



# City of Austin

## CONTRACT MANAGEMENT DEPARTMENT

### Contract Procurement Division

P. O. Box 1088, Austin, TX 78767-8839 Telephone: (512) 974-7297

November 1, 2011

To: Consultants Requesting RFQ Package

SUBJECT: Request for Statements of Qualifications (RFQ) for providing Professional Architectural Services for: 2012 General Architectural Rotation List – Solicitation No. CLMP100 Addendum 2

This Addendum 2 modifies the RFQ issued on October 17, 2011 for the above subject project.

### **ADDENDUM 2:**

1. **REFERENCE:** Attachment 3, Professional Services Consultant Selection Evaluation Criteria:

**DELETE** Consideration Item 3 in its entirety;

**REPLACE** with the following:

**Consideration Item 3: Experience of Project Architect and Project Principal (past 10 Years) (Project Architect – 16 points; Project Principal – 8 points) 24 Points Maximum**

City is interested in the experience of the Project Architect and Project Principal, on projects similar to the project described in this solicitation. Points will be awarded as indicated above. Only one individual per job responsibility should be designated. Project Architect and Project Principal must be employed by the prime firm and may be the same individual. Project Architect must be registered as an architect in the State of Texas. **Project Architect or Project Principal** must be a LEED AP at the time of submittal. List no more than five (5) projects meeting these criteria which have been completed in the past ten (10) years for each individual.

**Complete Form C(2) and C(3). Please provide no more than one (1) page per project. Attach a resume of no more than two (2) pages for each individual.**

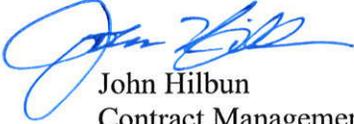
2. **REFERENCE:** Form C2:

**DELETE** Form C2 in its entirety;

**REPLACE** with attached Form C2

All other information in the RFQ remains unchanged. Please remember that this solicitation is currently in a "No Contact" period and all inquiries should be directed to the appropriate contact persons listed in the solicitation. Please call Scott Hilton, Rotation List Manager, at 512-974-7054 should you have questions about the project. If you have questions regarding the procurement process, please call John Hilbun, Buyer II, at 512-974-7009.

Sincerely,



John Hilbun  
Contract Management Department  
Contract Procurement Division

cc: Scott Hilton

**EXPERIENCE OF PROJECT PRINCIPAL (LAST 10 YEARS)**

**Project Name:** 2012 General Architectural Rotation List

Firm Name: \_\_\_\_\_

Project Principal: \_\_\_\_\_

Current Years of Experience: \_\_\_\_\_

Experience (Note experience relevant to the proposed project.): \_\_\_\_\_

*(Use the following format. Provide no more than one page per project.)*

**Project #1 Name/Location:** \_\_\_\_\_

Firm Name Work Performed Under: \_\_\_\_\_

Year Completed: \_\_\_\_\_ Construction Cost: \_\_\_\_\_

Client or Owner's Representative: \_\_\_\_\_

Title of person named above: \_\_\_\_\_

Address of person named above: \_\_\_\_\_

Phone number of person named above: \_\_\_\_\_

Project Description: \_\_\_\_\_

Work performed by Individual: \_\_\_\_\_

**Project #2 Name/Location:** \_\_\_\_\_

Firm Name Work Performed Under: \_\_\_\_\_

Year Completed: \_\_\_\_\_ Construction Cost: \_\_\_\_\_

Client or Owner's Representative: \_\_\_\_\_

Title of person named above: \_\_\_\_\_

Address of person named above: \_\_\_\_\_

Phone number of person named above: \_\_\_\_\_

Project Description: \_\_\_\_\_

Work performed by Individual: \_\_\_\_\_

**Project #3 Name/Location:** \_\_\_\_\_

Firm Name Work Performed Under: \_\_\_\_\_

Year Completed: \_\_\_\_\_ Construction Cost: \_\_\_\_\_

Client or Owner's Representative: \_\_\_\_\_

Title of person named above: \_\_\_\_\_

Address of person named above: \_\_\_\_\_

Phone number of person named above: \_\_\_\_\_

Project Description: \_\_\_\_\_

Work performed by Individual: \_\_\_\_\_

**Project #4 Name/Location:** \_\_\_\_\_

Firm Name Work Performed Under: \_\_\_\_\_

Year Completed: \_\_\_\_\_ Construction Cost: \_\_\_\_\_

Client or Owner's Representative: \_\_\_\_\_

Title of person named above: \_\_\_\_\_

Address of person named above: \_\_\_\_\_

Phone number of person named above: \_\_\_\_\_

Project Description: \_\_\_\_\_

Work performed by Individual: \_\_\_\_\_

**Project #5 Name/Location:** \_\_\_\_\_

Firm Name Work Performed Under: \_\_\_\_\_

Year Completed: \_\_\_\_\_ Construction Cost: \_\_\_\_\_

Client or Owner's Representative: \_\_\_\_\_

Title of person named above: \_\_\_\_\_

Address of person named above: \_\_\_\_\_

Phone number of person named above: \_\_\_\_\_

Project Description: \_\_\_\_\_

Work performed by Individual: \_\_\_\_\_