

PROJECT ADVERTISEMENT

DEPARTMENT OF TECHNOLOGY, MANAGEMENT AND BUDGET
STATE FACILITIES ADMINISTRATION
DESIGN & CONSTRUCTION DIVISION

This form is required for the advertisement of all construction projects. (1984 PA 431)

DTMB FILE NO. 472/23286.HJD	DATE May 30, 2024
ADVERTISEMENT DATE May 30, 2024	BID DUE DATE June 26, 2024, @ 2:00 p.m. EASTERN time
PROJECT NAME AND LOCATION (INCLUDE STREET ADDRESS) Earnest C. Brooks Correctional Facility – Cell Door Locks and Controls Upgrades 2500 South Sheridan Road, Muskegon Heights, MI 49444	
WALK-THROUGH INSPECTION DATE, TIME, AND LOCATION A MANDATORY Pre-Bid will be held on <u>June 11, 2024</u> , at 9:00 a.m., local time. A MANDATORY on-site walk-through will be held on <u>June 11, 2024</u> , at 9:30 a.m., local time. All prospective bidders must attend both the Pre-bid and the on-site walk through. Other parties not submitting a bid as the prime contractor are encouraged to attend the tour. Addenda may be issued in response to questions raised during the bid conference and tour, or as the Owner and / or Professional may otherwise consider necessary. ALL parties attending the meeting shall be lien clean 5 days prior to the pre-bid. Mandatory Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input checked="" type="checkbox"/> LEIN CHECK (Dept. of Corrections ONLY) All contractor/vendor representatives attending a Pre-Bid Walk Through Meeting must submit a Vendor/Contractor LEIN Request <u>five business days prior to the meeting date</u> , (See the attached Vendor/Contractor LEIN Request form). Send the LEIN Request form, filled out and signed, by email to Daniel T. Smith at email address: SmithD76@michigan.gov . The email "Subject" must include " <u>Earnest C. Brooks Correctional Facility – Cell Door Locks and Controls Upgrades, June 11, 2024, at 9:00 am ET</u> ". NOTE: An individual is only permitted to represent <u>one bidder</u> at a mandatory walk-through.	
DESCRIPTION OF WORK: The overall project scope of work will consist of building a security booths/control stations in the two (2) Level IV housing units, renovations to the control booth in the Segregation Unit, as well as replacing the controls and associated systems for the cell doors in the Level IV housing units. Please NOTE: <ul style="list-style-type: none"> • Bid responses and bid attachments MUST be uploaded to SIGMA VSS. • Contractors should only submit a maximum of two (2) attachments (both being less than 6 MB) for bid responses. One attachment is to be bid documents (Bid Summary, Bid Schedule, Bid Bond, Certification forms, Signature Authority, etc.) and if applicable, the other attachment should be Qualified Disabled Veteran (QDV) information (DD214, Proof of 51% Ownership and Proof of Service-Connected Disability) • Do not wait until just before the 2:00 p.m. solicitation deadline to submit your bid response. SIGMA VSS will not allow a proposal to be submitted after 2:00 p.m., even if a portion of the bid response has been uploaded. • If you experience issues or have questions regarding your electronic submission, you must contact the SIGMA Help Desk for assistance prior to the 2:00 p.m. solicitation deadline. You may contact the SIGMA Help Desk by telephone at 517.284.0540 or toll-free at 888.734.9749. You may also email the SIGMA Help Desk at sigma-procurement-helpdesk@michigan.gov • Please email the Design and Construction Contract Specialists if you are having SIGMA VSS issues. Please include your SIGMA ticket number and any supporting documentation (i.e., screenshots) to Anne Watros (WatrosA@michigan.gov) and Don Klein (KleinD4@michigan.gov). 	

- You may be asked by our contract specialists to email your bid response. Emailed submissions will require DCD approval and will be handled on a case-by-case basis.
- Approved emailed submissions MUST be received prior to 2:00 p.m. deadline to be considered responsive and responsible.
- Bid Responses should not be emailed to the Project Director.

5% Bid

Security: Required Not Required

NIGP CODES: 90924, 91240, 91275, 91427, 91438, 91447, 91450, 91455

ACCEPTING QUESTIONS UNTIL:

Please do not submit online questions via SIGMA VSS. ALL questions should be emailed to Joe Sovis at jsovis@matrixceinc.com no later than 2:00 p.m., Eastern on June 20, 2024.

Documents may be obtained from:

<https://sigma.michigan.gov/webapp/PRDVSS2X1/AltSelfService>

PSC/Agency: Joe Sovis
Matrix Consulting Engineers, Inc
Phone: (517)487-2511

Address: 1601 E. Cesar E. Chavez Ave, Lansing, MI 48906

Email: jsovis@matrixceinc.com

Approved by: Heather DeKorte, DTMB Project Director



MICHIGAN DEPARTMENT OF CORRECTIONS
LEIN REQUEST

CAJ-1037
REV. 09/19

Facility/Project Name: Earnest C. Brooks Correctional Facility - Cell Door Locks and Controls Upgrades.

File # 472/23286.HJD

Please provide the information requested below. This information will be used to complete a criminal history check in the Michigan Law Enforcement Information Network (LEIN).

Your Driver's License Number or State Identification Card Number, date-of-birth, race and sex is needed to complete this LEIN request.

Employment/Human Resources _____
HR Personnel / Requesting

Contractor _____ Visitor _____
Contractor Agency Agency Representing

Volunteer _____ Other _____
Agency Representing Agency Representing

Are you entering the secure perimeter/property of a Michigan Department of Corrections (MDOC) facility? Yes No

Please print information below:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Sex: _____ Race: _____

Please provide the number of one of the following types of identification:

Driver's License #: _____ State issued by: _____

State ID #: _____ State issued by: _____

I authorize the MDOC to conduct a criminal history check, so that I may be approved to enter the secure perimeter/property of an MDOC facility to perform work, visit, meet with or work with MDOC offenders.

For MDOC HR/Employment purposes only: I further authorize the Department to check my motor vehicle operator license record for the purposes of determining if I will be allowed to operate a motor vehicle while conducting Department business.

Signature: _____ Date: _____

LEIN Completed By: Name: _____ Date: _____

LEIN Cleared: Yes No (Does not apply to Human Resources)

MDOC Employment/HR purposes: Indicate the # of convictions: _____

Comment (Optional): _____