ADDENDUM No. 1

Date: October 5, 2015

City of Austin

Project Name: Austin Energy -St. Elmo Addition

C.I.P. No.: 7215.006/ I.F.B. No. 6100 CLMC559

This Addendum forms a part of Contract and clarifies, corrects or modifies original Bid Documents, dated **September 14, 2015**. Acknowledge receipt of this addendum in space provided on bid form. Failure to do so may subject bidder to disqualification.

A. Project Manual Revisions:

Volume 1:

- Table of Contents: Revise date for section 0830BC to 9/25/15.
- Section 00400 -Replace section with attached section 0400.
- Section 0830BC: Replace section with attached section 0830BC.
- Section SS03130 -Insulated Concrete Forms: Revise Paragraph 2.1.B.7 to: min R-18.
- Section SS3236 -Chain-link fences, gates and operators: Delete Section in its entirety. This work will be performed by the owner. The contractor shall coordinate with the owner.
- Section SS210500-Delete section, fire suppression work to be by Owner.
- Section SS212116-Delete section, fire extinguisher work to be by Owner

Volume 2:

- MBE/ WBE Procurement Program Package: Add attached availability list for commodity code 91450 Heating Ventilation and Air Conditioning (HVAC).

B. Drawing Revisions:

- Sheet A1: Demo Plan 1: Add Note 2: "Sliding security gate and hardware removal by Owner"
- Sheet A2: Floor Plan 1: Add General Note 1: " G1:Rolling gate, complete with maglock and control to be installed by Owner"
- Sheet A2: Detail 3: Add note: " Gate to be installed by Owner. Coordinate with Owner".
- Sheet A3: Elevations 1, 4, 7: Revise security gate to add note. "Gate to be installed by Owner".

- Sheet A4: Detail 4: Revise thickness of interior cement fiber panels to be ½".
- Sheet F100: All scope of work defined on this sheet will be performed by owner. Contractor to Coordinate

This addendum consists of 22 pages.

Approved by OWNER

Approved by ENGINEER/ARCHITECT

REGISTERED ARCHITECT
BETTY J. TRENT
12300
STATE OF TEXAS

10/5/15

END

STATEMENT OF BIDDERS EXPERIENCE

Project Name: **Austin Energy St. Elmo Storage Addition**

IFB Number: **#6100 CLMC559**

CIP ID Number: **7215.006**

Bidder must complete all Attachments to Section 00400 clearly and comprehensively. If necessary, responses may be continued on separately attached sheets.

To be considered a responsive bidder, Bidder must complete and submit Attachments A, B, C, and D with its Bid in accordance with Article 7, Section 00100. The Bidder agrees that, in addition to determining the apparent low Bid, the Owner will consider the responsibility of the Bidders in awarding a Contract for this Project. In addition, the three (3) apparent low Bidders may also be required to submit Attachments E through J within three (3) days of notification from the OWNER. If none of the three (3) apparent low Bidders are deemed responsible, the OWNER may notify the next three (3) lowest apparent Bidders, who will be required to submit Attachments E through J for review, and so on, until a Contract is awarded. Any information in Attachments A through J that indicates the Bidder or a "Subcontractor" is not responsible or that might negatively impact a Bidder's ability to complete the Work within the Contract Time and for the Contract Price may result in the Bid being rejected.

The Bidder is responsible for the accuracy and completeness of all of the information provided by the Bidder or a proposed Subcontractor in response to this Invitation for Bids.

BID SUBMITTALS

ATTACHMENT A – BIDDER'S INFORMATION

ATTACHMENT B – EXPERIENCE REQUIREMENTS (GENERAL CONTRACTOR)

ATTACHMENT C – PROJECT MANAGER AND SUPERINTENDENT EXPERIENCE

ATTACHMENT D – BIDDER'S AUTHENTICATION

POST-BID SUBMITTALS

ATTACHMENT E – NOT USED

ATTACHMENT F – AVAILABLE EQUIPMENT

ATTACHMENT G – AVAILABLE WORKFORCE

ATTACHMENT H – CURRENT PROJECTS

ATTACHMENT I – COMPLETED PROJECTS

ATTACHMENT J – BIDDER'S AUTHENTICATION

ATTACHMENT A

BIDDER'S INFORMATION

(Complete and submit with the Bid)

IFB Number: **#6100 CLMC559**

CIP ID Number: **7215.006**

A. ***Name of Bidder:*** _____

B. ***Bidder's Permanent Address:*** _____

C. ***Bidder's Phone No.: ( )*** _____-_____

D. ***Number of years in business under current company name:*** ____

(Note: Bidder must have been in existence for a minimum of one (1) year under its current company name. Changes in company name during the experience period are acceptable, if the continuity of the company can be demonstrated. Attach separate documentation, if applicable.)

