

Boxford Senior Center
Boxford, MA

Request for Qualifications
Design Services for the
Community/Senior Center Project

ADDENDUM No. 2

January 22, 2020

The attention of applicants submitting proposals for the subject project, as noted above, is called to the following addendum to the Request for Qualifications. The items forth herein, whether omissions, addition, substitution or clarification are all to be included in and form a part of the proposal submitted.

This addendum consists of eleven (11) pages, including this one.

Questions/Clarifications:

1. Please include in your proposal the following attached required documents as originally requested in the RFQ in Section 7 "Proposal Requirements":
 - Attachment A – Standard Designer Application (Updated July 2016)
 - Attachment B – Certificate of Non Collusion
 - Attachment C – Certificate of Tax Compliance
 - Attachment D – Certificate of Corporate Responder

ATTENTION APPLICANTS: Please acknowledge this Addendum (2) in your proposal cover letter.

END

ATTACHMENT A

Commonwealth of Massachusetts Standard Designer Application Form for Municipalities and Public Agencies not within DSB Jurisdiction (Updated July 2016)	1. Project Name/Location For Which Firm Is Filing:	2. Project # This space for use by Awarding Authority only.																																
3a. Firm (Or Joint-Venture) - Name and Address Of Primary Office To Perform The Work:	3. Name Of Proposed Project Manager: For Study: (if applicable) For Design: (if applicable)																																	
3b. Date Present and Predecessor Firms Were Established:	3f. Name and Address Of Other Participating Offices Of The Prime Applicant, If Different From Item 3a Above:																																	
3c. Federal ID #:	3g. Name and Address Of Parent Company, If Any:																																	
3d. Name and Title Of Principal-In-Charge Of The Project (MA Registration Required): Email Address: Telephone No: Fax No.:	3. Check Below If Your Firm Is Either: (1) SDO Certified Minority Business Enterprise (MBE) <input type="checkbox"/> (2) SDO Certified Woman Business Enterprise (WBE) <input type="checkbox"/> (3) SDO Certified Minority Woman Business Enterprise (M/WBE) <input type="checkbox"/> (4) SDO Certified Service Disabled Veteran Owned Business Enterprise (SDVOBE) <input type="checkbox"/> (5) SDO Certified Veteran Owned Business Enterprise (VBE) <input type="checkbox"/>																																	
4. Personnel From Prime Firm Included In Question #3a Above By Discipline (List Each Person Only Once, By Primary Function -- Average Number Employed Throughout The Preceding 6 Month Period. Indicate Both The Total Number In Each Discipline And, Within Brackets, The Total Number Holding Massachusetts Registrations):																																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Admin. Personnel _____ ()</td> <td style="width: 33%;">Ecologists _____ ()</td> <td style="width: 33%;">Licensed Site Profs. _____ ()</td> <td style="width: 33%;">Other _____ ()</td> </tr> <tr> <td>Architects _____ ()</td> <td>Electrical Engrs. _____ ()</td> <td>Mechanical Engrs. _____ ()</td> <td>_____ ()</td> </tr> <tr> <td>Acoustical Engrs. _____ ()</td> <td>Environmental _____ ()</td> <td>Planners: Urban./Reg. _____ ()</td> <td>_____ ()</td> </tr> <tr> <td>Civil Engrs. _____ ()</td> <td>Fire Protection _____ ()</td> <td>Specification Writers _____ ()</td> <td>_____ ()</td> </tr> <tr> <td>Code Specialists _____ ()</td> <td>Geotech. Engrs. _____ ()</td> <td>Structural Engrs. _____ ()</td> <td>_____ ()</td> </tr> <tr> <td>Construction Inspectors _____ ()</td> <td>Industrial _____ ()</td> <td>Surveyors _____ ()</td> <td>_____ ()</td> </tr> <tr> <td>Cost Estimators _____ ()</td> <td>Interior Designers _____ ()</td> <td>_____ ()</td> <td>_____ ()</td> </tr> <tr> <td>Drafters _____ ()</td> <td>Landscape _____ ()</td> <td>_____ ()</td> <td style="text-align: center;">Total _____ ()</td> </tr> </table>			Admin. Personnel _____ ()	Ecologists _____ ()	Licensed Site Profs. _____ ()	Other _____ ()	Architects _____ ()	Electrical Engrs. _____ ()	Mechanical Engrs. _____ ()	_____ ()	Acoustical Engrs. _____ ()	Environmental _____ ()	Planners: Urban./Reg. _____ ()	_____ ()	Civil Engrs. _____ ()	Fire Protection _____ ()	Specification Writers _____ ()	_____ ()	Code Specialists _____ ()	Geotech. Engrs. _____ ()	Structural Engrs. _____ ()	_____ ()	Construction Inspectors _____ ()	Industrial _____ ()	Surveyors _____ ()	_____ ()	Cost Estimators _____ ()	Interior Designers _____ ()	_____ ()	_____ ()	Drafters _____ ()	Landscape _____ ()	_____ ()	Total _____ ()
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5. Has this Joint-Venture previously worked together? <input type="checkbox"/> Yes <input type="checkbox"/> No																																		

