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Douglas, Alaska 99824  
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Email: [Michael.liim@alaska.gov](mailto:Michael.liim@alaska.gov)

## ATTN: Vendors

RE:    **Project Name:**                    ACCW Chiller Replacement  
       **Project Number:**                240002939  
       **Project Location:**            Anchorage, Alaska  
       **New RFP Deadline:**           **January 26, 2024 @ 2:00 p.m. local time**

This addendum forms a part of the contract documents and modifies the original drawings and/or specifications for the subject work. In case of conflicts between this addendum and previously issued documents, this addendum shall take precedence.

1. 2<sup>nd</sup> Pre-Bid Site visit is scheduled on January 11, 2024 @ 10:30 a.m. All attendees must fill out the security clearance / PREA form and submit to John Gard @ [john.gard@alaska.gov](mailto:john.gard@alaska.gov) 72 hours prior to the site visit. See attached Clearance / PREA forms.

The following are questions from interested parties and the department's response:

1. Per Addendum #1, question #1 and question #11 are indicating that the existing chiller system is glycol. Can you please confirm that the existing chiller system is in fact glycol?

**RESPONSE:** The quantity of fluid percentage of glycol is undocumented or unknown.

2. Is the existing glycol Propylene or Ethylene?

**RESPONSE:** *Unknown.*

3. If the existing system is in fact glycol, can you please provide the glycol to water mix percentage?

**RESPONSE:** Please see response #1.

This addendum is considered part of the Request for Proposal (RFP) and is to be acknowledge on your bid proposal.

Please contact me if you have any questions.

Sincerely,

Michael Lim

Michael Lim  
Procurement Specialist V

cc: John Gard, Facilities Manager I, DOC  
William Merchant, Facilities Manager II, DOC

End of Addendum



State of Alaska  
Department of Corrections  
**REQUEST FOR CLEARANCE**

Contractor/Contract Staff Background  
Check

Date: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Purpose of this check: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # : \_\_\_\_\_

Alaska driver's license #: \_\_\_\_\_

Other states applicant has resided in and the dates: \_\_\_\_\_

Prior criminal history (including the state the offense occurred in): \_\_\_\_\_

Is applicant currently on probation or parole? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Does applicant have any relatives or acquaintances presently incarcerated in Alaska or under the Dept. of Corrections supervision? \_\_\_\_\_ If yes, state the person's name/location: \_\_\_\_\_

Clearance requested by (Contractor): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

The information that I have provided is true and accurate to the best of my knowledge. I authorize the Department of Corrections to perform a background investigation for any and all prior convictions or current warrants.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Contractor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS SECTION**

\* \* \* \* \*

APSIN/WANTS: Clear: \_\_\_\_\_ Wants: \_\_\_\_\_ See Attached: \_\_\_\_\_

NCIC/WANTS: Clear: \_\_\_\_\_ Wants: \_\_\_\_\_ See Attached: \_\_\_\_\_

Criminal History Check (AK) No record found: \_\_\_\_\_ See Attached: \_\_\_\_\_

Criminal History Check (other states) No record found: \_\_\_\_\_ See Attached: \_\_\_\_\_

Request Granted: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Director/Superintendent (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

**ALL SEXUAL BEHAVIOR IS PROHIBITED**  
**ZERO-TOLERANCE POLICY**  
**PRISON RAPE ELIMINATION ACT (PREA)**

1. Alaska Department of Corrections Policy and Procedure 808.19 Prisoner Rights, Sexual Abuse / Sexual Assault and Reporting establishes a **zero-tolerance** policy toward sexual misconduct and provides guidelines and procedures consistent with the Prison Rape Elimination Act (PREA) to reduce the risk of sexual misconduct within the correctional setting.
2. Sexual assault, sexual misconduct, and sexual harassment, or any type of sexual behaviors are PROHIBITED.
3. Types of Sexual Assault, Misconduct, and Harassment
  - Prisoner-on-employee/contract worker/volunteer
  - Employee/contract worker/volunteer-on-prisoner
  - Prisoner on prisoner
4. Acts of Sexual Assault, Misconduct, and Harassment
  - **There is NO allowable consensual agreement between DOC employees, contract workers, volunteers, or offenders to engage in ANY sexual behavior or act.**
  - The physical act
  - The attempt of the physical act, including inappropriate touching and exhibitionism.
  - Threats, intimidation, and actions/communications meant to coerce or pressure another to engage in the inappropriate act.
  - Retaliation against individuals reporting prohibited sexual behavior is prohibited and punishable.
5. All Department personnel, contractors or volunteers who receive information concerning prisoner sexual misconduct or have reasonable belief to suspect a prisoner is a victim of sexual misconduct or observe an incident or behavior shall immediately report the information to the most appropriate supervisory staff. The information shall be documented on an Incident Report form 809.03A.
6. Prisoners may report allegations of conduct prohibited by Policy and Procedures 808.09, including threats of sexual misconduct to any Department employee, contractor, or volunteer. The such allegation may be reported verbally, in writing, or may be made by a third party.
7. All reports of prohibited sexual behavior will be referred to a law enforcement agency for investigation and referral to the Alaska State Troopers by the Department of Corrections.
8. Privileged communications between ordained clergy, medical or mental health staff, and clients does not extend to the matter that threatens the safety of the institution, staff, or prisoners; if it contains a threat to public safety or if it is specifically addressed by state statutes.
9. Confidentiality: All information related to a victim of sexual abuse or sexual harassment shall be considered confidential and shall be released only to those who need the information to perform their official duties.

**I HAVE READ, UNDERSTOOD, AND AGREE WITH THE ABOVE RULES.**

**\* I also acknowledge that I have been informed of my Prison Rape Elimination Act Responsibilities.\***

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Name (print and sign)

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Date