(A copartnership	
) A joint venture	· -
Date siç	gned, 20	Respectfully submitted,
Dlace		
riace _	City and State	Firm Name (if applicable)
Bidder's	s address, E-mail address, and telep	phone:
		
Number a	and Street	Signature and Print Name
City and State Zip Code		Title and E-mail Address
Telephone		Signature and Print Name
————		Title and F-mail Address
rax.		tine and E-mail Address