6. List **ONLY** Those Prime And Sub-Consultant Personnel Specifically Requested In The Advertisement. This Information Should Be Presented Below In The Form Of An Organizational Chart. Include Name Of Firm And Name Of The One Person In Charge Of The Discipline, With Mass. Registration Number, As Well As MBE/WBE Status, If Applicable:

CITY / TOWN / AGENCY

Prime Consultant
Principal-In-Charge

Project Manager for Study

Project Manager for Design

Discipline
(from advertisement)

Name Of Firm
Person In Charge Of Discipline
Mass. Registr. #
MBE/WBE Certified (If
Applicable)

Discipline
(from advertisement)

Name Of Firm
Person In Charge Of Discipline
Mass. Registr. #
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Name Of Firm
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Discipline
(from advertisement)

Name Of Firm
Person In Charge Of Discipline
Mass. Registr. #
MBE/WBE Certified (If
Applicable)

7. Brief Resume of ONLY those Prime Applicant and Sub-Consultant personnel requested in the Advertisement. <u>Include Resumes of Project Managers</u> . Resumes should be consistent with the persons listed on the Organizational Chart in Question # 6. Additional sheets should be provided only as required for the number of Key Personnel requested in the Advertisement and they must be in the format provided. By including a Firm as a Sub-Consultant, the Prime Applicant certifies that the listed Firm has agreed to work on this Project, should the team be selected.	
a. Name and Title Within Firm:	a. Name and Title Within Firm:
b. Project Assignment:	b. Project Assignment:
c. Name and Address Of Office In Which Individual Identified In 7a Resides: <div style="text-align: right;"> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOBE <input type="checkbox"/> VBE <input type="checkbox"/> </div>	c. Name and Address Of Office In Which Individual Identified In 7a Resides: <div style="text-align: right;"> MBE <input type="checkbox"/> WBE <input type="checkbox"/> SDVOBE <input type="checkbox"/> VBE <input type="checkbox"/> </div>
d. Years Experience: With This Firm: _____ With Other Firms: _____	d. Years Experience: With This Firm: _____ With Other Firms: _____
e. Education: Degree(s) /Year/Specialization	e. Education: Degree(s) /Year/Specialization
f. Active Registration: Year First Registered/Discipline/Mass Registration Number	f. Active Registration: Year First Registered/Discipline/Mass Registration Number
g. Current Work Assignments and Availability For This Project:	g. Current Work Assignments and Availability For This Project:
h. Other Experience and Qualifications Relevant To The Proposed Project: (Identify Firm By Which Employed, If Not Current Firm):	h. Other Experience and Qualifications Relevant To The Proposed Project: (Identify Firm By Which Employed, If Not Current Firm):

8a. Current and Relevant Work By Prime Applicant Or Joint-Venture Members. Include <u>ONLY</u> Work Which Best Illustrates Current Qualifications In The Areas Listed In The Advertisement (List Up To But Not More Than 5 Projects).					
a. Project Name And Location Principal-In-Charge	b. Brief Description Of Project And Services (Include Reference To Relevant Experience)	c. Client's Name, Address And Phone Number (Include Name Of Contact Person)	d. Completion Date (Actual Or Estimated)	e. Project Cost (In Thousands)	
				Construction Costs (Actual, Or Estimated If Not Completed)	Fee for Work for Which Firm Was Responsible
(1)					
(2)					
(3)					
(4)					
(5)					

