

ADDENDUM No. 1 Request for Qualifications (RFQ) 20RFQ122 Facility Condition And Educational Suitability Assessments

| April 28, 2020 |
|--|
| Received by bidder: |
| Date: |
| Name: |
| Signature: |
| Item 1: Questions and Answers Item 2: Changes to RFQ |

Item 1:

- 1) Page 33, Item A.3.1. With the prior FCA work, was a cost model developed for each AISD structure? If so, will the existing cost model be shared with the vendor?

 Answer: The previous cost model applied to each building system, for every campus in the district. Some aspects of the previous cost model may be shared, but a new cost model should be developed based on current conditions and the current market costs.
- 2) For the HUB goals (Tab 8) How will our inclusion of them be scored as a pass/fail or points awarded per each?

Answer: The HUB goals are not included in the scoring criteria of the solicitation. However, the HUB Program will receive your submitted forms and conduct a compliance review. We determine if you're compliant or non-compliant. We will review your proposed participation and verify your listed HUBs and certification(s) with the city of Austin and/or State of Texas. We also review all Good Faith Effort documentation and request that you provide proof of contacting HUB firms by two methods - phone, fax and email logs should be included in your submittal. All of



this documentation will allow us to determine if you are deemed compliant or non-compliant. Firms that are non-compliant will receive a memo from our HUB program.

3) p. 5 of 35 of the rfp - In the event any project for which your firm will involve roofing design, including roofing replacement, repairs, penetrations, curbs or supports for mechanical or other equipment, or the project will affect the roof in any way, you will need to include a roofing consultant in your response. Include a complete resume for the individual(s) performing the roofing design, including a detailed description of their qualifications, experience and credentials.

Since this is not a design nor construction project, are we required to include a roofing consultant?

Answer: You do not need to include a roofing consultant.

4) p. 17 of 35 – Tab 4 Table (sample below) Since this is not a design/construction project, can we substitute what our current availability is? Most of this info does not apply.

Answer: Tabs 1-6 have been revised to omit any request that does not apply to this scope. A revised version has been attached to this addendum with all changes highlighted.

Item 2:

Tabs 1-6 have been revised. They are attached to this addendum with all changes highlighted.

TAB 1 – GENERAL INFORMATION

| NAN | ME OF FIRM: | | | |
|-----|--|--|--|--|
| BUS | INESS ADDRESS: | | | |
| TEL | EPHONE NUMBER: | | | |
| TYP | E OF ORGANIZATION: (Individual, Pa | rtnership, Corporation, Association) | | |
| NUN | MBER OF YEARS FIRM IN BUSINESS: | : | | |
| | a brief history of your firm, including data | te established, record of growth, type of work, | | |
| Wha | t do you believe is unique about your firm | n's potential contribution to AISD facilities? | | |
| • | | ed material, which describes your firm's chool projects you may do so, but it is not | | |
| 1. | Principals: | Texas Architect/Engineer Registration No.: | | |
| | | | | |
| 2. | Full-Time Employees (minimum 32-ho | ours/week): | | |
| | No. of Registered Architects, excluding Principals: | | | |
| | No. of Registered Engineers, excluding | Principals (by type): | | |
| | | | | |
| | No. of Drafters/CAD Operators: | | | |
| | No. of Clerical Employees: | | | |
| 3. | Part-Time Employees (minimum 16-hour/week, by type): | | | |
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| | | | | |

| to pro | vide professional citations (b | oth nominations and actual awards). |
|---------------------|----------------------------------|--|
| 5. Service | es Proposed: | |
| Services | Performed by Your Firm | Performed by Sub-Consultant (firm name) |
| Architectural: | : O | o |
| Structural: | О | o |
| Mechanical: | О | o |
| Electrical: | О | o |
| Civil: | О | o |
| Other: | О | O |
| 6. Profes | sional Liability Insurance | |
| Have any claryears? | ims been made against your f | Firm for errors and omissions in the past five (5) |
| Yes o | No o | |
| If so, what w | as the dispensation of the claim | im or claims? |
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Include a resume for each principal and associate with your firm. Please feel free

4.

