



Addendum: #2

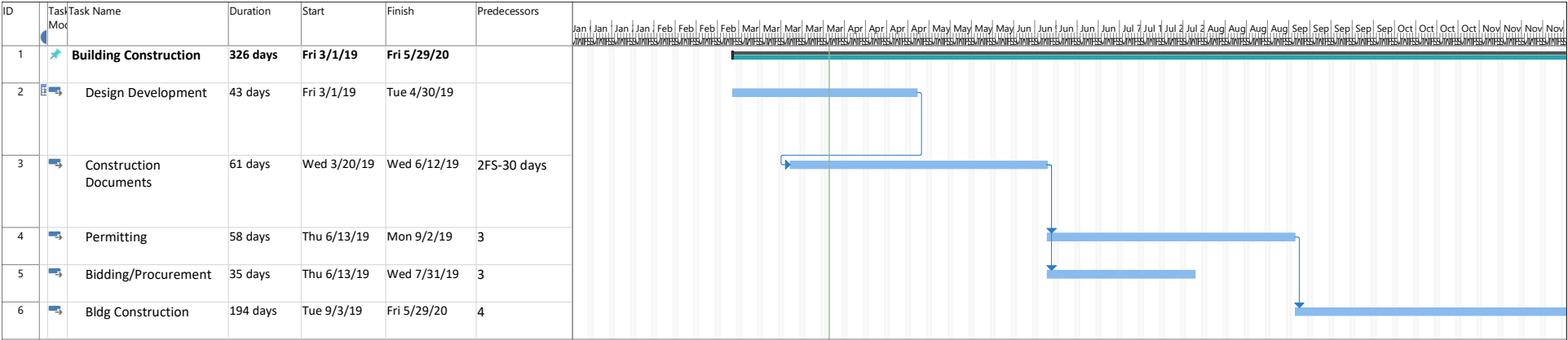
Issued: April 3, 2019

The additions, omissions, clarifications, and corrections herein shall be made to the Request for Qualifications, for Construction Manager @ Risk, and shall be included in the scope of work and proposals to be submitted. References made below shall be used as a general guide only.

Item #1: Project Schedule is attached.

Item #2: Updated forms are attached to clarify the duplication of several forms.

Elementary CMAR RFQ Project Schedule



Project: Elementary School
Date: Tue 4/2/19

Task	Project Summary	Manual Task	Start-only	Deadline	Progress
Split	Inactive Task	Duration-only	Finish-only	Progress	Manual Progress
Milestone	Inactive Milestone	Manual Summary Rollup	External Tasks	Manual Progress	External Milestone
Summary	Inactive Summary	Manual Summary	External Milestone	Manual Progress	External Milestone

YES PREP PUBLIC SCHOOLS

RFQ FOR CONSTRUCTION MANAGER AT RISK (CMAR) SERVICES

REFERENCE REQUEST FORM

Project Name
CMAR Name
Owner or Architect Providing Reference
Phone Number
Response Date (MM/DD/YY)
Reference Project Description
Please forward completed reference form to Alicia.Lombrana@yesprep.org no later than 4/9/2019

#	Questions	Score (0-10)	Notes ("10" for YES, "0" for NO)
1	How well did the CMAR create and follow a construction schedule including phasing; working within student occupied areas?		
2	Rate how well the project's actual costs compared to the GMP(s) provided by the CMAR.		
3	Rate the overall construction quality of the CMAR work.		
4	Rate CMAR performance regarding Change Orders? (Low Volume/Prompt Response/Reasonable Pricing)		
5	Rate how well the CMAR performed the Pre-construction Services.		
6	Rate CMAR personnel/resources to complete project tasks.		
7	How well the CMAR provided accurate and current communications in a timely manner to Owner requests?		
8	Did the CMAR perform in the manner in which their proposal presented their qualifications?		
9	How well did the CMAR value engineer in order to maintain costs within the proposed amount?		

10	Would you choose this CMAR again?		("10" for YES, "0" for NO)
Total Score (0-100)			Sum of 10 Questions Scored

REFERENCES

Please complete this form submit the form with RFQ / Statements of Qualifications.
Offerors must provide maximum of five (5) projects of directly relevant experience per School Project references. Please also find the "Reference Request form" in the attachments section, send to your Client reference, and have them complete, sign and submit it via email to **Alicia.lombrana@yesprep.org** no later than the due date of **April 9, 2019**.
Offerors with less experience than five (5) projects are still encouraged to submit, but will be scored accordingly.

- 1.** School System_____

Contact Name_____

Address_____

Telephone number_____

Fax number_____
- 2.** School System_____

Contact Name_____

Address_____

Telephone number_____

Fax number_____
- 3.** School System_____

Contact Name_____

Address_____

Telephone number_____

Fax number_____
- 4.** School System_____

Contact Name _____

Address_____

Telephone number_____

Fax number_____
- 5.** School System_____

Contact Name_____

Address_____

Telephone number_____

Fax number_____

FELONY CONVICTION NOTICE

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, *Subsection (a)*, states, “a person or business entity that enter into a contract with a school district must give advance notice to the District if the person or owner or operator of the business entity has been convicted of a felony.” The notice must include a general description of the conduct resulting in the conviction of a felony.

