

PROFESSIONAL SERVICES FOR SALUSCARE FOR THE CAPE CORAL CAMPUS HURRICANE IAN RENOVATION PROJECT

ADDENDUM NO. 1

1. Since the RFQ requests detailed cost estimating, is it acceptable to include a contractor as part of the design team for estimating services only? If the answer to this question is yes, would that contractor be barred from bidding or responding to a subsequent RFP/RFQ for the construction work?

Yes, it is acceptable for the design team to include a contractor for estimating services only. However, the contractor that supported the design team with estimation is precluded from bidding on the same project as the construction contractor, or as a member of the construction contractor's team (subcontractor).

Regarding form, "RFQ-QPC." Under the section, "Type and number of projects completed in the past 5 years" there is a space for projects completed for the City of Panama City followed by a space for names of projects. Do you want to know the names of all projects completed in the last five years or only the names of Panama City projects?

This was an error. An updated RFQ-QPC form is attached to this Addendum. Please advise if any projects were completed for SalusCare in the past 5 years.

2. Can the same projects be used for forms RFQ-EPC and RFQ ELAE?

Yes.

3. Regarding 4.2 Qualification Submission Format. Please confirm that you require a second table of contents for Section A as well as an overall table of contents

Only one Table of Contents is required. The overall Table of Contents should include all forms referenced in Sections 4.1.1-4.1.3.



SalusCare Qualifications Proposer/ Prime Consultant - RFQ-QPC

Instructions

This form is to be completed and submitted in accordance with the requirements of the RFQ to which your firm is responding. Do not leave any blanks or fail to provide any information or details that are required. Failure to submit this form or the use of any other form will result in the rejection of a proposal as nonresponsive. The failure to provide the information or details required by the form may result in the rejection of a Response a non-responsive.

RFQ No.: _____ **RFQ Title:** _____

Name of Prime Consultant: _____

Primary Types of Services (Residential, Residential High-Rise, Mixed-Use, Offices, Park Facilities, Government Offices, etc.)

Type of Firm: Corporation LLC Partnership Sole Proprietor Joint Venture Other

Certified Small or Minority Owned Business: Yes No Issued by (name): _____

Type of Ownership Certification(s): _____

Is this the Proposer's **Office its main office?** Yes No If No, please provide your main office location:

Will the Prime Consultant rely on any other branch or subsidiary office to perform the work? Yes No

If "Yes," indicate location of offices: _____

Number of years in business under current name: _____. **If the Prime Consultant has undergone a name change in the past five (5) years, provide prior name & number of years in business under this name** (not a result of a sale of the firm):

Type and number of projects completed in the past 5 years:

Design/Bid/Build: _____ Design/Build: _____ CM-at-Risk: _____ N/A

Private Sector: _____ Federal Government: _____ State/County/Municipal: _____

SalusCare: _____ Name of Projects: _____

Residential/Residential High-Rise: _____ Office: _____ Mixed-Use: _____ Retail: _____

LEED/Green Globe Certified: _____ Other (specify): _____



SalusCare Qualifications of Proposer/Prime Consultant - RFQ-QPC

List below the names of owners, officers, principals, and the principal-in-charge-of the Proposer's firm together with the title and percentage of ownership (add additional pages as necessary):

Name	Title	% Ownership

By signing below Proposer certifies that the information contained in Form RFQ-QPC is accurate and correct. Proposer further certifies that it is aware that if SalusCare determines that any of the information is incorrect or false SalusCare may at its sole discretion reject the Response as non-responsive.

Signature of Authorized Officer

Date

Printed Name

Title