

Document 00910

ADDENDUM NO. 2

Date of Addendum: 3/8/19

PROJECT NAME: Hurricane Harvey City Hall-Electrical Switchgear Replacement

PROJECT NO: **D-HARVEY-7382-3**

SUBMITTAL DATE: **Thursday, March 21, 2019** (Previous date March 14, 2019)

FROM: City of Houston, General Services Department
900 Bagby, 2nd Floor
Houston, Texas 77002
Attn: Jennifer Allen, 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 TO REQUEST FOR QUALIFICATIONS (RFQ)

1. The Submittal Date for this Project has been changed from March 14, 2019 to **March 21, 2019**. Time of day and place for submittal of Statement of Qualifications (SOQ) remains the same.
2. Replace the previous published Document 3- Evaluation Process and Criteria in its entirety with the revised attached Evaluation Process and Criteria issued with this addendum that is identified by "ADDENDUM NO. 2".
3. Replace the previous published Document 4- Statement of Qualifications in its entirety with the revised attached Statement of Qualifications issued with this addendum that is identified by "ADDENDUM NO. 2".

CLARIFICATIONS

Q1. Will this require full EPC or will the selected firm only perform engineering, design, and construction management, selecting the construction contractor?

A1. No, the selected firm will only provide engineering services and construction administration services.

Q2. Is there a specific gear and/or protection manufacture (Eaton, ABB, Siemens etc.) the City prefers?

A2. No.

Q3. Is there a copy of the one/three-line that can be made available to us? (This will help us understand more the protection scheme, # of sections, if its Main-tie-Main, Emergency Power requirements etc.)

A3. No. For the SOQ response, provide only the information as requested.

Q4. What type of gear is the existing? How many sec

A4. For the SOQ response, provide only the information as requested.

Q5. Is possible to visit the switchgear location prior to selection? If so what are the General Liability requirements?

A5. It isn't necessary to visit the site in the preparing the SOQ response

Q6. Is there a potential to replace and expand or is this a true replacement-in-kind?

A6. For the SOQ response, provide only the information as requested.

Q7. Has a location or potential location options already been identified.

A7. For the SOQ response, provide only the information as requested.

Q8. Was cable replacement considered in the Project budget?

A8. For the SOQ response, provide only the information as requested.

Q9. Which electrical modeling platform does the City use for their existing system SKM, ETAP etc.? Will a soft copy be made available for the project?

A9. For the SOQ response, provide only the information as requested.

END OF ADDENDUM NO. 2

(CRC:)


Richard Vella
Assistant Director
Real Estate, Design & Construction
General Services Department

Per NW
3/8/19
DATE



**REQUEST FOR QUALIFICATIONS
FOR PROFESSIONAL ENGINEERING SERVICES
Project Name: HURRICANE HARVEY CITY HALL-
ELECTRICAL SWITCHGEAR
Project Number: D-HARVEY-7382-3**

3 – EVALUATION PROCESS AND CRITERIA

3.1 EVALUATION PROCESS

The Respondents will be evaluated as follows:

Step One: Statement of Qualifications – An evaluation committee will review and evaluate Respondent’s SOQ, based on the evaluation criteria set out below. Respondents can receive up to 100 points for the SOQ. A maximum of five firms will be short-listed to participate in Step Two.

Step Two: Interviews/Presentations – Short-listed Respondents will be required to participate in an interview/presentation. The interview/presentation will be evaluated based on evaluation criteria set out below. The Respondent can receive up to 150 points for the interview/presentation.

The apparent successful Respondent will be the Respondent that is most qualified based on the combined SOQ and interview/presentation scores.

3.2 EVALUATION CRITERIA FOR STEP ONE

The SOQs will be evaluated as follows:

0. SOQ completed in accordance with instructions (**10** Points Maximum)
1. Respondent’s Experience (**45** Points Maximum) – reference Section 1.1 of SOQ
2. Proposed Design Team Key Personnel (**45** Points Maximum) – reference Sections 2.1 – 2.4 of SOQ

3.3 EVALUATION CRITERIA FOR STEP TWO

It is anticipated that the interview/presentation will demonstrate how the team will define, audit, and evaluate all existing, primary and secondary building electrical systems/equipment. Due to the equipment's age and condition switchgear equipment will need to be replaced. The equipment shall include but not be limited to switchgear, motor control centers and other ancillary equipment. Respondent can provide engineering ideas for elements that are specific and appropriate.

