Document 00910

ADDENDUM NO. 1

Date of Addendum: 08/07/19

PROJECT NAME: Fifth Ward Multi-Service Center Renovation
PROJECT NO: H-000096-0001-4
SUBMITTAL DATE: Thursday, August 15, 2019

FROM: City of Houston, General Services Department
900 Bagby, 2nd Floor
Houston, Texas 77002
Attn: Greg Quintero, Senior Project Manager

TO: Prospective Respondents

This Addendum forms a part of the Request for Qualifications (RFQ) and it will be incorporated into the Contract, as applicable. Insofar as the original RFQ is inconsistent, this Addendum governs.

CHANGES

CHANGES TO ADVERTISEMENT

Item 1: Revise the SOQ accepted time from 10:30 a.m. local time to 2:00 p.m. local time. The published submittal date of Thursday, August 15, 2019 and receipt location of 900 Bagby, Room P101, Houston, TX remain unchanged. SOQ's will not be publicly opened or read aloud.

CHANGES TO REQUEST FOR QUALIFICATIONS (RFQ)

Item 2: Replace the previously published Document 2- Statement of Qualifications Standard Form in its entirety with the revised attached Statement of Qualifications Standard Form issued with this addendum that is identified by "ADDENDUM NO. 1". Changes are highlighted in yellow in Section 2.2.1

END OF ADDENDUM NO. 1

(CRC: _____ 08/07/19
Richard Vella Date
Assistant Director
Real Estate, Design & Construction
General Services Department

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

4 - STATEMENT OF QUALIFICATIONS

FOR DESIGN-BUILD SERVICES

SOQ's are to be bound with clearly marked tabs that correspond to the sections of the SOQ. Total pages are limited by the SOQ form and additional pages set out in SOQ instructions. Other pages should not be included. The response boxes can be expanded to fit more information; however, the tables must remain the same size. Typically, font size shall be 8 pt. or larger.

0.1 RESPONDENT'S GENERAL INFORMATION

Is SOQ being submitted by a Joint Venture?	☐ Yes ☐ No		
Respondent's legal name:			
Respondent's assumed names (if any):			
Respondent's local address:		Respondent's Headquarters Address (if different than local address):	
Contact Name for SOQ: Email address: Telephone number:		Federal Tax ID Number:	

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

0.2 JOINT VENTURE FIRM(S) INFORMATION. *If submitting as a joint venture, the following information is required for each additional joint venture firm. Insert additional tables, if necessary.*

Firm's legal name:			
Firm's assumed names (if any):			
Firm's local address:		Firm's Headquarters Address (if different than local address):	
Federal Tax ID Number:			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

1.1 RESPONDENT'S DESIGN TEAM EXPERIENCE.

*Respondents should select **three** representative projects of similar size and scope. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Architectural Services Firm Name:			
I. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

1.1

Firm Name:			
II. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Costs:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

1.1

Firm Name:			
III. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

1.2 RESPONDENT'S CONSTRUCTION TEAM EXPERIENCE. *Respondents should select **three** representative projects of similar size, scope, and delivery method. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Construction Firm Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

1.2

Construction Firm Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

1.2

Construction Firm Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

2.1 PROPOSED DESIGN TEAM KEY PERSONNEL. *List the Design Team personnel proposed for this project. Include the names of the Project Architect, Project Manager, Project Designer, and the Construction Administrator.*

SOQ Project Role	Personnel Name	Firm Name/Corporate Title	Active Licenses / Registrations / Certifications	Years of Experience
Project Architect				
Project Manager				
Project Designer				
Construction Administrator				

2.2 EXPERIENCE OF PROJECT ARCHITECT. *Respondents should select **three** representative design projects of similar size and scope for the Project Architect. These projects do not have to match projects in Section 1.1- Respondent's Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Project Architect's Name:			
I. Project Name:			
Project Location:			
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points..*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Architect:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

2.2

Project Architect's Name:			
II. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Architect:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

2.2

Project Architect's Name:			
III. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Architect:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

2.3 EXPERIENCE OF PROJECT MANAGER. *Respondents should select **three** representative design projects of similar size and scope for the Project Manager. These projects do not have to match projects in Section 1.1- Respondent's Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Project Manager's Name:			
I. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Manager:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

2.3

Project Manager's Name:			
II. Project Name:			
Project Location:			
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Manager:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

2.3

Project Manager's Name:			
III. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Manager:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

