



City of North Port
 FINANCE DEPARTMENT/PURCHASING DIVISION
 4970 CITY HALL BLVD, STE 337
 NORTH PORT, FLORIDA 34287
 Office: 941.429.7170
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 Email: purchasing@cityofnorthport.com



FEBRUARY 5, 2024

ADDENDUM 1

TO: PROSPECTIVE PROPOSERS

RE: RFP NO. 2024-16 – CITY OF NORTH PORT POLICE DEPARTMENT FACILITIES, EMERGENCY OPERATIONS CENTER (EOC), AND PUBLIC SAFETY TRAINING COMPLEX CONSTRUCTION MANAGER AT RISK

SUBMITTAL DUE DATE: **FEBRUARY 26, 2024, NO LATER THAN 2 PM**, 4970 CITY HALL BOULEVARD, ROOM 337, NORTH PORT, FLORIDA 34286

****ALL SUBMITTALS ARE DATE AND TIME STAMPED IN THE FINANCE DEPARTMENT, SUITE 337 FIRST AND THEN ARE OPENED IN SUITE 337A****

Proposers are hereby notified that this addendum shall be made part of the above-named proposal and contract documents. The following is issued to revise, modify, and/or clarify the proposal and contract documents (the deletions are as ~~striketroughs~~ and additions as underlined). These items shall have the same force and effect as the original documents, and proposals to be submitted on the specified date shall conform with the additions, deletions and revisions as listed herein.

Questions:

Question 1. When are questions due by?

Answer 2. Questions are due by February 19, 2024.

CORRECTIONS:

1. ~~DELETE: NUMBER OF SUBMITTAL PACKAGES: One (1) original hard-copy UNBOUND (marked "ORIGINAL") and signed in blue ink. NUMBER OF COPIES: three (3) hard copies BOUND (marked "COPY"). (1 original + 3 copies = 4 total submittals).~~

REPLACE WITH:

NUMBER OF SUBMITTAL PACKAGES: One (1) original hard-copy UNBOUND (marked "ORIGINAL") and signed in blue ink. NUMBER OF COPIES: Five (5) hard copies BOUND (marked "COPY").

(1 original + 5 copies = 6 total submittals).

2. Please use the revised Attachment D. Please see Attachment D.

Firms are required to acknowledge receipt of this addendum on their proposal forms. All other terms and conditions of the original proposal and contract documents remain the same.

Geoff Thomas
Contract Administrator I
Finance Department/Purchasing Division
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Receipt of Addendum No. 1 shall be noted within the Bid Form in the appropriate section.
End of Addendum No. 1

ATTACHMENT D

REFERENCE AND PERFORMANCE QUESTIONNAIRE VERIFICATION FORM

RFP 2024-16 City of North Port Police Department Facilities, Emergency Operations Center (EOC), and Public Safety Training Complex Construction Manager at Risk

It is the intent of the City of North Port to request proposals from experienced and qualified firms for City of North Port Police Department Facilities, Emergency Operations Center (EOC), and Public Safety Training Complex Construction Manager at Risk

1. Contractor Information (Proposer information) FIRM
NAME: _____
ADDRESS: _____
Telephone number#: _____
E-mail: _____
Point of Contact _____ Contact Phone Number _____
2. Worked Performed as _____ Prime _____ Sub Contractor _____ Joint Venture _____ Other (Explain) _____
Percent of project work performed _____ % If Subcontractor, who was the prime (Name/Phone #) _____
3. CONTACT INFORMATION Contract Number: _____ Contract Type: _____ Firm Fixed Price _____ Cost Reimbursement _____ Other (please specify): _____ Contract Title: _____ Contract Location: _____ Award Date (mm/dd/yy) _____ Actual Completion Date: _____ Original Contract Price (Award Amount): _____
Final Contract Price (to include all modifications, if applicable): _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Explain the Difference: _____
4. PROJECT DESCRIPTION: Complexity of Work _____ _HIGH _____ _MED_ _____ _ROUTINE How is this project relevant to project submission?

5. CLIENT INFORMATION

Name: _____ Title: _____

Name of Entity: _____

Phone Number: _____ E-Mail: _____

PERFORMANCE EVALUATION	(CHECK) "YES" OR "NO"
1. Was the scope of work performed similar in nature?	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
2. Did this company have the proper resources and personnel by which to get the job done? If no, please describe: _____ _____	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
3. Were any problems encountered with the company's work performance? If yes, please describe: _____ _____	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
4. How long did the company/individual work for you?	Years: _____
5. On a scale of 1 to 10, 10 being best, how would you rate the overall work performance, considering professionalism; final product; personnel; resources. Rate from 1 to 10. (10 being highest)	Months: _____ _____
6. If the opportunity were to present itself, would you rehire this company? If no, please state why: _____	<input type="checkbox"/> YES OR <input type="checkbox"/> NO
7. Date Questionnaire completed	(mm/dd/yy) _____

8. Please provide any additional comments pertinent to this company and the work performed for you (you may use additional pages): _____

Signature

Date this was completed: _____

NOTE: REQUESTS THAT THE CLIENT COMPLETES THIS FORM AND SUBMITS DIRECTLY BACK TO THE PROPOSER. THE PROPOSER WILL SUBMIT THE COMPLETED FORM WITH THEIR PROPOSAL. CLIENTS ARE HIGHLY ENCOURAGED TO SUBMIT THE FORM DIRECTLY TO THE PROPOSER. HOWEVER, MAY BE DIRECTLY SUBMITTED TO: PURCHASING@NORTHPORTFL.GOV REFERENCING THE RFP #: 2024- 16.

THE CITY RESERVES THE RIGHT TO VERIFY ANY AND ALL INFORMATION ON THIS FORM.