TAB 2 – REFERENCES

Provide three references for facility condition assessments, or similar projects for which Architectural/Engineering Services were performed in the last eight (8) years, beginning with projects in Austin and/or a school district (K-12) if available.

| 1. | Project: | | |
|------|------------------|--------|--|
| Scop | pe of Project: | | |
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| | | | |
| Serv | vices Performed: | | |
| | | | |
| | | | |
| Clie | nt: | | |
| | | | |
| Con | tact person: | | |
| Tele | ephone Number: | Email: | |
| 2. | Project: | | |
| Sco | pe of Project: | | |
| | <i>3</i> | | |
| | | | |
| | | | |
| | | | |
| Serv | vices Performed: | | |
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| | | | |
| | | | |
| Clie | nt: | | |
| Con | tact person: | | |
| Tala | nhona Numbari | Email: | |

| 3. | Project: | | |
|-----------|------------------|-------------|--|
| Sco | pe of Project: | | |
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| Serv | vices Performed: | | |
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| Clie | ent: | | |
| Con | toot managem | | |
| Con | tact person: | | |
| Tele | ephone Number: | Email: | |
| | 1 | | |

TAB 3 – PROJECTS

Provide six (6) facility condition assessments, or similar projects for which Architectural/Engineering Services were performed in the last eight (8) years, beginning with projects in Austin and/or a school district (K-12) if available. If project was done by a principal/partner/employee while at another firm, clearly note in "Services Performed".

| 1. Project: | |
|--------------------------|-------------------|
| Scope of Project: | |
| | |
| Services Performed: | |
| Number of Change Orders: | |
| | |
| Project Cost: | Date Complete: |
| Client: | |
| Contact Person: | Telephone Number: |

| 2. Project: | |
|--------------------------|-------------------|
| Scope of Project: | |
| | |
| Services Performed: | |
| | |
| Number of Change Orders: | |
| Describe: | |
| | |
| Project Cost: | Date Complete: |
| Client: | |
| Contact Person: | Telephone Number: |
| 3. Project: | |
| Scope of Project: | |
| Caminas Daufaumad. | |
| Services Performed: | |
| Number of Change Orders: | |
| Describe: | |
| | |
| Project Cost: | Date Complete: |
| Client: | |
| Contact Person: | Telephone Number |

| 4. Project: | |
|--------------------------|-------------------|
| Scope of Project: | |
| | |
| | |
| Services Performed: | |
| Number of Change Orders: | |
| Describe: | |
| Project Cost: | Date Complete: |
| Client: | |
| Contact Person: | Telephone Number: |
| 5. Project: | |
| Scope of Project: | |
| Services Performed: | |
| Number of Change Orders: | |
| Describe: | |
| Project Cost: | Date Complete: |
| Client: | |
| Contact Person: | Telephone Number: |

 $\begin{tabular}{ll} Revised Tabs 1-6 - Addendum 1 \\ Facility Condition and Educational Suitability Assessment \\ 20RFQ122 \end{tabular}$

| 6. Project: | |
|--------------------------|-------------------|
| Scope of Project: | |
| | |
| Services Performed: | |
| | |
| Number of Change Orders: | |
| | |
| Project Cost: | Date Complete: |
| Client: | |
| Contact Person: | Telephone Number: |

TAB 4 – WORKLOAD

| List current workload (five large | est projects): | | |
|-----------------------------------|----------------|-------------|------------------|
| Project Name/Type | Cost | % Completed | Est. Compl. Date |
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| List remaining workload (comb | ined): | | |
| Number of Projects: | Total Cost: | | |

 $\begin{tabular}{ll} Revised Tabs 1-6 - Addendum 1\\ Facility Condition and Educational Suitability Assessment\\ 20RFQ122\\ \end{tabular}$

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Tab 5 – Organization Chart

Provide proposed organization chart for completing this AISD facility assessment work.

 $\begin{tabular}{l} \textbf{Revised Tabs 1-6-Addendum 1}\\ \textbf{Facility Condition and Educational Suitability Assessment}\\ 20RFQ122\\ \end{tabular}$

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Tab 6 – Miscellaneous

| Tab v – Miscenancous |
|---|
| 1. Facility Condition Assessment Methodology |
| Explain the method used by your firm to accurately assess facilities, incorporating existing information, staff interviews, facility site visits, and community feedback. Provide applicable examples of similar efforts in the past: |
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| 2. Cost Estimating for FCIs |
| Explain the methods used to estimate costs and produce accurate FCIs during this process. |
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| 3. Educational Suitability Assessment Methodology | | |
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| Explain your methodology to work with AISD's academic leadership to create an educational | | |
| suitability methodology, and how it will be executed campus by campus. | | |
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| 4. Communications | | |
| Explain your approach to communicating the assessment process and results to both technical and non-technical stakeholders. | | |
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