Each team will have five minutes prior to the scheduled interview time to set up for presentation (SmartBoard available). Next, the team will have 45 minutes to make a presentation. Following each presentation, the Evaluation Committee will conduct a 20-minute question and answer session.

The presentation shall include the following topics:

1. Introduction
2. Highlight relevant project experience of Proposed Key Personnel and/or Design Team, including work with this Construction Delivery Method
3. Ideas Related to this Project

Following the presentation, the Evaluation Committee Members will ask questions. The Interviews/Presentations will be scored as follows:

1. Overall Presentation (**25** points maximum)
2. Design Team and Proposed Key Personnel dynamics (**50** points maximum)
 - a. Demonstrated successful team synergy
 - b. Demonstrated team creativity
 - c. Experienced with selected Construction delivery method
3. Approach to this project (**75** points maximum)
 - a. Demonstrated knowledge of existing site constraints
 - b. Demonstrated knowledge of industry trends
 - c. Demonstrated knowledge of local context
 - d. Demonstrate relevant innovative concepts

REQUEST FOR OF QUALIFICATIONS (RFQ)

FOR PROFESSIONAL ENGINEERING SERVICES

Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3



**4 - STANDARD FORM STATEMENT OF QUALIFICATIONS
FOR ENGINEERING 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. Font size shall not be less than 8-point.

0.1 RESPONDENT'S GENERAL INFORMATION

Is SOQ being submitted by a Joint Venture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respondent's legal name:		
Respondent's assumed names (if any):		
Respondent's address:		
Contact Name for SOQ: Email address: Telephone number:		Federal Tax ID Number:

**REQUEST FOR OF QUALIFICATIONS (RFQ)
FOR PROFESSIONAL ENGINEERING SERVICES**

Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

0.2 ADDITIONAL FIRM GENERAL INFORMATION. *Provide the following information for the firm providing Professional Engineering Services. 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 address:	
Federal Tax ID Number:	

**REQUEST FOR OF QUALIFICATIONS (RFQ)
FOR PROFESSIONAL ENGINEERING SERVICES**

Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

1.1 RESPONDENT’S EXPERIENCE. Respondents should select three representative projects of similar size and scope. Recent projects are preferable. The response boxes can be expanded to fit more information; however, original overall table must remain the same size. Respondents projects are not limited to occupancy type.

Engineering Services Firm Name:			
I. Project Name:			
Project Location:			
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		Type of 3 Phase Service:	
Construction Cost:		Building Area Square Footage:	
Contractor:			
Name, Phone Number and Email of Owner’s Representatives:			
Project Description:			
Services Provided:			
Names of Proposed Key Personnel that worked on this project (if any):			

**REQUEST FOR OF QUALIFICATIONS (RFQ)
FOR PROFESSIONAL ENGINEERING SERVICES**

Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

1.1

Engineering Services Firm Name:			
II. Project Name:			
Project Location:			
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		Type 3 Phase Service:	
Construction Cost:		Building Area Square Footage:	
Contractor:			
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Names of Proposed Key Personnel that worked on this project (if any):			

**REQUEST FOR OF QUALIFICATIONS (RFQ)
FOR PROFESSIONAL ENGINEERING SERVICES**

Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

1.1

Engineering Services Firm Name:			
III. Project Name:			
Project Location:			
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>		Type of 3 Phase Service:	
Construction Cost:		Building Area Square Footage:	
Contractor:			
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Services Provided:			
Names of Proposed Key Personnel that worked on this project (if any):			

**REQUEST FOR OF QUALIFICATIONS (RFQ)
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Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