If Bidder answers "YES" for <u>any</u> of questions E through H, Bidder must attach separate sheets with a brief description or explanation of the answer and provide pertinent contact information (parties' names, addresses and telephone numbers).

E. ***Has the Bidder ever defaulted on a contract?***

YES (____) NO (____)

F. ***Are there currently any pending judgments, claims, or lawsuits against the Bidder?***

YES (____) NO (____)

G. ***Does Bidder currently have any pending claims, judgments or lawsuits against any prior client?***

YES (____) NO (____)

H. ***Is the Bidder or its principals involved in any bankruptcy or reorganization proceedings?***

YES (____) NO (____)

ATTACHMENT B

EXPERIENCE REQUIREMENTS (GENERAL CONTRACTOR)

(Complete and submit with the Bid)

IFB Number: **#6100 CLMC559**

CIP ID Number: **7215.006**

GENERAL CONTRACTOR EXPERIENCE

Bidder must list and describe Bidder's (not proposed subcontractors') construction experience as a general contractor for a minimum of three (3) successfully completed projects of comparable size, scope and complexity to the Work described in the Contract Documents. Bidders should refer to the 1.2 Description of Work section in contract document 01010 Summary of Work to determine what is reasonably comparable. Decisions on "comparability" are at the complete discretion of the OWNER.

Bidder must have completed the projects within the past five (5) years.

PROJECT NO. 1:

Name of Project: _____

Location: _____

OWNER's Name and Address: _____

OWNER's Contact Person (Print): _____

Phone/Fax No.: _____/_____

Initial Contract Price: _____

Final Contract Price: _____

Contract Start Date: _____ *(Date of Notice To Proceed)*

Contract Time: _____( ) *Calendar Days* ( ) *Working Days*

Contract Substantial Completion Date: _____

Actual Substantial Completion Date: _____

If contract time extensions were added to the contract as a result of Bidder's responsibilities, provide a short explanation of each.

_____

_____

_____

Project Description and why it is comparable to this Contract:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PROJECT NO. 2:

Name of Project: _____

Location: _____

OWNER's Name and Address: _____

OWNER's Contact Person (Print): _____

Phone/Fax No.:_____/_____

Initial Contract Price: _____

Final Contract Price: _____

Contract Start Date: _____ *(Date of Notice To Proceed)*

Contract Time: _____( ) *Calendar Days* ( ) *Working Days*

Contract Substantial Completion Date: _____

Actual Substantial Completion Date: _____

If contract time extensions were added to the contract as a result of Bidder's responsibilities, provide a short explanation of each.

_____

_____

_____

Project Description and why it is comparable to this Contract:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

PROJECT NO. 3:

Name of Project: _____

Location: _____

OWNER's Name and Address: _____

OWNER's Contact Person (Print): _____

Phone/Fax No.:_____/_____

Initial Contract Price: _____

Final Contract Price:_____

Contract Start Date: _____ *(Date of Notice To Proceed)*

Contract Time: _____( ) *Calendar Days* ( ) *Working Days*

Contract Substantial Completion Date: _____

Actual Substantial Completion Date: _____

If contract time extensions were added to the contract as a result of Bidder's responsibilities, provide a short explanation of each.

_____

_____

_____

Project Description and why it is comparable to this Contract:

_____

_____

_____

_____

_____

_____

ATTACHMENT C

PROJECT MANAGER & SUPERINTENDENT EXPERIENCE

(Complete and submit with the Bid)

IFB Number: **#6100 CLMC559**

CIP ID Number: **7215.006**

Bidder must attach resumes for the Project Manager and Superintendent who will be assigned to this project. The resumes must demonstrate that these individuals have worked on at least three (3) similar, successfully completed projects in the capacity of Project Manager or Superintendent, or other responsible supervisory capacity, as applicable, during the last 10 years.

