## TAMPA-HILLSBOROUGH COUNTY EXPRESSWAY AUTHORITY

### **ADDENDUM NO. 2**

**FOR** 

**LETTER OF INTEREST (LOI)** 

# MISCELLANEOUS ELECTRICAL DESIGN SERVICES

LOI No. O-00219

### **ADDENDUM NO. 2**

PROJECT NAME: Misc. Electrical Design Services
DATE OF ADDENDUM: February 27, 2019

## TO ALL PROSPECTIVE BIDDERS: PLEASE NOTE THE FOLLOWING ADDENDUM TO THE LOI:

Please use the attached FDOT template for LOI submittal.

**Bidders MUST** acknowledge receipt of this Addendum by signing, dating and returning the completed Acknowledgement of Receipt of Addendum form **with Bidder's proposal**.

All other items, conditions, and specifications in the LOI document not specifically changed by the Addendum remain unchanged.

Bidders failing to acknowledge the addendum issued may be deemed non-responsive to the LOI. Please send all questions to THEA's Procurement Manager, Man Le, via email at Man.Le@tampa-xway.com.

### **ACKNOWLEDGEMENT OF RECEIPT OF ADDENDUM and/or LETTER OF CLARIFICATION**

| Were Addenda issued on this Solicitation?   |  |
|---|--|
| Yes   |  |
| □ No  |  |
| Were Letter of Clarification issued on this S   | folicitation?  |
| Yes   |  |
| ☐ No  |  |
| I (We) hereby acknowledge receipt of the for 7this solicitation by listing the Addenda by r | ollowing Addendum/Addenda issued in reference number, date and signing the form: |
| Addendum  | Date:  |
| Addendum  | Date:  |
| Addendum  | Date:  |
| Letter of Clarification   | Date:  |
| Letter of Clarification   | Date:  |
| Letter of Clarification   | Date:  |
| BIDDE   | ≣R:  |
| Ву:   | Authorized Signature   |
|   | Printed Name of Signer   |
|   | Title of Signer  |
|   | Date Signed  |

to

[END OF ACKNOWLEDGMENT OF RECEIPT FORM]

#### STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION

### PROFESSIONAL SERVICES LETTER OF RESPONSE

375-030-22 PROCUREMENT 04/18 Page 1

| Advertisement No.:             | DOT FM Number:   |                               |                                     | _ |  |  |  |  |  |
|--------------------------------|--|-------------------------------|-------------------------------------|---|--|--|--|--|--|
| Submittal Date:                | Project Name:  |                               |                                     |   |  |  |  |  |  |
|                                |  |                               |                                     |   |  |  |  |  |  |
| Consultant's Name:             | (Firm must use the name shown on the Cons  |                               |                                     |   |  |  |  |  |  |
|                                | (Firm must use the name shown on the Cons  | sultant's qualification lette | r.)                                 |   |  |  |  |  |  |
| Street Address:                |  |                               |                                     |   |  |  |  |  |  |
| City:                          | State:   |                               | _ Zip:                              |   |  |  |  |  |  |
| Office Location:               |  | Contact person:               |                                     |   |  |  |  |  |  |
| Phone:                         | Contact email:   |                               |                                     |   |  |  |  |  |  |
| By submittal of this letter th | ne Consultant certifies that all information provided are currently employed by the firm(s) identifi | vided in the letter is true a | and accurate. The Consultant furthe |   |  |  |  |  |  |

staff will become employed by the identified firm(s).

The Letter of Response should address the following information:

- Proposed approach and understanding of critical issues.
- Relevant project experience Similar type of work experience.
- Other content provided by firm.
- Proposed key personnel and their proposed roles (do not include resumes).

