

GARLAND INDEPENDENT SCHOOL DISTRICT
Marvin Padgett Building
PURCHASING DEPARTMENT BRANCH



701 NORTH FIRST STREET
Garland, Texas 75040
972/487-4132

DATE: August 19, 2016

ADDENDUM # 1
CSP # 499-04-16 FOR: IT Director's Office Renovation

The following information is in response to questions received and are hereby included and made part of any award pursuant to CSP #499-04-16.

THE DATE AND TIME FOR SUBMITTAL OF RESPONSES REMAIN UNCHANGED

Date: August 25 2016

Time: 10:00 A.M. CST

Mark A. Booker
Director of Purchasing

Company Name

Address

City, State Zip

Signature

Title

QUESTIONS & RESPONSES

Question 1:

On the Technical Proposal Form Page 1 of 8, the same two questions are asked regarding list other fully staffed offices or fully staffed branches in our organization.

Does the question have to be answered twice, or was there supposed to be another question there regarding staffing and years of construction experience as in previous RFP's?

Response 1:

The information was duplicated and has been corrected. Attached is revised SECTION 00 41 13 –TECHNICAL PROPOSAL FORM, 8 PAGES,” page 1.

Question 2:

Are you guys really wanting a 5% bid bond for this? It is under 100,000.00.

Response 2:

Garland ISD does not request a bid bond for proposals under \$100,000.00. Please see Section 00 43 13.

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SECTION 00 41 13 – TECHNICAL PROPOSAL FORM, 8 PAGES.

Name of Contractor	
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**COMPETITIVE SEALED PROPOSAL
to
GARLAND INDEPENDENT SCHOOL DISTRICT**

PART A. GENERAL

1.01 Contractor Firm Information

Contractor's Firm Name (Legal Name)	
Contractor's Point of Contact with Signature Authority	
Street Address	
Phone and Fax Number	
Point of Contact Email Address	
Type of Business: _____ Corporation, _____ Partnership, _____ Sole proprietorship, _____ Joint Venture	
State of Incorporation	
DUN & BRADSTREET NUMBER:	
In continuous business since (Date of Incorporation/ Years in Business):	
List other fully staffed offices or fully staffed branch offices of your organization:	
<u>Name</u>	<u>Branch Manager</u> <u>Telephone Number</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
Corporate Officers, Partners or Owners of Organization:	
<u>Name</u>	<u>Title</u> <u>Construction Experience (Years)</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
Check box(es) corresponding to the nature of your business:	
___ Large Business (100 or more employees) ___ Small Business (fewer than 100 employees)	
___ Minority Owned Business; Certified with _____ (provide certificate copy) _	
___ Women Owned Business; Certified with _____ (provide certificate copy) ___	
___ Other (Define) _____ (provide copy of certificate)	
Has your organization ever defaulted or failed to complete any work awarded? ___ Yes ___ No If yes, stipulate where and why:	
Has your organization ever paid liquidated damages or a penalty for failure to complete a contract on time? ___ Yes ___ No If yes, stipulate where and why:	