Project Manager (name): _____

Superintendent (name): _____

(Insert Resumes & Experience)

ATTACHMENT D

(Complete and submit with the Bid)

IFB Number: **#6100 CLMC559**

CIP ID Number: **7215.006**

AUTHENTICATION

THE STATE OF TEXAS

COUNTY OF TRAVIS

I certify that the responses and information in Attachments A, B, and C are true and correct to the best of my personal knowledge and belief and that I have made no willful misrepresentations in this Section, nor have I withheld any relevant information in my statements and answers to questions. I am aware that the information given may be investigated and I hereby give my full permission for any such investigation and I fully acknowledge that any misrepresentations or omissions in my responses and information may cause my bid to be rejected.

Bidder's full name and entity status:

_____

_____

Signature, Authorized Representative of Bidder

_____

Title

_____, 20___

Date

CONSTRUCTION EXPERIENCE DOCUMENTATION FORM

EXPERIENCE ITEM NUMBER: _____

Project Number: _____

Does Bidder plan to self perform this work? YES (_____) NO (_____)

If "NO", provide the following Subcontractor information:

Company Name: _____

Permanent Address: _____

Phone Number: _____

Number of years Subcontractor has been in business under current company name: _____

Name of Project: _____

Location: _____

OWNER's Name: _____

OWNER's Address: _____

OWNER's Contact Person (Print): _____

Phone/Fax No.:_____/_____

Initial Contract Price: _____

Final Contract Price: _____

Contract Start Date: _____ *(Date of Notice To Proceed)*

Contract Time: _____( ) *Calendar Days* ( ) *Working Days*

Contract Substantial Completion Date: _____

Actual Substantial Completion Date: _____

If contract time extensions were added to the contract as a result of Bidder's responsibilities, provide a short explanation of each.

_____

_____

_____

Project Description and why it is comparable to the size, scope, and/or complexity for this item:

_____

_____

_____

_____

_____

_____

ATTACHMENT E- NOT USED

ATTACHMENT F

AVAILABLE EQUIPMENT LIST

(To be returned within three (3) days of notification)

Name of Bidder: _____

IFB Number: **#6100 CLMC559**

CIP ID Number: **7215.006**

Provide a list of equipment that is available to the CONTRACTOR or its Subcontractor(s) and is specifically intended to be used on the Work under this Contract. Also indicate whether the equipment is owned or will be leased by the CONTRACTOR and/or Subcontractor(s).

EQUIPMENT	OWNED OR LEASED	COMMITTED TO ANOTHER PROJECT? (Yes / No)	AVAILABLE / RELEASE DATE

Use additional pages, as necessary

ATTACHMENT G

AVAILABLE WORKFORCE

(To be returned within three (3) days of notification)

Name of Bidder: _____

IFB Number: **#6100 CLMC559**

CIP ID Number: **7215.006**

Provide a list of the available workforce for the various disciplines and crafts required for the Work on this Project, including the number of work crews, and number and worker classification for each equipment operator, mechanic, and laborer for that portion of the Work that Bidder will actually perform.

Number of Anticipated Work Crews: _____

DISCIPLINE OR CRAFT	NO. OF EMPLOYEES	COMMITTED TO ANOTHER PROJECT? (Yes / No)	AVAILABLE / RELEASE DATE
Professional (specify)			
Superintendent			
Technical (specify)			
Skilled Workers (specify)			
Semiskilled Workers (specify)			
Equipment Operators (list)			
Other			
Other			

Use additional pages, as necessary

ATTACHMENT H

CURRENT PROJECT LISTING (INCLUDING ALL CITY OF AUSTIN PROJECTS)

(To be returned within three (3) days of notification)

Name of Bidder: _____

IFB Number: **#6100 CLMC559**

CIP ID Number: **7215.006**

Provide a list of all current projects, including *all City of Austin projects*. Include the following for all jobs that Bidder is currently committed to or has currently underway: brief statement regarding the job type; estimated project duration; project contact; and project description.

Name of Project: _____ Location: _____

Type of Job: _____ City of Austin Job? ☐ Yes / ☐ No

Project Start Date: _____ Estimated Completion Date: _____

Project Contact: _____

Brief Description: _____

_____

Name of Project: _____ Location: _____

Type of Job: _____ City of Austin Job? ☐ Yes / ☐ No

Project Start Date: _____ Estimated Completion Date: _____

Project Contact: _____

Brief Description: _____

_____

Name of Project: _____ Location: _____

Type of Job: _____ City of Austin Job? ☐ Yes / ☐ No

Project Start Date: _____ Estimated Completion Date: _____

Project Contact: _____

Brief Description: _____

_____

Name of Project: _____ Location: _____

Type of Job: _____ City of Austin Job? ☐ Yes / ☐ No

Project Start Date: _____ Estimated Completion Date: _____

Project Contact: _____

Brief Description: _____

_____

Use additional pages, as necessary

ATTACHMENT I

COMPLETED PROJECTS (INCLUDING ALL CITY OF AUSTIN PROJECTS)

