



**ADDENDUM/CLARIFICATION NO. 1  
CITY OF FARMERS BRANCH**

**Farmers Branch Office Park Lift Station**

May 6, 2024

To: All Plan Holders of Record

This addendum forms a part of the RFQ Documents and modifies the RFQ Documents and Specifications as noted below. Acknowledge receipt of the Addendum on the outer envelope of the Bid Proposal. Failure to acknowledge receipt of this Addendum may subject the Bidder to disqualification.

This addendum consists of 7 pages.

- The Statement of Qualifications Table 1 was not included in the posted documents. Please include the 7 pages of this addendum to your submission.

**END OF ADDENDUM/INFORMATION/CLARIFICATION NO. 1**

PREPARED BY:

A handwritten signature in blue ink, appearing to read "Danielle Rix", is written over a horizontal line.

Danielle Rix, P.E., CFM  
Deputy Director of Utilities & Engineering

## Statement of Qualifications Certification

Project: **Farmers Branch Office Park Lift Station Rehabilitation**

Project Number: RFQ 24-12

By submitting this Statement of Qualifications and related information, Proposer certifies that it has read the Proposal Documents and that Proposer's representations are true and correct and contain no material misrepresentations, and that the individual signing below is authorized to make this certification on behalf of the Proposer's organization.

Proposer:

\_\_\_\_\_  
*(typed or printed name of organization)*

Signature:

\_\_\_\_\_  
*(individual's signature)*

Name:

\_\_\_\_\_  
*(typed or printed)*

Title:

\_\_\_\_\_  
*(typed or printed)*

Designated Representative:

Name:

Title:

Address for giving notices:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone:

Email:

\_\_\_\_\_  
*(Attach evidence of authority to sign if Proposer is a corporation, partnership, or a joint venture.)*

**Table 1—General Information**

Organization			
Legal Name of Business:			
Form of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation			
<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Joint Venture comprised of the following companies:			
1.			
2.			
3.			
Provide a separate Statement of Qualifications for each Joint Venturer			
Date Business was formed:		State under which Business was formed:	
Is this Business authorized to operate in the Project location: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending			
Is this Business licensed as a general contractor in the Project location: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/> N/A			
List of companies, firms, or organizations that own any part of this Business.			
Name of company, firm, or organization.			Percent ownership
Principal Office			
Primary contact		Main telephone number	
Email address		Website address	
Business address of principal office			
Regional Office			
Primary contact		Main telephone number	
Email address		Website address	
Business address of regional office			
Business officers, partners, and limits of authority			
Name:		Title:	
Authorized to sign contracts: <input type="checkbox"/> Yes <input type="checkbox"/> No		Limit of Authority:	
Name:		Title:	
Authorized to sign contracts: <input type="checkbox"/> Yes <input type="checkbox"/> No		Limit of Authority:	
Name:		Title:	
Authorized to sign contracts: <input type="checkbox"/> Yes <input type="checkbox"/> No		Limit of Authority:	

**Table 1 –General Information (Continued)**

Business History			
List of names that this Business currently has or anticipates operating under over the history of the Business, including the names of related companies presently doing business:			
Names of organization	From date	To date	
Indicators of Organization Size			
Average number of current full-time employees			
Estimate of revenue for the current year			
Estimate of average revenue for the previous 3 years			
Licensure			
Name of License:			
Licensing Agency:			
License Number:		Expiration Date:	
Name of License:			
Licensing Agency:			
License Number:		Expiration Date:	
Name of License:			
Licensing Agency:			
License Number:		Expiration Date:	

**Table 1 –General Information (Continued)**

Previous Contracting Experience			
Years of experience in projects similar to the proposed project:			
As a general contractor		As a joint venture partner	
Has this or a participating or a predecessor organization ever been disqualification as a proposer by any local, state, or federal agency within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide full details in a separate attachment.			
Has this or a participating or a predecessor organization ever been barred from contracting by any local, state, or federal agency within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide full details in a separate attachment.			
Has this, a participating or a predecessor organization been released from a proposal in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide full details in a separate attachment.			
Has this or a participating or a predecessor organization ever defaulted on a project or failed to complete any contract awarded to it? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide full details in a separate attachment.			
Has this or a participating or a predecessor organization ever refused to construct or refused to provide materials defined in the contract documents or in a change order? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide full details in a separate attachment.			
Is this or a participating or a predecessor organization currently involved in any litigation or contemplating litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes provide full details in a separate attachment.			
Previous History with Owner			
List projects that have been completed with the Owner over the last 5 years. If more than 5 projects, list only the most recent.			
	Project Name		Year
1			
2			
3			
4			
5			

