



## CLARIFICATION NO. 1

**11 September 2025**

<b>Project Name:</b> BVIHSA Infrastructure Improvements	<b>Tender No:</b> RDA/ITT/2025/005/NCB
<b>Tender Name:</b> DR. D. ORLANDO SMITH HOSPITAL BUILDING FAÇADES SIGNAGE AND CLEAN-UP SERVICES	
<b>Bidders Conference / Site Visit Date:</b> Wednesday 3 <sup>rd</sup> September 2025	<b>Time:</b> 2:00 PM
<b>Location:</b> Lobby of the Dr. D. Orlando Smith Hospital	

#	Question	Answer
1.	Can you confirm what is the surface material on the building?	It is an Acrocrete finish.
2.	What are the sizes of the signs to be used?	That's part of the design to be submitted. It should be suitable to the identified location and at least 12 inches from the edges of the building or window frames.
3.	Is it cleaning alone or we are required to paint the whole building as well?	For clarity, scope is to remove accumulated dirt, mildew, salt residue, and other contaminants from the façade and recoat the façade with a manufacturer-approved elastomeric/acrylic finish to restore color, UV resistance, and waterproofing.
4.	Is the contractor required to clean the windows?	Yes, the windows should be cleaned in the process.
5.	Why is the cleaning activity combined with the signage activity?	The sign installation will require similar equipment and combining the activities reduces the inconvenience to the Hospital staff and users, so this ensures that the two activities happen at the same time.  Also, if separated there would be additional cost to install the scaffolding as there was no guarantee that both services would happen at the same time. It is expected that if one company does not have all the requisite expertise, the scope can be subcontracting.
6.	Do you think that 21 days is sufficient to complete a tender for this activity?	The tender submission deadline is now extended to <b>10:00AM on Tuesday 7<sup>th</sup> October 2025</b>
7.	If the acrocrete begins to come off during power washing by the contractor, who is responsible for replacing it?	A low-pressure wash should be used not exceeding 500psi to prevent damaging the surface.  If delamination, failed sealant joints, etc. are observed, these should be reported to the Project Manager immediately for the area to be assessed and a solution identified before proceeding.

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		The Contractor is expected to execute the works with due diligence however we understand that wear and tear is possible due to the age of building structure.
8.	Who does the contractor report to – the Hospital or RDA Staff?	The Contractor will report to the RDA Project Manager as specified in the Terms of Reference.
9.	Is the building required to be in the same color after the cleaning is completed?	<p>Yes, the building colour is to remain unchanged. It is advised that a test patch is done first before starting to avoid any doubt.</p> <p>For clarity, two coats of manufacturer-approved elastomeric/acrylic finish coat compatible with the existing Acrocrete system should be applied and the Contractor should ensure uniform color, texture, and thickness as per manufacturer specifications.</p>
10.	Will the recommended primer be able to seal the windows while the power washing activities are being undertaken?	<p>This question is unclear.</p> <p>The building is to be cleaned first, and then the recoating is performed.</p>
11.	<p>In reference to the meeting held last week Wednesday about the hospital project, I am reaching out to you to gain clarity on what the government is proposing to do on the outside of the hospital.</p> <p>It is my understanding that the building will be washed first, followed by the application of a sealer as the final coat. The information I received from the Ministry of Health stated that the building will be washed, primed and then paint. I was under that impression when I arrived at the meeting (site visit) but heard differently then.</p>	Bidders are to follow the scope of works in bidder's instructions. Refer to question #3 above for clarity of project objectives.
12.	In light of the proposed change (based on the above concern), I would like to know what type of sealer you plan to use as the finish. The procedure is always washing, priming or sealing then paint. Kindly let me know if this sealer that you plan to use as a finish, can paint go over it afterwards if needed?	Please refer to the scope of works for the suggested products. Bidders may submit an alternate product that meets Acrocrete Manufacturer Maintenance and Recoating Guidelines for approval by the RDA and BVIHSA.
13.	Does the RDA have a preference for a particular paint/primer to be used?	Please refer to the scope of works for the suggested products. Bidders may submit an alternate product that meets Acrocrete Manufacturer Maintenance and Recoating Guidelines for approval by the RDA and BVIHSA.
14.	Is the budget already allotted for this activity.	Yes. <b>The maximum budget available for this activity is \$660,000.00</b>

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15.	Does this requirement mean Full removal and replacement of all existing window perimeter sealant, <b>or</b> Limited repairs/touch-ups to joints during general façade sealing.	Limited repairs/touch-ups to joints during general façade sealing.
16.	Where is the designated rooftop area where solar panels and batteries may be installed	The solar panels may be installed on the galvanized rooftop with the correct auxiliary equipment to keep the watertightness. The batteries may be installed inside the parapet at the roof level/7 <sup>th</sup> floor.
17.	Does the hospital roof has been structurally assessed for the additional loads of panels, frames, and batteries	The solar panels and frames are light. The batteries may be inside the parapet at the roof level/7 <sup>th</sup> floor.
18.	What are the exact measurements of the roof edge and parapets (length, parapet height, depth, setback distances	The drawings are shared with this clarification set.
19.	What are the restrictions for penetrations or anchoring systems along those edges	The BVIHSA informed that no penetrations through the parapet walls, flashing, or guttering, are allowed.
20.	Confirm whether there are scheduled <b>blackout periods</b> (e.g., surgeries or critical care times) when noisy or disruptive work must be suspended. <b>If so</b> , please provide a typical weekly or monthly schedule so we can plan accordingly.	The work schedule must be discussed and approved with the RDA Project Manager and BVIHSA Director of Facilities and direction will be given about when disruptive/noise work can be performed.
19.	Confirm whether the use of <b>rope access systems with portable davit arms</b> (with independent lifelines and fall-arrest systems) is acceptable as the primary means of façade access	Yes, and a Safety Plan and risk assessments are to be submitted for approval before commencement.  For clarity, follow OSHA or IOSH standards for working at heights and handling chemicals. Ensure hospital entrances and emergency exits always remain accessible. Use low-VOC and antimicrobial products wherever possible.
22.	Is the contractor expected to provide permanent anchors or davit bases for future maintenance access, or is this excluded from the current scope? If required, please confirm the performance and certification standards these anchors should meet.	Not included in the scope.

**Deadline for Tenderers to submit subsequent questions / request for clarifications to the RDA at [procurement@bvirecovery.vg](mailto:procurement@bvirecovery.vg) : 22-sep-2025;**  
**Tender Submission deadline: Tuesday 7<sup>th</sup> October 2025; 10:00 AM**