

Date of Issue: March 29, 2021

Department of General Services
Energy and Resource Management Office
401 North Street, Room 403 North Office, Harrisburg, PA 17120

Bulletin Number 1

on

Project No. GESA 2021-1 – Request for Quotes for a Guaranteed Energy Savings
Project at:
Department of Corrections, SCI Frackville, Frackville, Pennsylvania

Quote Submission Deadline: Monday, June 14, 2021
Time of Opening: 2:00 PM

REQUEST FOR INFORMATION

1. Please provide the Operations & Maintenance cost for SCI Frackville. **The Operations & Maintenance information is attached to this bulletin as Attachment A.**

CHANGES TO REQUEST FOR QUOTE (RFQ)

1. Replace "Small Diverse Business (SDB) and Veteran Business Enterprise (VBE) Participation Summary Sheet" (page 52 of the PDF RFQ document) with Attachment B of this bulletin.
2. Replace "Appendix I – Supplemental Provisions" (page 98 of the PDF RFQ document) with Attachment C of this bulletin.



Rebecca Tomlinson, RFQ Coordinator
Energy & Resource Management Office

Please acknowledge receipt of Bulletin by email response to Becky Tomlinson at:
retomlinso@pa.gov

ATTACHMENT A
to
BULLETIN 1
for
GESA 2021-1 SCI Frackville

	FY 18	FY 19	FY 20
Parts & Materials	\$ 323,821.61	\$ 416,588.88	\$ 291,021.89
Boiler service 11/1/2020 to 2/28/2021			\$47,250.00
Boiler service 3/1/2021 to 2/29/2024			\$339,728.00
Chiller service 1/1/2021 to 12/31/2023			\$122,438.00
Guardian 6/30/2018 to present			\$55,961.00
Utilities			
Electric	428,302.04	412,523.78	302,605.03
Water	313,947.41	354,016.16	264,222.66
Sewage	313,988.07	386,357.82	241,030.90
Steam	697,135.75	1,129,457.19	
CNG		232,405.02	459,617.36

ATTACHMENT B
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Small Diverse Business (SDB) and Veteran Business Enterprise (VBE)

Participation Summary Sheet

The Issuing Office and BDISBO have set SDB and VBE Participation Goals for this RFQ. This is a significant programmatic change from the SDB and SB Participation program contained in prior best value solicitations issued by the Commonwealth. Bidders/Offerors now must agree to meet the SDB and VBE Participation Goals in full or demonstrate they have made Good Faith Efforts to meet both Goals. Important information regarding this new program is set forth in Section 3 of the RFQ and the Attachments listed below.

Solicitation/Project #: GESA 2021-1

Issuing Agency: Department of General Services on behalf of Department of Corrections

Name of Procurement/Project: GESA 2021-1 SCI Frackville

SDB Participation Goal (for MBE, WBE, LGBTBE, DOBE, and SDVBE): 5 %

VBE Participation Goal (for VBE and SDVBE): 3 %

* The Issuing Office and BDISBO will re-assess the SDB and VBE Participation Goals after the completing of the IGA and may lower either or both Participation Goals but will not increase either Participation Goal.

Bidder/Offeror Company Name: _____

Bidder/Offeror Contact Name: _____

Bidder/Offeror Contact Email: _____

Bidder/Offeror Contact Phone Number: _____

Attachments:

- SDB-1 Instructions for completing SDB Participation Submittal and SDB Utilization Schedule
- SDB-2 SDB Participation Submittal
- SDB-3 SDB Utilization Schedule
- SDB-4 Guidance for Documenting Good Faith Efforts to meet the SDB Participation goal
- SDB-5 Good Faith Efforts Documentation to Support Waiver Request of SDB Participation Goal

- VBE-1 Instructions for completing VBE Participation Submittal and VBE Utilization Schedule
- VBE-2 VBE Participation Submittal
- VBE-3 VBE Utilization Schedule
- VBE-4 Guidance for Documenting Good Faith Efforts to meet the VBE participation goal
- VBE-5 Good Faith Efforts Documentation to Support Waiver Request of VBE Participation Goal

ATTACHMENT C
to
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APPENDIX I

SUPPLEMENTAL PROVISIONS

Site Visit Information

Each Offeror will be allowed to visit the site four times for no more than 3 hours each time. All personnel must be approved by the Funding Agency to access the facility. Offerors must recognize and accept that site visits constitute an imposition on the Funding Agency, who must continue to maintain a safe and secure facility. Therefore, no requests will be granted that may in any way be perceived as a risk to the safety and security of the facility. During the visit, Offerors shall become acquainted and familiar with existing conditions; the character of the operations to be carried on under the proposed contract; and the facility operations, difficulties and restrictions affecting the execution of the work on this Project. Drawings and site plans may be viewed on site during the site visits.

