



**EDINBURG CONSOLIDATED INDEPENDENT SCHOOL DISTRICT**

Purchasing Department  
411 N. 8<sup>TH</sup> Ave.  
EDINBURG, TX 78541  
PHONE: (956) 289-2311 FAX: (956) 383-7687

*Gilbert Garza, Jr., Interim Superintendent*

*Dr. Rebecca Morrison, Deputy Superintendent*

**ADDENDUM 1  
RFP 21-45  
CONSTRUCTION MANAGER AT RISK FOR CAREER & TECHNICAL  
EDUCATION CENTER  
February 3, 2021**

**I. INSTRUCTIONS:**

- A. The following changes, omissions or alterations to the specification and drawings shall be made insofar as the specifications and drawings are inconsistent with following, this addendum shall govern.
- B. Acknowledge receipt of this addendum by inserting its number and date of issue in the place provided for same in the proposal. This addendum forms a part of the Contract Documents.
- C. It is imperative that this addendum be inserted INTO set of specifications.

**II. PLEASE CHANGE:**

Replace page 44 – 45 with attached page 44-45

Addition of the Reference Check Questionnaire.

Respectfully Submitted,

Amaro Tijerina  
Director of Purchasing

\_\_\_\_\_  
(Signature of authorized officer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

*Communicate and Connect with All Stakeholders*



*Excel in Academics and Ensure Equal Access*

*Innovate Through Technology*



*Secure a Safe Learning Environment*



*Develop and Retain Highly Qualified Staff*

**Nondiscrimination Statement**

It is the policy of Edinburg CISD not to discriminate on the basis of gender, age, handicap, religion, race, color, or national origin in its educational programs.

Es poliza del Distrito Escolar de Edinburg el no discriminar por razones con base en genero, edad, religion, raza,

color origen nacional. ni discapacidad dentro de sus programas educacionales.

7.3 Addenda Checklist

Receipt is hereby acknowledged of the following addenda to this RFP. (initial if applicable)

No. 1 \_\_\_\_\_ No. 2 \_\_\_\_\_ No. 3 \_\_\_\_\_ No. 4 \_\_\_\_\_

Respectfully submitted,

By : \_\_\_\_\_  
Authorized Signature

Date: \_\_\_\_\_

SECTION 8 – RESPONDENT QUESTIONNAIRE

The selection of offeror will be based on the following: Ranking/Selection Criteria. The District retains the right to apply the selection criteria as allowed in **Educational Code 44.031 section (B)**.

**The following support information must be submitted in sealed envelope with proposal and labeled (tabs) as followed: One (1) original and two (2) copies.**

- 1. **Proposal Price: 30 Points Max**
  - 1.1 Base Bid (7.1 Pricing Schedule).
  
- 2. **Qualifications/Experience: 25 Points Max**
  - 2.1 Number of years Firm in Construction.
  - 2.2 List last ten (10) projects the Firm has provided CM @ Risk
  - 2.3 Provide contractor’s qualification statement form AIA 305.
  
- 3. **Past Performance: 15 Points Max**
  - 3.1 Describe Cost Control Plan and history of change orders.
  - 3.2 Describe how Firm will complete project within budget and on schedule.
  - 3.3 References
  
- 4. **Contractor Management / Personnel: 15 Points Max**
  - 4.1 Provided resume of proposed project manager, project superintendent.
  - 4.2 Provide proposed project team structure.
  - 4.3 Requests for Proposal completeness.
  
- 5. **Quality Control/Safety Plan: 15 Points Max**
  - 5.1 Proposed Quality Control Plan.
  - 5.2 Proposed Safety Plan

**RFP 21-45, CONSTRUCTION MANAGER AT RISK FOR CAREER & TECHNICAL EDUCATION CENTER**

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6. Insurance Policies

6.1 Provide a copy of the following insurance policies: Professional Liability Insurance, General Liability, Workers Compensation and Automobile Insurance Policies.

7. Required Forms

FORM A – Fully completed and signed

STANDARD TERMS & CONDITIONS – Fully completed and signed

FELON CONVICTION FORM – Fully completed and signed

CONFLICT OF INTEREST QUESTIONNAIRE – Fully completed and signed

CERTIFICATION OF INTERESTED PARTIES (FORM 1295) – Follow instructions indicated on page 28. Form to be filled out online, printed and submitted with your proposal.

DEVIATION FORM – Fully completed and signed

WAGE RATE

ECISD AUTHORIZATION FOR W-9/DIRECT DEPOSIT – Fully completed and signed

REFERENCE CHECK QUESTIONNAIRE – Submit for 3 current clients

REFERENCE CHECK QUESTIONNAIRE

Reference for: \_\_\_\_\_

Reference Name: \_\_\_\_\_  
(Firm name)

\_\_\_\_\_  
(Person Contacted)

We request your responses to the below questions. Contractor is to submit this questionnaire to 3 references. Upon completion, email questionnaire to ClauDina E. Longoria to d.longoria@ecisd.us.

**1. How well did the contractor meet the project budget?**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Was the contractor able to comply with the project schedule?**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Did the quality of work meet your expectations?**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Was the contractor responsive to your concerns and requests?**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. How well did the contractor meet the overall contractual obligations?**

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For ECISD Use:

Person conducting reference check: \_\_\_\_\_

Date reference questionnaire was conducted or sent: \_\_\_\_\_