2.4 EXPERIENCE OF PROJECT DESIGNER. *Respondents should select **three** representative design projects of similar size and scope for the Project Designer. These projects do not have to match projects in Section 1.1- Respondent's Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Project Designer's Name:			
I. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Designer:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

2.4

Project Designer's Name:			
II. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Designer:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

2.4

Project Designer's Name:			
III. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Designer:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

2.5 EXPERIENCE OF PROJECT CONSTRUCTION ADMINISTRATOR. *Respondents should select **three** representative design projects of similar size and scope for the Project Construction Administrator. These projects do not have to match projects in Section 1.1- Respondent's Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Project Construction Administrator's Name:			
I. Project Name:			
Project Location:			
Year Construction Completed **(month/year):** ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Construction Administrator:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

2.5

Project Construction Administrator's Name:			
II. Project Name:			
Project Location:			
Year Construction Completed **(month/year):** ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Construction Administrator:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

2.5

Project Construction Administrator's Name:			
III. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Duties Performed by the Project Construction Administrator:			
Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any):			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.1 PROPOSED CONSTRUCTION TEAM KEY PERSONNEL. *List the Key Personnel proposed for this project. Include the Preconstruction Project Manager, Constructability/Document Coordination Reviewer, Estimator, Construction Project Manager, and the Project Superintendent.*

SOQ Project Role	Describe Functions of Project Role	Personnel Name	Corporate Title	Active Registrations / Certifications / Licenses	Years of Experience
Preconstruction Project Manager					
Constructability/ Document Coordination Reviewer					
Estimator					
Construction Project Manager					
Project Superintendent					

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.2 EXPERIENCE OF PRECONSTRUCTION PROJECT MANAGER. *Respondents should select **three** representative projects of similar size, scope, and delivery method for the Preconstruction Project Manager. These projects do not have to match projects in Section 1.2- Respondent's Construction Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Preconstruction Project Manager's Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Preconstruction Project Manager:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.2

Preconstruction Project Manager's Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Preconstruction Project Manager:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.2

Preconstruction Project Manager's Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Preconstruction Project Manager:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

3.3 EXPERIENCE OF CONSTRUCTABILITY/DOCUMENT COORDINATION REVIEWER

*Respondents should select **three** representative projects of similar size, scope, and delivery method for the Constructability/Document Coordination Reviewer. These projects do not have to match projects in Section 1.2- Respondent's Construction Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Constructability/Document Coordination Reviewer's Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Constructability/Document Coordination Reviewer:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.3

Constructability/Document Coordination Reviewer's Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Constructability/Document Coordination Reviewer:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
Attach up to ***two*** *pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.3

Constructability/Document Coordination Reviewer's Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Constructability/Document Coordination Reviewer:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

3.4 EXPERIENCE OF ESTIMATOR *Respondents should select **three** representative projects of similar size, scope, and delivery method for the Estimator. These projects do not have to match projects in Section 1.2- Respondent's Construction Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Estimator's Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Estimator:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.4

Estimator's Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Estimator:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.4

Estimator's Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Estimator:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

3.5 EXPERIENCE OF CONSTRUCTION PROJECT MANAGER

*Respondents should select **three** representative projects of similar size, scope, and delivery method for the Construction Project Manager. These projects do not have to match projects in Section 1.2- Respondent's Construction Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Construction Project Manager's Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Project Manager:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.5

Construction Project Manager's Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Project Manager:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.5

Construction Project Manager's Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Project Manager:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

3.6 EXPERIENCE OF CONSTRUCTION SUPERINTENDENT *Respondents should select **three** representative projects of similar size, scope, and delivery method for the Construction Superintendent. These projects do not have to match projects in Section 1.2- Respondent's Construction Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Construction Superintendent's Name:			
I. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Superintendent:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.6

Construction Superintendent's Name:			
II. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Superintendent:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

3.6

Construction Superintendent's Name:			
III. Project Name:			
Project Location:		Construction Delivery Method:	
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		New Construction or Renovation:	
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Architectural Firm:			
Project Duties Performed by the Construction Superintendent:			
Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any):			
*Attach up to **two** pages of photographs behind this sheet.*			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

4.1 PROPOSED DESIGN TEAM CONSULTANTS. *Provide information for all proposed Design Team Consultants for the project in the table below. Add rows as necessary. Local firms are preferred. Experience and representative design projects are only required for MEP, Structural Engineer, and Civil Engineer Design Consultants in Sections 4.3 – 4.5. If MEP is more than one firm, provide 3 additional tables for each firm.*

