

RFP 2019-001-MR DESIGN PROFESSIONAL SERVICES

AMENDMENT NO. 2

Date: June 22, 2018

RFP No.:

2019-001-MR

Proposal Due Date: J

June 26, 2018

2:00 PM MDT

Time:

Where:

Los Lunas Schools Administration Offices 119 Luna Avenue P.O. Drawer 1300 Los Lunas, NM 87031

For Additional Information Please Contact:

Michelle A. Romero, Director of Purchasing 505-866-8246 Phone 505-866-8262 Fax Email: maromero@llschools.net



DESIGN PROFESSIONAL SERVICES FOR PERALTA ELEMENTARY SCHOOL RECONSTRUCTION AND REMODEL RFP NO. 2019-001-MR

RFP AMENDMENT NO. 2 JUNE 22, 2018

CORRECTION:

AMENDMENT NO. 1 POSTED ON JUNE 13, 2018 INCLUDED A RESPONSE TO QUESTION NO. 1 AS SEEN BELOW:

1. Does the District already have an Educational Specification (Ed Spec) to be used for this project? If not, will this need to be procured and completed prior to proceeding with full design, since PSFA typically requires that an Ed Spec be in place prior to architectural design?

ANSWER: Yes, the district has an Educational Specification for this project.

THE RESPONSE TO QUESTION NO. 1 IS HEREBY AMENDED TO READ:

AMENDED ANSWER: The District has been unable to locate an Educational Specification for Peralta Elementary School. If the Public School Facilities Authority requires that an Educational Specification is needed prior to architectural design then that will be done.

END OF AMENDMENT NO. 2 - Proceed to Acknowledgement of Amendment No. 2

ACKNOWLEDGEMENT OF AMENDMENT NO. 2

DESIGN PROFESSIONAL SERVICES FOR LOS LUNAS SCHOOLS PERALTA ELEMENTARY RECONSTRUCTION

Los Lunas Schools RFP 2019-001-MR

In acknowledgment of receipt of this Request for Proposal (RFP) the undersigned agrees that he/she has received a complete copy, consisting of twenty-five pages, Amendment No. 1 with Q&A dated 06/13/2018 and Amendment No. 2 dated 06/22/2018.

The acknowledgment of receipt <u>MUST</u> be signed and returned with your RFP proposal package on or before June 26, 2018, 2:00 PM MDT.

FIRM:		
REPRESENTED BY:	TITLE:	
E-MAIL ADDRESS:		
PHONE NO.:	FAX NO.:	
ADDRESS:		
CITY:	STATE: ZIP CODE:	
SIGNATURE:	DATE:	
Please return to:		
	Michelle Romero	
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