8b. List Current and Relevant Work By Sub-Consultants Which Best Illustrates Current Qualifications In The Areas Listed In The Advertisement (Up To But Not More Than 5 Projects For Each Sub-Consultant). Use Additional Sheets Only As Required For The Number Of Sub-Consultants Requested In The Advertisement.					
Sub-Consultant Name:					
a. Project Name and Location Principal-In-Charge	b. Brief Description Of Project and Services (Include Reference To Relevant Experience	c. Client's Name, Address And Phone Number. Include Name Of Contact Person	d. Completion Date (Actual Or Estimated)	e. Project Cost (In Thousands)	
				Construction Costs (Actual, Or Estimated If Not Completed)	Fee For Work For Which Firm Was/Is Responsible
(1)					
(2)					
(3)					
(4)					
(5)					

9. List All Projects Within The Past 5 Years For Which Prime Applicant Has Performed, Or Has Entered Into A Contract To Perform, Any Design Services For All Public Agencies Within The Commonwealth.					
# of Total Projects:		# of Active Projects:	Total Construction Cost (In Thousands) of Active Projects (excluding studies):		
Role P, C, JV *	Phases St., Sch., D.D., C.D., A.C.*	Project Name, Location and Principal-In-Charge	Awarding Authority (Include Contact Name and Phone Number)	Construction Costs (In Thousands) (Actual, Or Estimated If Not	Completion Date (Actual or Estimated) (R)Renovation or (N)New
		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			

* P = Principal; C = Consultant; JV = Joint Venture; St. = Study; Sch. = Schematic; D.D. = Design Development; C.D. = Construction Documents; A.C. = Administration of Contract

