

ADDENDUM NO. 2

CITY OF SAN ANTONIO
CAPITAL IMPROVEMENTS MANAGEMENT SERVICES

PROJECT NAME: **Fredericksburg Road Congestion Mitigation**

DATE: March 15, 2011

ADDENDUM NO.2

This addendum should be included in and be considered part of the plans and specifications for the name of the project. The contractor shall be required to sign an acknowledgement of the receipt of this addendum and submit with their bid.

CIMS PROJECT NO.: **40-00016**

SPECIFICATIONS:

Formal Invitation for Bid and Contract:

- Delete the Subcontractor/Supplier Utilization Plan in its entirety and replace with Subcontractor/Supplier Utilization Plan_Rev3.11.11.
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CITY OF SAN ANTONIO
DEPARTMENT OF CAPITAL IMPROVEMENTS MANAGEMENT SERVICES
CONTRACT SERVICES DIVISION

RECEIPT OF ADDENDUM NUMBER(S) 2 IS HEREBY ACKNOWLEDGED FOR PLANS
AND SPECIFICATIONS FOR CONSTRUCTION OF: **Fredericksburg Road Congestion**
Mitigation 40-00016

FOR WHICH BIDS WILL BE OPENED ON **TUESDAY, APRIL 5, AT 2:00 PM**

THIS ACKNOWLEDGEMENT MUST BE SIGNED AND RETURNED WITH
THE BID PACKAGE.

Company Name: _____

Address: _____

City/State/Zip Code: _____

Date: _____

Signature

Print Name/Title



CITY OF SAN ANTONIO SUBCONTRACTOR/SUPPLIER UTILIZATION PLAN

SOLICITATION NAME: ***Fredricksburg Road Congestion Mitigation***

RESPONDENT NAME:

SOLICITATION API: ***SBE Subcontracting Program***

API REQUIREMENTS: *Respondents must demonstrate commitment to satisfy a fifteen percent (15%) subcontracting goal. In the absence of a waiver granted by the Small Business Office, failure of a Respondent to commit to satisfying the SBE subcontracting goal shall render its response NON-RESPONSIVE.*

Section 1. Enter Respondent's (Prime) proposed contract participation level. Leave blank for revenue generating contracts.

Section 2. List ALL subcontractors / suppliers that will be utilized for the entire contract period, excluding possible extensions and renewals. Use additional sheets if necessary.

	PARTICIPATION DOLLAR AMOUNT	% LEVEL OF PARTICIPATION	CERTIFICATION TYPE AND NUMBER	TYPE OF WORK TO BE PERFORMED (BY NIGP CODE)
SECTION 1. PRIME				
Name:	\$	%		
			#:	
SECTION 2. SUBCONTRACTOR(s):				
1. Name:	\$	%		
			#:	
2. Name:	\$	%		
			#:	
3. Name:	\$	%		
			#:	
4. Name:	\$	%		
			#:	
5. Name:	\$	%		
			#:	
6. Name:	\$	%		
			#:	
Total Prime Participation:	\$	%		
			#:	
Total Sub Participation:	\$	%		
			#:	
Total Prime & Sub Participation:	\$	%		
			#:	
Total Certified Sub Participation:	\$	%		
			#:	

If a business is not certified, please call the Small Business Program Office at (210) 207-3900 for information and details on how subcontractors and suppliers may obtain certification.

I HEREBY AFFIRM THAT I POSSESS DOCUMENTATION FROM ALL PROPOSED SUBCONTRACTORS/SUPPLIERS CONFIRMING THEIR INTENT TO PERFORM THE SCOPE OF WORK FOR THE PRICE INDICATED ABOVE. I FURTHER AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND AND AGREE THAT, IF AWARDED THE CONTRACT, THIS DOCUMENT SHALL BE ATTACHED THERETO AND BECOME A BINDING PART OF THE CONTRACT.

SIGNATURE OF AUTHORIZED AGENT

TITLE

DATE

PHONE

FOR CITY USE

Action Taken: **Approved**_____ **Denied**_____

**DIRECTOR
INTERNATIONAL AND ECONOMIC DEVELOPMENT**