

TOWN OF MEDLEY



June 26, 2018

REQUEST FOR QUALIFICATIONS No. 2018-006

MULTIMODAL MOBILITY STUDY AND IMPACT ASSESSMENT

TO: ALL PROSPECTIVE BIDDERS:

The following changes, additions, clarifications, and/or deletions amend the above-captioned Request for Qualifications and shall become an integral part of the Proposals submitted, and the Contract to be executed for *Multimodal Mobility Study and Impact Assessment*- Request for Qualifications ("RFQ") No.: 2018-006 (the "Project"). Please note the contents herein, and affix same to the documents you have on hand.

All attachments (if any) are available on the Town of Medley website and are part of this Addendum.

Request for Information (RFI) and Responses:

- Q1.** Can the Town clarify the DBE requirements, if any, for this proposal?
A1. There are no DBE requirements.
- Q2.** Qualifications of Project Administrator: Should proposer provide three project management examples instead of landscape architecture projects?
A2. Yes. Please use the revised Form RFQ-PA (TRANS) dated 6/2018, attached hereto as Exhibit A.
- Q3.** We are wondering if there is an established budget for this project? If so, what is it?
A3. The estimated budget for this project is \$120k.

THIS ADDENDUM IS AN ESSENTIAL PORTION OF THE CONTRACT DOCUMENT AND SHALL BE MADE A PART THEREOF. IT NEEDS TO BE SUBMITTED WITH YOUR RFQ PACKAGE.

Bidder Signature

Date

Qualifications of Project Administrator

Instructions (one page per project)

Proposer shall provide the following information for at least three (3) project management examples that involved a vehicle or pedestrian corridor. Provide all required information and submit this Form for each project, as required by the RFQ. Failure to submit a completed Form for each project may result in the Response being rejected as non-responsive. A Reference Form RFQ-PA-R must be submitted for each Form RFQ-PA-(TRANS) that is provided.

RFQ Solicitation No.: _____ RFQ Title: _____

Name of Proposer: _____ Name of Project: _____

Address of Project: _____

Name of Project Owner: _____ Project Owner Contact Name: _____

Project Owner Contact Telephone No.: _____ Project Owner Contact E-mail Address: _____

Brief Scope of Project and How Project is Similar (additional space provided): _____

Value of Design Fees: Awarded: _____ Actual: _____ N/A

Basis for Difference in Value: _____

Value of Construction (if applicable): Awarded: _____ Actual: _____ N/A

Basis for difference in value: _____

Project Completion (no. of calendar days): Projected: _____ Actual: _____ N/A

Type of Project: Design-Bid-Build Design/Build CM@Risk Other (specify): _____

LEED or Green Globe Certified Project: Yes No If yes, level of Certification: _____

By : _____

Signature of Authorized Representative

Date

Printed Name

Title