(To be returned within three (3) days of notification)

Name of Bidder: _____

IFB Number: **#6100 CLMC559**

CIP ID Number: **7215.006**

Provide a list of <u>all completed projects</u>, including *<u>all City of Austin projects</u>* that Bidder has completed in the past five (5) years by calendar year (or life of company if less than five (5) years). Include the following: a brief statement regarding the job type, the estimated project duration, project contact, and project description.

Calendar Year of _____

Name of Project: _____ Location: _____

Type of Job: _____ City of Austin Job? ☐ Yes / ☐ No

Project Duration: _____ Project Contact: _____

Brief Description: _____

_____

_____

Name of Project: _____ Location: _____

Type of Job: _____ City of Austin Job? ☐ Yes / ☐ No

Project Duration: _____ Project Contact: _____

Brief Description: _____

_____

_____

Name of Project: _____ Location: _____

Type of Job: _____ City of Austin Job? ☐ Yes / ☐ No

Project Duration: _____ Project Contact: _____

Brief Description: _____

_____

_____

Name of Project: _____ Location: _____

Type of Job: _____ City of Austin Job? ☐ Yes / ☐ No

Project Duration: _____ Project Contact: _____

Brief Description: _____

_____

_____

Use additional pages as necessary to achieve a representative listing covering 5 years

ATTACHMENT J

BIDDERS AUTHENTICATION

(To be returned within three (3) days of notification)

Name of Bidder: _____

IFB Number: **#6100 CLMC559**

CIP ID Number: **7215.006**

THE STATE OF TEXAS

COUNTY OF TRAVIS

I certify that my responses and the information provided in Attachments E-I are true and correct to the best of my personal knowledge and belief and that I have made no willful misrepresentations in this Section, nor have I withheld any relevant information in my statements and answers to questions. I am aware that any information given by me in this Section may be investigated and I hereby give my full permission for any such investigation and I fully acknowledge that any misrepresentations or omissions in my responses and information may cause my bid to be rejected.

Bidder's full name and entity status:

_____

Signature, Authorized Representative of Bidder

_____

Title

_____

Date

PREVAILING WAGE RATE DETERMINATION

BUILDING CONSTRUCTION TYPE

COUNTY NAME : TRAVIS

Wages based on DOL General Decision: TX150323 09/25/2015 TX323

CLASSIFICATION	RATE	FRINGES	TOTAL WAGE
Asbestos Worker/Heat & Frost Insulator (Duct, Pipe, and Mechanical System Insulation)	$ 21.17	$ 8.77	$ 29.94
Boilermaker	$ 23.14	$ 21.55	$ 44.69
Bricklayer	$ 20.07	$ -	$ 20.07
Carpenter	$ 20.75	$ 7.30	$ 28.05
Carpenter (Acoustical Ceiling Installation only)	$ 14.00	$ -	$ 14.00
Carpenter (Form Work Only)	$ 15.62	$ 0.05	$ 15.67
Cement Mason/Concrete Finisher	$ 15.71	$ -	$ 15.71
Drywall Finisher/Taper	$ 17.06	$ 4.43	$ 21.49
Drywall Hanger and Metal Stud Installer	$ 17.47	$ 3.45	$ 20.92
Electrical Installer (Sound and Communication Systems, Excluding Wiring)	$ 18.00	$ 2.30	$ 20.30
Electrician (Excludes Installation of Sound and Communication Systems)	$ 27.15	$ 7.88	$ 35.03
Elevator Mechanic <5 years experience	$ 37.09	$ 30.62	$ 67.71
Elevator Mechanic >5 years experience	$ 37.09	$ 31.36	$ 68.45
Floor Layer (Carpet)	$ 21.88	$ -	$ 21.88
Glazier	$ 12.83	$ -	$ 12.83
HVAC Mechanic (HVAC Unit Installation Only)	$ 23.78	$ 6.89	$ 30.67
Ironworker, Ornamental	$ 22.02	$ 6.35	$ 28.37
Ironworker, Reinforcing	$ 12.27	$ -	$ 12.27
Ironworker, Structural	$ 20.73	$ 5.24	$ 25.97
*Lead Paint or Asbestos Abatement Worker	$ 12.27	$ -	$ 12.27
Laborer, Common or General	$ 11.44	$ -	$ 11.44
Laborer, Mason Tender - Brick	$ 12.22	$ -	$ 12.22
Laborer, Mason Tender - Cement/Concrete	$ 11.85	$ -	$ 11.85
Laborer, Pipelayer	$ 12.45	$ -	$ 12.45
Laborer, Roof Tearoff	$ 11.28	$ -	$ 11.28
Operator, Backhoe/Excavator/Trackhoe	$ 19.43	$ 3.49	$ 22.92
Operator, Bobcat/Skid Steer/Skid Loader	$ 13.00	$ -	$ 13.00
Operator, Bulldozer	$ 14.00	$ -	$ 14.00
Operator, Crane	$ 34.85	$ 9.85	$ 44.70
Operator, Drill	$ 14.50	$ -	$ 14.50
Operator, Forklift	$ 16.64	$ 6.26	$ 22.90
Operator, Grader/Blade	$ 19.30	$ -	$ 19.30
Operator, Loader	$ 14.00	$ -	$ 14.00