2.1 PROPOSED KEY PERSONNEL. *List the Key personnel proposed for this project. Include the Project Manager, Project Engineer, and Construction Administrator. An individual may assume one or more roles, but a separate Experience table must be submitted for each Project in 2.2, 2.3, and 2.4.*

SOQ Project Role	Describe Functions of Project Role	Personnel Name	Corporate Title	Active Registrations / Certifications / Licenses	Years of Experience
<i>Project Manager</i>					
<i>Project Engineer</i>					
<i>Construction Administrator</i>					

**REQUEST FOR OF QUALIFICATIONS (RFQ)
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Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

2.2 EXPERIENCE OF PROJECT MANAGER. Respondent should select three representative projects of a similar size and scope. These projects do not have to match projects in Section 1.1 Respondent's Experience. Respondents projects are not limited to occupancy type. Recent projects are preferable.

Project Manager Name:			
I. Project Name:			
Project Location:		Type of 3 Phase Service:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>			
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Role:			

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Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

2.2

Project Manager Name:			
II. Project Name:			
Project Location:		Type of 3 Phase Service:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>			
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Role:			

**REQUEST FOR OF QUALIFICATIONS (RFQ)
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Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

2.2

Project Manager Name:			
III. Project Name:			
Project Location:		Type of 3 Phase Service:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>			
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Role:			

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Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

2.3 EXPERIENCE OF PROJECT ENGINEER. Respondent should select three representative projects of a similar size and scope. These projects do not have to match projects in Section 1.1 Respondent's Experience. Respondents projects are not limited to occupancy type. Recent projects are preferable.

Project Engineer Name:			
I. Project Name:			
Project Location:		Type of 3 Phase Service:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>			
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Role:			

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Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

2.3

Project Engineer Name:			
II. Project Name:			
Project Location:		Type of 3 Phase Service:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>			
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Role:			

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Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

2.3

Project Engineer Name:			
III. Project Name:			
Project Location:		Type of 3 Phase Service:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>			
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Role:			

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Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

2.4 EXPERIENCE OF CONSTRUCTION ADMINISTRATOR. Respondent should select three representative projects of a similar size and scope. These projects do not have to match projects in Section 1.1 Respondent’s Experience. Respondents projects are not limited to occupancy type. Recent projects are preferable.

Construction Administrator Name:			
I. Project Name:			
Project Location:		Type of 3 Phase Service:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>			
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner’s Representatives:			
Project Description:			
Project Role:			

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Project Name / Number: HURRICANE HARVEY CITY HALL- ELECTRICAL SWITCHGEAR / D-HARVEY-7382-3

2.4

Construction Administrator Name:			
II. Project Name:			
Project Location:		Type of 3 Phase Service:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>			
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Role:			

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2.4

Construction Administrator Name:			
III. Project Name:			
Project Location:		Type of 3 Phase Service:	
Year Construction Completed (month/year): <i>NOTE: If the project is not substantially complete at the time of submission, the respondent will be awarded zero points.</i>			
Construction Cost:		Building Area Square Footage:	
Name, Phone Number and Email of Owner's Representatives:			
Project Description:			
Project Role:			

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

- Ownership Information Form- 0455
- POP1 - Pay or Play Acknowledgement Form
<http://www.houstontx.gov/obo/payorplay/pop1.pdf>
- Byrd Anti-Lobbying Certification

[Short Project Name]
WBS No. [WBS No.]

AFFIDAVIT OF OWNERSHIP OR CONTROL

ORIG. DEPT.: [DEPARTMENT]

FILE/I.D. NO.: [WBS No.]

INSTRUCTION: ENTITIES USING AN ASSUMED NAME SHOULD DISCLOSE THAT FACT TO AVOID REJECTION OF THIS AFFIDAVIT. THE FOLLOWING FORMAT IS RECOMMENDED: *CORPORATE/LEGAL NAME DBA ASSUMED NAME.*

STATE OF _____ §
 §
COUNTY OF _____ §

AFFIDAVIT OF OWNERSHIP OR CONTROL

BEFORE ME, the undersigned authority, on this day personally appeared _____
[FULL NAME] (the "Affiant"), _____
[STATE TITLE/CAPACITY WITH CONTRACTING ENTITY] of _____
[CONTRACTING ENTITY'S CORPORATE/LEGAL NAME] ("Contracting Entity"), who being by me duly sworn on oath stated as follows:

- 1. Affiant is authorized to give this affidavit and has personal knowledge of the facts and matters herein stated.
- 2. Contracting Entity seeks to do business with the City in connection with _____

[DESCRIBE PROJECT OR MATTER] which is expected to be in an amount that exceeds \$50,000.

