



City of Austin

Founded by Congress, Republic of Texas, 1839

Capital Contracting Office, PO Box 1088, Austin, Texas 78767 Telephone 512/974-7181

August 5, 2020

To: Consultants Requesting RFQ Package

SUBJECT: Request for Statements of Qualifications (RFQ) for providing Professional Engineering Services for the Stream Restoration and Stormwater Treatment Rotation List
Solicitation Number: CLMP305 - **ADDENDUM No. 1**

This Addendum No. 1 modifies the RFQ issued on August 3, 2020 for the above subject project.

Addendum No. 1

1. REFERENCE – PROPOSAL FORMS – REVISED FORM

DELETE THE FOLLOWING:

- Form 5 – Experience Project Manager
- Form 6 – Experience Project Professional
- Form 8 – Prime Firm's Comparable Project Experience
- Form 9 – Major Scopes of Work

REPLACE WITH THE FOLLOWING:

- Form 5 (Attached) – Experience Project Manager
- Form 6 (Attached) – Experience Project Professional
- Form 8 (Attached) – Prime Firm's Comparable Project Experience
- Form 9 (Attached) – Major Scopes of Work

All other information in the Solicitation remains unchanged. Please remember this solicitation is currently in a “No Contact” period and all inquiries should be directed to the appropriate contact persons listed in the solicitation. If you have questions regarding this process and project related questions, you may contact Durrell McDaniel at (512) 974- 2642 or Durrell.mcdaniel@austintexas.gov.

Sincerely,

Durrell McDaniel, Procurement Specialist IV
Contract Procurement Division
Capital Contracting Office

cc: Eric Loucks, Project Manager
Jeremy Wall, Contract Procurement Supervisor
John Wesley-Smith, SMBR Representative



FORM 5 EXPERIENCE OF PROJECT MANAGER

Solicitation Number:

Project Name:

Firm Name:	
*Name of Project Manager:	
Current Years of Experience:	
Registration Number:	
Year of Registration:	

***[If licensed, list name as shown on registration with Texas Board of Professional Engineers (TBPE) or Texas Board of Architectural Examiners (TBAE)]**

(The following information is required for each project. Provide no more than one page per project. Refer to the Evaluation Criteria for the number of projects required and timeframe.)

Project 1	
Project Name/Location:	
Firm Name Work Performed Under:	
Year Completed:	
Construction Cost:	
Name of Client/Owner's Representative:	
Title of Client/Owner's Representative	
Address of Client/Owner's Representative:	
Phone number of Client/Owner's Representative:	
Project Description:	
Work performed by Individual:	

Project 2	
Project Name/Location:	
Firm Name Work Performed Under:	
Year Completed:	
Construction Cost:	
Name of Client/Owner's Representative:	
Title of Client/Owner's Representative	
Address of Client/Owner's Representative:	
Phone number of Client/Owner's Representative:	
Project Description:	
Work performed by Individual:	

Project 3	
Project Name/Location:	
Firm Name Work Performed Under:	
Year Completed:	
Construction Cost:	
Name of Client/Owner's Representative:	
Title of Client/Owner's Representative	
Address of Client/Owner's Representative:	
Phone number of Client/Owner's Representative:	
Project Description:	
Work performed by Individual:	

(add additional pages as necessary)



FORM 6 EXPERIENCE OF PROJECT PROFESSIONAL

Solicitation Number:

Project Name:

Firm Name:	
*Name of Project Professional:	
Current Years of Experience:	
Registration Number:	
Year of Registration:	

***[List name as shown on registration with Texas Board of Professional Engineers (TBPE) or Texas Board of Architectural Examiners (TBAE)]**

(The following information is required for each project. Provide no more than one page per project. Refer to the Evaluation Criteria for the number of projects required and timeframe.)

Project 1	
Project Name/Location:	
Firm Name Work Performed Under:	
Year Completed:	
Construction Cost:	
Name of Client/Owner's Representative:	
Title of Client/Owner's Representative:	
Address of Client/Owner's Representative:	
Phone number of Client/Owner's Representative:	
Project Description:	
Work performed by Individual:	

Project 2	
Project Name/Location:	
Firm Name Work Performed Under:	
Year Completed:	
Construction Cost:	
Name of Client/Owner's Representative:	
Title of Client/Owner's Representative:	
Address of Client/Owner's Representative:	
Phone number of Client/Owner's Representative:	
Project Description:	
Work performed by Individual:	

Project 3	
Project Name/Location:	
Firm Name Work Performed Under:	
Year Completed:	
Construction Cost:	
Name of Client/Owner's Representative:	
Title of Client/Owner's Representative:	
Address of Client/Owner's Representative:	
Phone number of Client/Owner's Representative:	
Project Description:	
Work performed by Individual:	

(add additional pages as necessary)



FORM 8 PRIME FIRM'S COMPARABLE PROJECT EXPERIENCE

Solicitation Number:

Project Name:

Firm Name:

(The following information is required for each project. Provide no more than one page per project. Refer to the Evaluation Criteria for the number of projects required and timeframe.)

Project 1	
Project Name/Location:	
Date Completed: Month/Year:	
Client or Owner's Representative	
Construction Cost:	
Project Description:	
Services Provided:	

Project 2	
Project Name/Location:	
Date Completed: Month/Year:	
Client or Owner's Representative	
Construction Cost:	
Project Description:	
Services Provided:	

Project 3	
Project Name/Location:	
Date Completed: Month/Year:	
Client or Owner's Representative	
Construction Cost:	
Project Description:	
Services Provided:	

(add additional pages as necessary)



FORM 9 MAJOR SCOPES OF WORK - COMPARABLE PROJECT EXPERIENCE

Solicitation Number:

Project Name:

Scope of Work:	
Firm Name:	

The following information is required for each project. Provide no more than one page per scope of work per firm. Refer to the Evaluation Criteria for the number of projects required and timeframe.

The City has identified Major Scopes of Work to be provided for this project, which are included in the Scope of Services. Each scope of work can be accomplished through subcontracting other firms or utilizing the prime firm. The City is interested in the history and success of the firm, or the firm's Key Personnel, proposed to perform the scope of work (subconsultant or prime), with projects of similar programs, budgets, and/or clients as the areas identified. In addition, City may consider history of firms, or firm's Key Personnel, in complying with project programs, schedules, and budgets based on previous City projects.

Project 1	
Project Name/Location:	
Date Completed: Month/Year:	
Name of Client or Owner's Representative	
Construction Cost:	
Project Description:	
Services Provided:	

Project 2	
Project Name/Location:	
Date Completed: Month/Year:	
Name of Client or Owner's Representative	
Construction Cost:	
Project Description:	
Services Provided:	

Project 3	
Project Name/Location:	
Date Completed: Month/Year:	
Name of Client or Owner's Representative	
Construction Cost:	
Project Description:	
Services Provided:	

(add additional pages as necessary)