10.	Use This Space To Provide Any Additional Information Or Description Of Resources Supporting The Qualifications Of Your Firm And That Of Your Sub-Consultants For The Proposed Project. If Needed, Up To Three, Double-Sided 8 ½" X 11" Supplementary Sheets Will Be Accepted. <u>APPLICANTS ARE ENCOURAGED TO RESPOND SPECIFICALLY IN THIS SECTION TO THE AREAS OF EXPERIENCE REQUESTED IN THE ADVERTISEMENT.</u>																																
Be Specific – No Boiler Plate																																	
11.	Professional Liability Insurance: <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">Name of Company</td> <td style="width: 30%;">Aggregate Amount</td> <td style="width: 30%;">Policy Number</td> <td style="width: 10%;">Expiration Date</td> </tr> </table>	Name of Company	Aggregate Amount	Policy Number	Expiration Date																												
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12.	Have monies been paid by you, or on your behalf, as a result of Professional Liability Claims (in any jurisdiction) occurring within the last 5 years and in excess of \$50,000 per incident? Answer YES or NO . If YES, please include the name(s) of the Project(s) and Client(s), and an explanation (attach separate sheet if necessary).																																
13.	Name Of Sole Proprietor Or Names Of All Firm Partners and Officers: <table style="width: 100%; border: none;"> <tr> <th style="width: 20%;">Name</th> <th style="width: 15%;">Title</th> <th style="width: 15%;">MA Reg #</th> <th style="width: 15%;">Status/Discipline</th> <th style="width: 20%;">Name</th> <th style="width: 15%;">Title</th> <th style="width: 15%;">MA Reg #</th> <th style="width: 15%;">Status/Discipline</th> </tr> <tr> <td>a.</td> <td></td> <td></td> <td></td> <td>d.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td></td> <td>e.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> <td>f.</td> <td></td> <td></td> <td></td> </tr> </table>	Name	Title	MA Reg #	Status/Discipline	Name	Title	MA Reg #	Status/Discipline	a.				d.				b.				e.				c.				f.			
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14.	If Corporation, Provide Names Of All Members Of The Board Of Directors: <table style="width: 100%; border: none;"> <tr> <th style="width: 20%;">Name</th> <th style="width: 15%;">Title</th> <th style="width: 15%;">MA Reg #</th> <th style="width: 15%;">Status/Discipline</th> <th style="width: 20%;">Name</th> <th style="width: 15%;">Title</th> <th style="width: 15%;">MA Reg #</th> <th style="width: 15%;">Status/Discipline</th> </tr> <tr> <td>a.</td> <td></td> <td></td> <td></td> <td>d.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td></td> <td>e.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> <td>f.</td> <td></td> <td></td> <td></td> </tr> </table>	Name	Title	MA Reg #	Status/Discipline	Name	Title	MA Reg #	Status/Discipline	a.				d.				b.				e.				c.				f.			
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15.	Names Of All Owners (Stocks Or Other Ownership): <table style="width: 100%; border: none;"> <tr> <th style="width: 20%;">Name And Title</th> <th style="width: 15%;">% Ownership</th> <th style="width: 15%;">MA. Reg.#</th> <th style="width: 15%;">Status/Discipline</th> <th style="width: 20%;">Name And Title</th> <th style="width: 15%;">% Ownership</th> <th style="width: 15%;">MA. Reg.#</th> <th style="width: 15%;">Status/Discipline</th> </tr> <tr> <td>a.</td> <td></td> <td></td> <td></td> <td>d.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td></td> <td>e.</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td></td> <td>f.</td> <td></td> <td></td> <td></td> </tr> </table>	Name And Title	% Ownership	MA. Reg.#	Status/Discipline	Name And Title	% Ownership	MA. Reg.#	Status/Discipline	a.				d.				b.				e.				c.				f.			
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a.				d.																													
b.				e.																													
c.				f.																													
16.	I hereby certify that the undersigned is an Authorized Signatory of Firm and is a Principal or Officer of Firm. I further certify that this firm is a "Designer", as that term is defined in Chapter 7C, Section 44 of the General Laws, or that the services required are limited to construction management or the preparation of master plans, studies, surveys, soil tests, cost estimates or programs. The information contained in this application is true, accurate and sworn to by the undersigned under the pains and penalties of perjury. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Submitted by (Signature) _____</td> <td style="width: 50%;">Printed Name and Title _____ Date _____</td> </tr> </table>	Submitted by (Signature) _____	Printed Name and Title _____ Date _____																														
Submitted by (Signature) _____	Printed Name and Title _____ Date _____																																

ATTACHMENT B

CERTIFICATE OF NON-COLLUSION

The undersigned certifies, under penalties of perjury, that this Response has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity or group of individuals.

Printed Name of Responder _____

Printed Address of Responder _____

Telephone Number _____

By: _____
(Signature)

Printed Name _____

Printed Title _____

Date: _____

ATTACHMENT C

CERTIFICATE OF TAX COMPLIANCE

Pursuant to Massachusetts General Laws (M.G.L.) c. 62C, § 49A, I certify under the penalties of perjury that the Responder named below has complied with all laws of the Commonwealth of Massachusetts pertaining to the payment of taxes to the reporting of employees and contractors, and to the withholding and remitting of child support.

Printed Name of Responder_____

Printed Address of Responder_____

Telephone Number_____

By:_____
(Signature)

Printed Name_____

Printed Title_____

Date:_____

ATTACHMENT D

CERTIFICATE OF CORPORATE RESPONDER

I, _____, certify that I am the _____

of the Corporation named as Responder in the attached Response Form:

that _____, who signed said Response Form

on behalf of the Responder was then _____

of said Corporation; that I know his/her signature hereto is genuine and that said Response Form was duly signed, sealed and executed for and on behalf of its Governing body.

(Corporate seal)

Printed Name of Responder _____

Printed Address of Responder _____

Telephone Number _____

By: _____

(Signature)

Printed Name _____

Printed Title _____

Date: _____

This Certificate shall be completed where Responder is a Corporation and shall be so completed by its Clerk in the event that the Clerk is the person signing the Responder on behalf of the Corporation, this certificate shall be completed by another officer of the Corporation.