The first site visit will take place on April 8, 2021 at 9am. All remaining visits will need to be pre-scheduled so that gate clearances can be obtained for those visiting. Anyone wishing to enter the facility will need to have a background check done, be able to clear a metal detector, and be able to clear a drug ion scanner. Any items you wish to bring into the facility with you will need to be pre-approved. Please see the attached clean check and tool list paperwork.

Contact Shawn Kane at shakane@pa.gov or 570.874.4516 ext. 2249 for any information pertaining site visits, including scheduling site visits.

CENTRALIZED CLEARANCE CHECK INFORMATION REQUEST

Please type the following information. Enter N/A in any space that does not apply. All information will be maintained confidentially, but **must be provided in order to complete a clearance check.** Falsification or omission of pertinent information will be considered as justification for disapproval or possible criminal prosecution. It is the responsibility of the requestor to initiate renewal of all clearances. Applicant shall submit this request form to the facility or respective Central Office moderator. Use additional sheets if necessary.

SECTION "A" (CANDIDATE)

Have you ever worked in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? Yes No
 Have you ever been adjudicated, convicted, or otherwise disciplined for committing an act of sexual abuse or sexual harassment in the workplace or community? Yes No

- Type of Clearance:** Initial Clearance Request Renewal Request
- Category:** Agency Temp Services Contract Service Provider Intern/Extern Organization
 Reentry Services Vendor Volunteer Program
 Official Visitor (please select one):
 Government PA Prison Society
 Public Visitor (please select one):
 Ministry Criminal Justice Agency Entertainment, Sports, Activities, Guest Speaker
 Other (please explain):

Purpose of Visit:				Primary Facility:			
Organization/Agency/Company/Program Name:				Abbreviation (if applicable):			
Subcontracted to:				Title or Position:			
Last Name:		First Name:		Middle Name:			
List all previous names:							
Date of Birth:				Social Security Number:			
Passport #:		Alien Registration #:		Visa #:			
Sex:	Race:	Height:	Weight:	Eye Color:	Hair Color:		
Current Address:			City:	State:	Zip Code:		
Prior Address:			City:	State:	Zip Code:		
Place of Birth:				Email Address:			
Home Phone:				Alternate Phone (cell):			
Current Driver's License Information:		State:	Operator: <input type="checkbox"/>	ID Only license: <input type="checkbox"/>	OLN Number:	Valid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Licenses (List all states & #'s that apply):		State:	Operator/Non-Operator #:				
Professional/Medical Licenses:			DEA Number:		NPI Number:		
Identify names, relationships, and locations of any relatives or close friends in any DOC facility:							

I confirm that all information contained on this clearance request has been verified by me to be complete and accurate. I also agree to abide by all Department rules and assume all risks which may result from the normal operation of a Department facility.

Signature:	Date:
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SECTION "B" (REQUESTING DOC STAFF MEMBER)

Requesting Staff Member:	Employee #:	Date of Request:
Describe Specific Event or Access:		Specific Period of Access Required:

Contractor Tool Inventory

A copy of this form is to be maintained at the Sally Port/Gate, after approval.

Contractor's Name: _____
 D.G.S. Project Number: _____

Date: _____

**TOOL LIST
 INCLUDING SMALL EQUIPMENT**

**LOCATION WHERE TOOLS ARE SECURED
 WHEN NOT IN USE**

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	

CONTRACTOR'S Authorized Representative:

NAME PRINTED

SIGNATURE

APPROVED		DISAPPROVED	Date: _____ <div style="text-align: right; margin-top: 5px;">_____ Corrections Facility Maintenance Manager</div>
APPROVED		DISAPPROVED	Date: _____ <div style="text-align: right; margin-top: 5px;">_____ DSFM/DSIS</div>

Comments:

Distribution (After Approval/disapproval)
 Facility Manager
 Deputy Superintendent for Facilities Management
 Deputy Superintendent for Internal Security, if applicable
 Major-of-the-Guard

Intelligence Captain
 Facility Maintenance Manager
 Facility Safety Manager
 Tool Control Officer