Design Consultant Type	Firm's Legal Name	Office Location (City)	Responsibilities and Scope of Work	Approximate % of work on this project	Indicate MBE or WBE (if applicable)

4.2 MWBE COMPLIANCE PLAN. *Indicate intent to meet 24% goal. If "No" is indicated below, SOQ will not be evaluated. Respondent must demonstrate in Section 4.1 how it intends to meet the goal.*

Project Goal 24% participation met as indicated above?	☐ Yes ☐ No

4.3 EXPERIENCE OF MEP CONSULTANT. *Respondents should select **three** representative design projects of similar size and scope for the MEP Consultant. These projects do not have to match projects in Section 1.1- Respondent's Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

MEP Firm Name:			
I. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

4.3

MEP Firm Name:			
II. Project Name:			
Project Location:			
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

4.3

MEP Firm Name:			
III. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

4.4 EXPERIENCE OF STRUCTURAL ENGINEER CONSULTANT *Respondents should select **three** representative design projects of similar size and scope for the Structural Engineer Consultant. These projects do not have to match projects in Section 1.1- Respondent's Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Structural Engineer Firm Name:			
I. Project Name:			
Project Location:			
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

4.4

Structural Engineer Firm Name:			
II. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

4.4

Structural Engineer Firm Name:			
III. Project Name:			
Project Location:			
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

4.5 EXPERIENCE OF CIVIL ENGINEER CONSULTANT. *Respondents should select **three** representative design projects of similar size and scope for the Civil Engineer Consultant. These projects do not have to match projects in Section 1.1- Respondent's Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

Civil Engineer Firm Name:			
I. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

4.5

Civil Engineer Firm Name:			
II. Project Name:			
Project Location:			
Year Construction Completed **(month/year)**: ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Attach up to two pages of photographs behind this sheet.			

REQUEST FOR QUALIFICATIONS (RFQ)
FOR DESIGN-BUILD SERVICES
Project Name / Number: Fifth Ward Multi-Service Center Renovation / H-000096-0001-4

4.5

Civil Engineer Firm Name:			
III. Project Name:			
Project Location:			
Year Construction Completed (**month/year**): ***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded **zero** points.*		LEED Certification Level:	Renovation or New:
Construction Cost:		Building Area (Sq. Ft.):	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Attach up to two pages of photographs behind this sheet.			

5.1 PROJECT APPROACH. *Attach up to **two** pages describing the following:*

a. *Knowledge and understanding of local context*
b. *Current industry trends*
c. *Relevant innovative concepts*
d. *Existing site constraints and opportunities for the design of facilities with similar service types.*

5.2 PRECONSTRUCTION APPROACH. *Attach up to **five** pages describing the following:*

a. *Describe the Respondent's concepts for working in a team relationship with the City of Houston, Architect, and Engineering Consultants during the Preconstruction Phase Services.*
b. *Describe the methodology of reviewing completed construction documents, site conditions and proposed phasing. Discuss methods of documenting and proposing changes to construction documents.*
c. *Describe the plan for coordination of phasing, security, and operations.*
d. *Describe the participation of possible subcontractors in the preconstruction phase.*
e. *Describe the scheduling and estimating efforts during the preconstruction phase.*
f. *Describe the subcontracting plan. Include the methodology of advertising, negotiating, and awarding contracts for subcontracted work.*

6.1 SAFETY (CONSTRUCTION TEAM): *Attach current Workers Compensation Modifier Rating forms from the National Council on Compensation Insurance (Attach documents behind this page). If "No" is indicated below for the Safety Program Manual, the SOQ will not be evaluated.*

Current Worker's Compensation Modifier Numbers for the last five (5) years. Start with most recent and include year.					
Does your company have a Safety Program Manual?	☐ Yes	☐ No			

7.1 REQUIRED FORMS. *All Respondents must include with the SOQ the following forms.*

- City of Houston Campaign Finance Ordinance Form – 00452
  http://purchasing.houstontx.gov/forms.shtml
- City of Houston Affidavit of Ownership or Control Form - 00455
  http://purchasing.houstontx.gov/forms.shtml
- POP1 - Pay or Play Acknowledgement Form - 00460
  http://www.houstontx.gov/obo/popforms.html