3. The following information is submitted in connection with the proposal, submission or bid of Contracting Entity in connection with the above described project or matter.

4. Contracting Entity is organized as a business entity as noted below (check box as applicable).

FOR PROFIT ENTITY:

NON-PROFIT ENTITY:

- SOLE PROPRIETORSHIP
- CORPORATION
- PARTNERSHIP
- LIMITED PARTNERSHIP
- JOINT VENTURE
- LIMITED LIABILITY COMPANY
- OTHER (Specify type in space below)

- NON-PROFIT CORPORATION
- UNINCORPORATED ASSOCIATION

- 5. The information shown below is true and correct for the Contracting Entity; and
- 6. All owners of 10% or more of the Contracting Entity and, where the Contracting Entity is a non-profit entity, the required information has been shown for each officer, *i.e.*, president, vice-president, secretary, treasurer, etc. **[NOTE: IN ALL CASES, USE FULL NAMES, LOCAL BUSINESS AND RESIDENCE ADDRESSES AND TELEPHONE**

[Short Project Name]
WBS No. [WBS No.]

**AFFIDAVIT OF
OWNERSHIP OR CONTROL**

NUMBERS. DO NOT USE POST OFFICE BOXES FOR ANY ADDRESS. INCLUSION OF E-MAIL ADDRESSES IS OPTIONAL, BUT RECOMMENDED. ATTACH ADDITIONAL SHEETS AS NEEDED.]

Contracting Entity

Name: _____

Business Address [NO./STREET] _____

[CITY/STATE/ZIP CODE] _____

Telephone Number (____) _____

Email Address [OPTIONAL] _____

Residence Address [NO./STREET] _____

[CITY/STATE/ZIP CODE] _____

Telephone Number (____) _____

Email Address [OPTIONAL] _____

10% Owner(s) or More (IF NONE, STATE "NONE.")

Name: _____

Business Address [NO./STREET] _____

[CITY/STATE/ZIP CODE] _____

Telephone Number (____) _____

Email Address [OPTIONAL] _____

Residence Address [NO./STREET] _____

[CITY/STATE/ZIP CODE] _____

Telephone Number (____) _____

Email Address [OPTIONAL] _____

7. Optional Information

Contracting Entity and/or _____ [NAME OF OWNER OR
NON-PROFIT OFFICER] is actively protesting, challenging or appealing the accuracy and/or amount of taxes levied
against _____ [CONTRACTING ENTITY, OWNER OR NON-PROFIT OFFICER] as
follows:

Name of Debtor: _____

Tax Account Nos. _____

Case or File Nos. _____

Attorney/Agent Name _____

Attorney/Agent Phone No. (____) _____

Tax Years _____

Status of Appeal [DESCRIBE] _____

Affiant certifies that he or she is duly authorized to submit the above information on behalf of the
Contracting Entity, that Affiant is associated with the Contracting Entity in the capacity noted above and has
personal knowledge of the accuracy of the information provided herein, and that the information provided herein is
true and correct to the best of Affiant's knowledge and belief.

Affiant

SWORN TO AND SUBSCRIBED before me this _____ day of _____, 20____.

(Seal)

Notary Public

NOTE:

This affidavit constitutes a **government record** as defined by Section 37.01 of the Texas Penal Code.
Submission of a false government record is punishable as provided in Section 37.10 of the Texas Penal Code.
Attach additional pages if needed to supply the required names and addresses.

BYRD ANTI-LOBBYING CERTIFICATION

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

(Date)

(Typed or Printed Name)

(Signature)

(Title)