Consultants: Please be aware that all font (including font in graphics, tables, and captions on photos) must be standard Arial Narrow, 11 point, single line spacing with no modification of font or spacing allowed. ½" clear margin on all sides must be maintained on all pages. It is the Consultant's responsibility, due to font and format restrictions within this form, to work within the constraints of the form and its format. Character styling such as use of color, bold, and italics is allowed. Use of a table is recommended for text boxes. The page layout may be modified to add columns, tables, graphics, and photos. All graphics and photos must be created in a clean, blank word document and the "text wrapping square" option applied before cutting and pasting into this form. Consultants may add their logo at the top of the first page (directly underneath the header), however, the Consultant shall not extend the form beyond the pages allocated for the Letter to accommodate insertion of the logo. Consultants are not permitted to insert any other information in the header other than the logo. After pasting your letter into this form, highlight all text and ensure the font size of Arial Narrow, 11 point was retained. Once your content is inserted, delete any additional blank pages that are generated by pressing your delete key after the last word in the Letter of Response. Recreation of the form in another software application to modify the form format is not permitted. This form works best when saved with a .docx extension. \*Please retain the source document as it may be requested at a later date in the procurement, to verify adherence with aforementioned restrictions. Note: You may begin typing on this page.

Prequalification of Prime Consultant and any proposed Subconsultants by advertised type(s) of work:

|                | Consultant Name | Project Advertised Major & Minor Work Types |  |  |  |  |  |  |  |  |  |     |    |    |  |
|----------------|-----------------|---|--|--|--|--|--|--|--|--|--|-----|----|----|--|
|                | Consultant Name |   |  |  |  |  |  |  |  |  |  | DBE | SB | UU |  |
| Prime          |                 |   |  |  |  |  |  |  |  |  |  |     |    |    |  |
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| ltan           |                 |   |  |  |  |  |  |  |  |  |  |     |    |    |  |
| Subconsultants |                 |   |  |  |  |  |  |  |  |  |  |     |    |    |  |
| pco            |                 |   |  |  |  |  |  |  |  |  |  |     |    |    |  |
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SB = Small Business UU = Under-utilized work type; subconsultant is a professional services firm and is prequalified in the Under-Utilized Work Group. Refer to the advertisement for applicability.

My firm has submitted a Bid Opportunity List through the <u>Equal Opportunity Compliance System</u> for this project.

Prequalification of Prime Consultant and any proposed Subconsultants by advertised type(s) of work:

| Prequalification of Prime Consultant and any proposed Subconsultants by advertised type(s) of Project Advertised Major  Consultant Name |                 |  |  |  |  |  |  |  |  |  | & Minor Work Types |     |    |    |  |  |  |  |
|---|-----------------|--|--|--|--|--|--|--|--|--|--------------------|-----|----|----|--|--|--|--|
|   | Consultant Name |  |  |  |  |  |  |  |  |  |                    | DBE | SB | UU |  |  |  |  |
| Prime   |                 |  |  |  |  |  |  |  |  |  |                    |     |    |    |  |  |  |  |
|   |                 |  |  |  |  |  |  |  |  |  |                    |     |    |    |  |  |  |  |
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| Subconsultants  |                 |  |  |  |  |  |  |  |  |  |                    |     |    |    |  |  |  |  |
| pco   |                 |  |  |  |  |  |  |  |  |  |                    |     |    |    |  |  |  |  |
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| •              | Consultant Name | oposed Subconsultants by advertised type(s) of work:  Project Advertised Major & Minor Work Types |  |  |  |  |  |  |  |  |  |     |    |    |  |
|----------------|-----------------|---|--|--|--|--|--|--|--|--|--|-----|----|----|--|
|                | Consultant Name |   |  |  |  |  |  |  |  |  |  | DBE | SB | UU |  |
| Prime          |                 |   |  |  |  |  |  |  |  |  |  |     |    |    |  |
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| Subconsultants |                 |   |  |  |  |  |  |  |  |  |  |     |    |    |  |
| pco            |                 |   |  |  |  |  |  |  |  |  |  |     |    |    |  |
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