Operator, Mechanic	$ 18.75	$ 5.12	$ 23.87
Operator, Paver (Asphalt, Aggregate, and Concrete)	$ 16.03	$ -	$ 16.03
Operator, Roller	$ 11.25	$ -	$ 11.25
Painter (Brush, Roller, and Spray, Excludes Drywall Finishing/Taping)	$ 18.76	$ 6.35	$ 25.11
Pipefitter (Including HVAC Pipe Installation)	$ 28.00	$ 11.41	$ 39.41
Plumber, Excludes HVAC Pipe Installation	$ 23.57	$ 6.37	$ 29.94
Roofer	$ 12.00	$ -	$ 12.00
*Roofer, Metal	$ 14.05	$ -	$ 14.05
Sheet Metal Worker (Including HVAC Duct Installation)	$ 24.38	$ 13.74	$ 38.12
Sprinkler Fitter (Fire Sprinklers)	$ 27.43	$ 17.12	$ 44.55
Tile Finisher	$ 11.32	$ -	$ 11.32
Tile Setter	$ 16.35	$ -	$ 16.35
Truck Driver, Dump Truck	$ 12.39	$ 1.18	$ 13.57
Truck Driver, Flatbed Truck	$ 19.65	$ 8.57	$ 28.22
Truck Driver, Semi-Trailer Truck	$ 12.50	$ -	$ 12.50
Truck Driver, Water Truck	$ 12.00	$ 4.11	$ 16.11
Waterproofer	$ 16.30	$ 0.06	$ 16.36

http://www.wdol.gov/wdol/scafiles/davisbacon/tx.html

*** See Page 2 for Additional Wage Information**

Note: *Lead Paint & Asbestos Abatement and Roofer, Metal Classifications have been added to this Prevailing Wage Rate Determination pursuant to a City of Austin Prevailing Wage Survey (trades absent from DOL).

The Wage Compliance information detailed below was excerpted from General Decision TX070018 or other DOL sources.

1. Additional Trade information:

Electricians** - Including low voltage wiring for computers, fire/smoke alarms and telephones.

Elevator Mechanics*** - also must be paid for 7 holidays - New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday after Thanksgiving Day, Christmas Day, and Veterans Day.

Welders - Receive rate prescribed for craft performing operation to which welding is incidental.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added upon the advance approval of City of Austin Contract Administration. CONTRACTOR shall submit to City of Austin Contract Administration for review the classification, a bona fide definition of work to be performed and a proposed wage with sample payrolls conforming to area practice **prior** to the start of the job for that type of work.

2. Wages

The Total Wage may be met by any combination of cash wages and credible "bona fide" fringe benefits by the employer. For overtime, the basic hourly rate listed in the contract wage determination must be used in computing pay obligations.

3. Crediting fringe benefit contributions to meet DBA/DBRA and City of Austin requirements:

The Davis-Bacon Act (and 29 CFR 5.23), list fringe benefits to be considered. Examples are:

> Life Insurance
> Health Insurance
> Pension
> Vacation
> Holidays
> Sick Leave

Note: The use of a truck is not a fringe benefit; a Thanksgiving turkey or Christmas bonus is not a fringe benefit. No credit may be taken for any benefit required by federal, state, or local law such as: workers compensation, unemployment compensation; or social security contributions.