**Table 1 –General Information (Continued)**

Surety			
Surety Name			
Mailing address (principal place of business):		Physical address (principal place of business):	
Telephone (main number)		Telephone (claims notices)	
Name of Local Agent for Surety			
Telephone		Email	
Surety is a corporation organized and existing under the laws of the state of:			
Is surety authorized to provide surety bonds in the Project location? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is surety listed in the U.S. Department of the Treasury's Listing of Approved Sureties (Department Circular 570 "Companies Holding Certificates of Authority as Acceptable Sureties on Federal Bonds and as Acceptable Reinsuring Companies")? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Financial Summary Information for Proposer			
Date of Proposer's most current financial statement:		<input type="checkbox"/> Attached	
Date of Proposer's most current audited financial statement:		<input type="checkbox"/> Attached	
Financial indicators from the most current financial statement:			
Proposer's Current Ratio (Current Assets / Current Liabilities)			
Proposer's Quick Ratio ((Cash and Cash Equivalents + Accounts Receivable + Short Term Investments) / Current Liabilities)			
Describe the resources that are available to the Proposer to provide adequate cash flow for the project if Proposer's Current Ratio or Quick Ratio are less than 1.0:			

**Table 1 –General Information (Continued)**

Insurance									
Name of Insurance Provider:									
Provider is a corporation organized and existing under the laws of the state of:									
Is Provider licensed or authorized to issue insurance policies in the Project location?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Does Provider have an A.M. Best Rating of A-VIII or Better?						<input type="checkbox"/> Yes <input type="checkbox"/> No			
Mailing Address (principal place of business)									
Physical Address (principal place of business)									
Telephone (Main)									
Telephone for Notice of Claims									
Local Agent for Provider									
Address for Local Agent									
Telephone for Local Agent									
Coverage Providers									
Insurance Provider				Type of Policy (Coverage Provided)					
Construction Site Safety Experience									
Provide Proposer's Worker's Compensation Experience Modification Ratio (EMR), Total Recordable Frequency Rate (TRFR) for incidents and Total Number of Recorded Manhours for the last 3 years and the EMR, TRFR, and MH history for the last 3 years of any proposed Subcontractor(s) that will provide Work valued at 25% or more of the Contract Price. Provide documentation of the EMR and TRFR history for the Proposer.									
Year									
Company	EMR	TRFR	MH	EMR	TRFR	MH	EMR	TRFR	MH
Safety Officer Experience and Certifications									
Safety Officer									
Years of Experience									
Certification Name									
Issuing Agency									
Expiration									





## Statement of Qualifications Certification

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*(individual's signature)*

Name:

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Title:

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Designated Representative:

Name:

Title:

Address for giving notices:

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Phone:

Email:

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List of companies, firms, or organizations that own any part of this Business.			
Name of company, firm, or organization.			Percent ownership
Principal Office			
Primary contact		Main telephone number	
Email address		Website address	
Business address of principal office			
Regional Office			
Primary contact		Main telephone number	
Email address		Website address	
Business address of regional office			
Business officers, partners, and limits of authority			
Name:		Title:	
Authorized to sign contracts: <input type="checkbox"/> Yes <input type="checkbox"/> No		Limit of Authority:	
Name:		Title:	
Authorized to sign contracts: <input type="checkbox"/> Yes <input type="checkbox"/> No		Limit of Authority:	
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Estimate of average revenue for the previous 3 years			
Licensure			
Name of License:			
Licensing Agency:			
License Number:		Expiration Date:	
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Local Agent for Provider									
Address for Local Agent									
Telephone for Local Agent									
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Insurance Provider				Type of Policy (Coverage Provided)					
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Year									
Company	EMR	TRFR	MH	EMR	TRFR	MH	EMR	TRFR	MH
Safety Officer Experience and Certifications									
Safety Officer									
Years of Experience									
Certification Name									
Issuing Agency									
Expiration									

