



ADDENDUM:	1	DATE:	09-18-23
PROJECT NAME:	RFQ FOR PIPE		
CONTACT NAME:	Kelly L. Iverson	TITLE:	Sr. Management Analyst
PHONE:	206-574-1218	EMAIL:	kellyi@kcha.org

This Addendum is used to Identify Items in the Original Documents with Action as Follows:

BID RFQ RFP

CLARIFY CHANGE DELETE ADD SUBSTITUTE

10 Page(s) Total for this Addenda including this page.

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1. The date that the RFQ submittals are due has been changed from Wednesday, September 20, 2023 to Wednesday, September 27, 2023 at 1:00PM.
 2. The corrected RFQ has been uploaded – containing the required return forms and also the No Participation form. They are also included here.
 3. RFQ moved on the KCHA website to: [King County Housing Authority > Business > Professional Services > Open Requests \(kcha.org\)](http://King County Housing Authority > Business > Professional Services > Open Requests (kcha.org))
-

END OF ADDENDUM # 1



FIRM'S QUALIFICATIONS and EXPERIENCE RECORD

QUALIFICATIONS

NAME OF FIRM: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____
(if different from physical address)

CONSULTANT IS A(N): _____ INDIVIDUAL _____ PARTNERSHIP
_____ LLC _____ CORPORATION IN STATE OF: _____

BUSINESS TYPE:

_____ ARCHITECTURAL _____ OTHER: _____
SPECIFY - PLEASE PRINT

_____ ENGINEERING _____
SPECIFY - PLEASE PRINT

UBI No.: _____ FEDERAL TAX ID No.: _____

NO. OF YEARS IN BUSINESS: _____ NO. OF EMPLOYEES IN YOUR FIRM: _____

Is your firm able to provide all services as stated in the RFQ Section 1.2.B? _____ YES _____ NO
If "NO", please explain:

EXPERIENCE RECORD

List three (3) **publicly funded multi-family** projects that your firm has designed, engineered, and/or managed/supervised and completed as specified in the RFQ Section 1.2.B.

(1) PROJECT INFORMATION

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROJECT DURATION PROJECT COMPLETION DATE CONTRACT AMOUNT

OWNER'S / CONTACT'S NAME OWNER'S / CONTACT'S PHONE NUMBER

NATURE OF YOUR FIRM'S WORK



(2) PROJECT INFORMATION

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROJECT DURATION PROJECT COMPLETION DATE CONTRACT AMOUNT

OWNER'S / CONTACT'S NAME OWNER'S / CONTACT'S PHONE NUMBER

NATURE OF YOUR FIRM'S WORK

(3) PROJECT INFORMATION

PROJECT NAME: _____

PROJECT ADDRESS: _____

PROJECT DURATION PROJECT COMPLETION DATE CONTRACT AMOUNT

OWNER'S / CONTACT'S NAME OWNER'S / CONTACT'S PHONE NUMBER

NATURE OF YOUR FIRM'S WORK

The undersigned warrants under penalty of perjury that the foregoing information is complete, true and accurate to the best of his / her knowledge. The undersigned authorizes the King County Housing Authority to verify all information contained herein.

Signature: _____

Name: _____

PLEASE PRINT

Title: _____

Date: _____

PLEASE PRINT



CONSULTANT'S CERTIFICATION

NAME OF FIRM: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____
(if different from physical address)

TELEPHONE No.: _____ **CONSULTANT IS A(N):** _____

UBI No.: _____ **FEDERAL TAX ID No.:** _____

OWNER(S) OF FIRM *(must list all owners; use an additional sheet if necessary)*

NAME OF OWNER(S)	DATE(S) OF OWNERSHIP (from – to)
_____	_____
_____	_____
_____	_____

UNDER PENALTIES OF PERJURY, _____ I / _____ We hereby certify that: (Check the appropriate responses)

- _____ I / _____ We have a complete copy of the RFQ Documents and Drawings (if applicable) as supplied by the King County Housing Authority.
- _____ I / _____ We have no contractual obligation or other disabilities that would prevent _____ Me / _____ Us from meeting the various requirements contained in the RFQ Documents to the greatest extent feasible and with good faith efforts to attempt to meet the attached goals.
- _____ I / _____ We do not and will not maintain, nor permit _____ My / _____ Our employees to work in a location where segregated facilities are maintained, except for separate or single-user toilets and changing facilities, if necessary, to assure privacy between the sexes.
- _____ I / _____ We certify that _____ I / _____ We _____ Have / _____ Have Not participated in an Equal Employment Opportunity Plan in the past that required filing reports with the Government; and that if _____ I / _____ We have, _____ I / _____ We _____ Have / _____ Have Not filed all reports due. If not, the reports will be filed within the next (_____) days.
- The number shown on this form is _____ My / _____ Our correct Taxpayer Identification Number OR _____ I Am / _____ We Are waiting for a number to be issued to _____ Me / _____ Us and
- _____ I / _____ We further certify that _____ I am / _____ We are not subject to Backup Withholding because; (a) _____ I Am / _____ We Are Exempt from Backup Withholding, or (b) _____ I / _____ We have not been notified by the Internal Revenue Service (IRS) that _____ I Am / _____ We Are subject to Backup Withholding as a result of a failure to report all interest or dividends, or



(c) the IRS has notified ____ **Me** / ____ **Us** that ____ **I Am** / ____ **We Are** no longer subject to Backup Withholding.