Contributions to fringe benefit plans must be made regularly, e.g. daily, weekly, etc. They must be more frequent than quarterly. (see 29 CFR 5.5 (a)(1)(I)) A periodic bonus may not be counted as a fringe benefit.

4. Annualization of Benefit Costs

If a firm provides an electrician with $200 per month medical insurance, to calculate allowable fringe benefit credit contributions per hour, the formula ([$200 x 12 months] divided by 2080 hours = $1.15 per hour) should be used.

5. Proper Designation of Trade

A work classification on the wage decision for each worker must be made based on the actual type of work he/she performed and each worker must be paid no less than the wage rate on the wage decision for that classification **regardless** of his or her level of skill.

6. Split Classification

If a firm has employees that perform work in more than one classification, it can pay the wage rates specified for each classification ONLY if it maintains accurate time records showing the amount of time spent in each classification. If accurate time records are not maintained, these employees must be paid the highest wage rate of all the classifications of work performed by each worker. Accurate time records tracking how many hours a worker performed the work of one trade and then switched to another trade must be accounted for on a daily basis and reflected on Employer Certified Payroll accordingly.

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

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Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

In the listing above, the "SU" designation means that rates listed under the identifier do not reflect collectively bargained wage and fringe benefit rates. Other designations indicate unions whose rates have been determined to be prevailing.

WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

* an existing published wage determination
* a survey underlying a wage determination
* a Wage and Hour Division letter setting forth a position on a wage determination matter
* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

Branch of Construction Wage Determinations
Wage and Hour Division
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

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Austin Energy St. Elmo Storage Addition Project CLMC559
MBE/WBE Availability List

91450 Heating, Ventilating and Air Conditioning (HVAC)

Vendor Code	M/WBE	G	Ethnicity	Vendor Name	Vendor DBA	Address	City	State	Postal Code	Location	Phone	Fax	Email
ACC8321565	MWDB	F	Hispanic	ACCU-AIRE MECHANICAL LLC		Po Box 200266	San Antonio	Tx	78220	TX	210-455-9003	210-648-7377	ACCUAIRE000@ACCUAIREONLINE.COM
VS0000030676	MB	M	African American	Dale J Reeves	Encore Mechanical	P O Box 142683	Austin	Tx	78714	AU	512-339-3012	5123393148	tammi@encoremech.com
ELI8309164	MB	M	Hispanic	ELITE MECHANICAL OF TEXAS INC		5737 Safari Dr.	New Braunfels	Tx	78132-5780	TX	830-606-2356	830-606-6261	jbarraza@elitemechanicaloftexasinc.com
VC0000103339	MDB	F	Hispanic	GG'S CONSTRUCTION LLC	GG'S CONSTRUCTION	15707 Fm2769	Volente	Tx	78641	SL	512-257-8075	512-219-5209	rolandoo@mxconstruction.net
V00000911937	MDB	M	Asian	Ishtel Heating, Air & Refrigeration Inc		Po Box 270271	Austin	Tx	78727	AU	5125545757		ishtel@hotmail.com
MEC8310574	MDB	M	Asian	MECHANICAL & PROCESS SYSTEMS LLC	MECHANICAL & PROCESS SYSTEMS	1804 Central Commerce Court	Round Rock	Tx	78664	SL	512-691-9259	5126919258	MIKE@MPSLTD.US
V00000908349	WB	F	Caucasian	Ohlen Heating & Air Conditioning, LLC	Ohlen Commercial Services	102 Dobecka Drive	Coppell	Tx	75019	TX	972-315-2500 203	9723152033	julie@ohlenac.com
V00000905825	MB	M	Asian	TRINH'S AC SERVICES LLC		601 Kathleen Ln.	Leander	Tx	78641	SL	512-337-2291	5129868359	tieutrinh@trinhacservices.com
VS0000006907	MDB	M	African American	TRINI CONSTRUCTION BUILDER LLC		Po Box 81431	Austin	Tx	78708	AU	512-282-2262	512-535-7962	info@triniconstructionbuilder.com
V00000917016	MDB	F	Asian	Veritas Mechanical, Inc.		7901 Cameron Rd.	Austin	Tx	78754	AU	888-315-9717 100	8883159615	christina.martinez@veritasmechanical.com
V00000928830	MDB	M	Hispanic	ZOCIMO RAUL ESPINOZA	R U KOOL A/C AND HEATING SPECIALISTS	3075 Fm 2001 Buda Tx 78610	Buda	Tx	78610	SL	5122996833		raulhvac@gmail.com