STATE OF NEW YORK
OFFICE OF GENERAL SERVICES
DESIGN AND CONSTRUCTION GROUP
THE GOVERNOR NELSON A. ROCKEFELLER
EMPIRE STATE PLAZA
ALBANY, NY 12242

ADDENDUM NO. 1 TO PROJECT NO. Q1512

CONSTRUCTION WORK
RENOVATION OF INTENSIVE DAY TREATMENT, BUILDING #1 &,
CRISIS RESIDENCE BEDROOMS BUILDING #3
BROOKLYN CHILDREN'S PSYCHIATRIC CENTER
1819 BERGEN STREET
BROOKLYN, NY 11233

May 9, 2012

NOTE: This Addendum forms a part of the Contract Documents. Insert it in the Project Manual. Acknowledge receipt of this Addendum in the space provided on the Bid Form.

THIS PROJECT IS A WICKS EXEMPT PROJECT.

TABLE OF CONTENTS & BIDDING REQUIREMENTS

1. DOCUMENT 004200BDC59 – WICKS EXEMPT LIST OF SUBCONTRACTORS: Add the attached form (**BDC 59**) to the Table of Contents and the Project Manual.

Any submitted Bid must include a completed **BDC 59 Wicks Exempt List of Subcontractors** form (Document 004200BDC59 – attached). This list must include the names of each subcontractor that the bidder will use to perform work on the contract, and the agreed-upon amount to be paid to each, for the following categories:

1. Plumbing and gas fitting,
2. Steam heating, hot water heating, ventilating and air conditioning apparatus
3. Electric wiring and standard illuminating fixtures.

END OF ADDENDUM

James Dirolf, P.E.
Director of Design

NYS Office of General Services
Serving New York

Design and Construction
AN ISO 9001:2000 CERTIFIED ORGANIZATION

Contract Administration, 35th Floor, Corning Tower
The Governor Nelson A. Rockefeller Empire State Plaza
Albany, New York 12242

Phone: (518) 474-0203 FAX: (518) 473-7862

WICKS EXEMPT LIST OF SUBCONTRACTORS

Contract No.: _____

NOTE: This form is required for "Single-Contract" projects exempt from the Wicks Law. Failure to submit this form correctly will result in disqualification of the bid.

Contractor's Name and Address:	Project Description *(Project Title, Facility Name and Address)*:	Bid Date:	Total Contract Amt.:
Federal ID No.			

Indicate ANY work to be ***self-performed*** by the contractor in the following categories (check all that apply):

- ☐ Plumbing and Gas Fitting
- ☐ Steam Heating, Hot Water Heating, Ventilating and AC Apparatus
- ☐ Electric Wiring and Standard Illuminating Fixtures

If ALL contract work is to be self-performed, i.e., ***no subcontractors*** will be used, please check this box ☐, skip to the bottom of this form, and sign it as required.

Subcontractor's Name, Address and Federal ID No.	Check (✓) ***only*** one.			General Description of Work	Subcontractor's Contract Amt.
	Plumbing and Gas Fitting	Steam Heating, Hot Water Heating, Ventilating and AC Apparatus	Electric Wiring and Standard Illuminating Fixture		
Federal ID No.	☐	☐	☐		
Federal ID No.	☐	☐	☐		
Federal ID No.	☐	☐	☐		

This form must be filled out completely and legibly, signed by a company authorized representative and included in ***a separate, sealed envelope*** within the bid envelope. Use Page 2 if needed.

Failure to complete this form accurately and in its entirety, in accordance with Document 002220, will result in disqualification of the bid.

Company Authorized Signature: _____ Title: _____ Date: _____

WICKS EXEMPT LIST OF SUBCONTRACTORS

Contract No.: _____

Subcontractor's Name, Address and Federal ID No.	Check (✓) ***only*** one.			General Description of Work	Subcontractor's Contract Amt.
	Plumbing and Gas Fitting	Steam Heating, Hot Water Heating, Ventilating and AC Apparatus	Electric Wiring and Standard Illuminating Fixture		
Federal ID No.	☐	☐	☐		
Federal ID No.	☐	☐	☐		
Federal ID No.	☐	☐	☐		
Federal ID No.	☐	☐	☐		
Federal ID No.	☐	☐	☐		
Federal ID No.	☐	☐	☐		