



State of Utah

JON M. HUNTSMAN, JR.
Governor

GARY R. HERBERT
Lieutenant Governor

Department of Administrative Services

Kim Hood
Executive Director

Division of Facilities Construction and Management

David G. Buxton
Director

STAGE TWO ADDENDUM #2

Date: 2 October 2008

To: Short Listed Design Build Teams

From: Darrell Hunting, DFCM – Project Manager

Reference: Northern Utah State Veterans Nursing Home
Department of Veterans Affairs – Ogden, Utah
DFCM Project No. 08078490

Subject: **Stage Two Addendum No. 1**

Pages	Cover Page	1 page
	Addendum	2 pages
	Total	3 pages

Note: This Addendum shall be included as part of the Contract Documents. Items in this Addendum apply to all drawings and specification sections whether referenced or not involving the portion of the work added, deleted, modified, or otherwise addressed in the Addendum. Acknowledge receipt of this Addendum in the space provided on the Bid Form. Failure to do so may subject the Bidder to disqualification.

1.1 SCHEDULE CHANGES – There are no schedule changes.

1.2 GENERAL – See attached “Stage Two Addendum No. 02”

- 1- The geotechnical report and site survey that have been provided will be considered part of the contract documents. If additional geotechnical investigation or surveying is requested DFCM may provide up to \$15,000 for the successful design build team to have this performed. This \$15,000 is not part of the project budget of \$17,801,850.
- 2- The completion date of November 9, 2009 is requested but not mandatory. The date on the bid form provided in the RFP may be changed to match the design build team's project schedule.
- 3- The FF&E budget that has been added to the overall project budget will be utilized on FF&E items. The owner/user should be consulted in the FF&E design process as to quality, type and what items should be included. Any excess funds from the FF&E budget will for the owner/users use. If FF&E funds are inadequate it will be the responsibility of owner/user to provide additional funds or purchase items beyond the budget.
- 4- Stage 2 - Addendum #1 – Item 6-B should read room E1

5- Questions and Answers

- A- VA Design Guide 2.4.2 states "provide duplex shell and steam coil central water heaters . . ." Since there is no steam at the site, is it acceptable to use a gas-fired water heater, as described in the program?

If steam is not going to be used to generate domestic hot water there is no need for "...duplex shell and steam coil Central water heaters..." The intent of providing duplex heaters should be met. A single water heater is NOT acceptable.

- B- AIA Guidelines for Design and Construction of Health Care Facilities states that potable water storage vessels not intended for constant use shall not be installed. If the hot water storage vessel is re-circulated, does that meet the requirement of constant use, and if not, does that contradict the program requirement for storage water heaters?

Tank type potable hot water heaters are acceptable if a constant re-circulation system is provided. AIA guidelines for Nursing Facilities require that distribution systems serving residential care areas to be under constant re-circulation to provide continuous (potable) hot water at each hot water outlet. It also states that water shall be permitted to be stored at higher temperatures, which is recommended.

- C- The Program, the VA Design Guide and the AIA Guidelines all require 30% minimum RH in the patient rooms. However, it is common in this climate to provide no humidity control, which will often result in a lower RH than is suggested. Is it acceptable to eliminate minimum humidity control requirement?

AIA guidelines do NOT require 30% minimum relative humidity. In fact they state that achieving relative humidity as high as 30% may not be practical. ASHRAE Standard 55 recommends 30% to 60% RH for comfort. Humidification is recommended, but NOT required. If humidifiers are not providing, provide space so that they can be added in the future.

Northern Utah State Veterans Nursing Home
Project # 08078490
Stage Two - Addendum #2
Page 3 of 2

- D- The VA Design Guide 2.4.1 states that perimeter heat is to be provided when the outdoor winter design temperature is 9 degrees or lower than interior design temperature. Is it acceptable to eliminate this requirement, as long as ASHRAE Guidelines for occupant comfort are achieved?
- As this is a building consist of many residential living units, it is recommend that the living units be provided with perimeter heat. Perimeter ceiling or floor radiation has been found to be very effective in increasing occupant comfort in many hospitals and other buildings in our climate.
- E- Will the nursing home have admitting and discharge policies that preclude the provision of care for any patient or resident who may need to be sustained by electrical life-support equipment?
- Admission policies will indicate we are not able to accept admission of any resident that requires electrical life support---if the resident is admitted and subsequently requires such care the individual will be discharged to the hospital or to an alternative appropriate setting where his/her needs may be met.
- F- It has been suggested that the required Outline Spec. that is to be submitted on the 14th does not provide much information, but takes a substantial amount of time to produce. Any possibility of removing this requirement?
- No. The outline spec is very useful in making the final selection. Teams should provide this information as well as an adequate narrative description of each major system.
- G- The program says (page 59) "Water-cooled equipment should be used...". Since the 'baseline' energy model for the project utilized "air-cooled" equipment, is "water-cooled" equipment a requirement for the project?
- Water cooled is recommended for this building due to the better energy performance.
- H- The program (page 60) refers to "standard weight" black steel pipe for the fire sprinkler system. What "schedule" of steel piping is considered "standard" for this project?
- Standard weight pipe is the industry term for Schedule 40 pipe.
- I- The program (page 78) indicates for the ceiling to be 9'-0" for the Semi-Private Bed Rooms. The Private Bed Rooms (page 80) has no ceiling height. The Special Care Bed Rooms (page 82) has 8'-0" ceiling height. Are all of these to be different or are they all to be 8'-0" or 9'-0"? or does it matter? Please clarify.
- Ceiling heights at resident rooms should be 9'-0" minimum. This is referenced in table 2.3 on pages 2 -23 and 3 - 5 of the VA's design guide. Page 123 of the program lists ceiling heights at 9'-0".