Subsection (b) states “a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction.

The district must compensate the person or business entity for services performed before the termination of the contract”.

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION.

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

Proposer's Name: _____
(Legal/Official Company Name)

Proposer's Authorized Official's Name _____
(Please print clearly or type) A.

My firm is a publicly-held corporation; therefore, this reporting requirement is not applicable:

Signature of Proposer's Official: _____ Date: _____

B. My firm is not owned or operated by anyone who has been convicted of a felony.

Signature of Proposer's Official: _____ Date: _____

C. My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Detail of Conviction(s): _____

Signature of Proposer's Official: _____ Date: _____

NOTE:

Name and signature of company official should be the same as on the affidavit Vendor is responsible for the performance of the persons, employees and/or sub-contractors assigned to provide services for YES Prep pursuant to this Bid/Proposal on any and all YES Prep campuses. Vendor will not assign individuals to provide services at YES Prep campus or facility who have a history of violent, unacceptable, or grossly negligent behavior or who have a felony conviction.

CERTIFICATE OF RESIDENCY

The State of Texas has passed a law concerning non-resident contractors. This law can be found in Texas Government Code under Chapter 2252, Subchapter A.L. This law makes it necessary for the YES Prep to determine the residency of its bidders. In part, this law reads as follows:

“Section: 2252.001

- (3) ‘Non-resident bidder’ refers to a person who is not a resident.
- (4) ‘Resident bidder’ refers to a person whose principal place of business is in this state, including a contractor whose ultimate parent company or majority owner has its principal place of business in this state.

Section: 2252.002

A governmental entity may not award a governmental contract to a nonresident bidder unless the nonresident underbids the lowest proposal submitted by a responsible resident bidder by an amount that is not less than the amount by which a resident bidder would be required to underbid the nonresident bidder to obtain a comparable contract in the state in which the nonresident’s principal place of business is located.”

I certify that _____
(Proposer’s Legal/Official Company Name)

is, under Section: 2252.001 (3) and (4), a

_____ Resident Bidder _____ Non-resident Bidder

My or Our principal place of business under Section: 2252.001 (3) and (4), is in the city of _____
_____ in the state of _____

If not Texas, does the state have preferential treatment on bids? ☐ Yes ☐ No

If yes, what percentage: _____%

Name of Proposer’s Authorized Official: _____
(Type or printed)

Title of Proposer’s Authorized Official: _____
(Type or printed)

Signature of Proposer’s Authorized Official: _____

Date Signed: _____

CONFLICT OF INTEREST QUESTIONNAIRE

CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity		FORM CIQ
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.</p> <p>A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.</p>		OFFICE USE ONLY Date Received
1 Name of vendor who has a business relationship with local governmental entity.		
2 <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)		
3 Name of local government officer about whom the information is being disclosed. _____ Name of Officer		
4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary. <div style="margin-left: 40px;">A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor? <div style="margin-left: 100px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div> <div style="margin-left: 40px;">B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity? <div style="margin-left: 100px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div></div>		
5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.		
6 <input type="checkbox"/> Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).		
7 <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>_____ Signature of vendor doing business with the governmental entity</div><div>_____ Date</div></div>		

NOTE: THIS FORM MUST BE COMPLETED WITH COMPANY NAME, SIGNATURE AND DATE EVEN IF COMPANY HAS NO CONFLICT OF INTEREST.

DEBARMENT OR SUSPENSION CERTIFICATION FORM

NON - FEDERAL FUNDS

As the awarded vendor on this contract, you are required to provide debarment/suspension certification indicating that you are in compliance with the below YES Prep – Non Federal Funds Certification by completing and signing this form.

Non-Federal entities are prohibited from contracting with or making sub-awards under covered transaction to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement of goods or services, Vendors receiving awards of contracts all sub-recipients must certify that the organizations and its principals are not suspended or debarred. Your signature certifies that neither you nor your principal is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Proposer's Name:

(Legal/Official Company Name)

Address: _____

City/State/Zip: _____

Telephone #: _____

Name of Proposer's Authorized Official: _____
(Type or printed)

Title of Proposer's Authorized Official: _____
(Type or printed)

Signature of Proposer's Authorized Official: _____

Date Signed: _____

NON-COLLUSION STATEMENT

"The undersigned affirms that he/she is duly authorized to execute this Proposal, that this company, corporation, firm, partnership or individual has not prepared this Proposal in collusion with any other Proposer, and that the contents of this Proposal as to prices, terms or conditions of said Proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this Proposal"

Proposer's Name: _____
(Legal/Official Company Name)

Address: _____

City/State/Zip: _____

Telephone # : _____ Fax # : _____

Name of Proposer's Authorized Official: _____
(Type or printed)

Title of Proposer's Authorized Official: _____
(Type or printed)

Signature of Proposer's Authorized Official: _____

Date Signed: _____