(If you ARE subject to Backup Withholding, leave #6 blank and go to #7)

7. ____ **I** / ____ **We** have been notified by the IRS that ____ **I Am** / ____ **We Are** currently subject to Backup Withholding because of under reporting interest or dividends.

(If you filled out #6 – you are NOT subject to Backup Withholding, leave #7 blank)

8. _____, who is by title the _____
PLEASE PRINT PLEASE PRINT

of our firm/company and has been designated, as the responsible official to ensure required reports are submitted, and record keeping complies with all the applicable regulations.

AUTHORIZED OFFICIAL:

SIGNATURE: _____

TITLE: _____
PLEASE PRINT

NAME: _____
PLEASE PRINT

DATE: _____



SUB-CONSULTANT LIST

Does your firm regularly use **Sub-Consultants**? _____ Yes* _____ No

*If **Yes**, you must show the name(s) of the Sub-Consultant(s) with their contact information below.

(1) SUB-CONSULTANT INFORMATION

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

CONTACT NAME: _____ PHONE NUMBER: _____

_____ ARCHITECTURAL _____ OTHER: _____
SPECIFY - PLEASE PRINT

_____ ENGINEERING _____
SPECIFY - PLEASE PRINT

UBI No.: _____

(2) SUB-CONSULTANT INFORMATION

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

CONTACT NAME: _____ PHONE NUMBER: _____

_____ ARCHITECTURAL _____ OTHER: _____
SPECIFY - PLEASE PRINT

_____ ENGINEERING _____
SPECIFY - PLEASE PRINT

UBI No.: _____



(3) SUB-CONSULTANT INFORMATION

BUSINESS NAME: _____

PHYSICAL ADDRESS: _____

CONTACT NAME: _____ PHONE NUMBER: _____

_____ ARCHITECTURAL _____ OTHER: _____
SPECIFY – PLEASE PRINT

_____ ENGINEERING _____
SPECIFY – PLEASE PRINT

UBI No.: _____

The **Consultant hereby certifies** that the information contained in this Sub-Consultant’s List is accurate, complete and current.

Signature: _____

Name: _____
PLEASE PRINT

Title: _____
PLEASE PRINT

Date: _____



WMBE SURVEY (OPTIONAL)

PLEASE COMPLETE THIS SURVEY AND RETURN WITH YOUR BID / PROPOSAL DOCUMENTS.
NOT SUBMITTING THIS SURVEY WILL NOT DISQUALIFY YOUR PROPOSAL.
THIS IS FOR INFORMATIONAL PURPOSES ONLY.

NAME OF FIRM: _____

PHYSICAL ADDRESS: _____

BUSINESS TYPE: _____

CONSULTANT IS A(N): _____ CORPORATION FEDERAL TAX ID: _____

_____ INDIVIDUAL SSN: _____

_____ OTHER

SPECIFY – PLEASE PRINT

WMBE: _____ YES _____ NO

DESCRIBE: _____ Disadvantage Owned (Disabled – DBE)
_____ Women Owned (WBE)
_____ Minority Owned (MBE or MWBE) [Check Applicable]

Registered WMBE: _____ YES _____ NO _____ Registration in Progress

Signature: _____

Name: _____
PLEASE PRINT

Title: _____
PLEASE PRINT

Date: _____

FOR KCHA USE ONLY:

If this firm has been awarded a contract, forward this form to:
Tim Baker – Administration Services Sr. Management Analyst
Phone: 206-574-1111 Email: timb@kcha.org

LICENSES – BUSINESS and PROFESSIONAL

**Please include copies of
Business and Professional Licenses**



NON-PARTICIPATION FORM

IF NOT RESPONDING

RETURN ONLY THIS FORM PRIOR TO THE SUBMITTAL DUE DATE.

(Not Returning This Document Could Result in Your Firm Being Removed From Further KCHA Solicitations.)

SUBMITTAL DUE DATE and TIME: _____

NAME OF SERVICES: _____

RETURN FORM TO: kellyi@kcha.org

1. My Firm is NOT RESPONDING on this RFQ because (check all that apply):

- _____ My firm does not perform the requested type of work.
- _____ My firm does not accept term / indefinite contracts.
- _____ My firm cannot meet the insurance requirements.
- _____ The RFQ documents were not received in time to prepare a submittal.
- _____ Other:

2. My Firm would have submitted a proposal on this RFQ if:

NAME OF FIRM: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____
(if different from physical address)

Signature: _____

Name: _____
PLEASE PRINT

Title: _____
PLEASE PRINT

Date: _____