



**SAN ANTONIO WATER SYSTEM
C5 & C28 SEWER PROJECT – PHASE 3
SAWS PROJECT NO. 18-4501
SOLICITATION NO. CO-00198**

**ADDENDUM 5
(September 7, 2018)**

To Respondent of Record:

This addendum, applicable to work referenced above, is an amendment to the request for proposal, plans and specifications and as such will be a part of and included in the Contract Documents. Acknowledge receipt of this addendum by entering the Addendum number and issue date on the space provided in submitted copies of the proposal.

CLARIFICATIONS

Both Addendum 1 and Addendum 2 contained the incorrect Solicitation No. CO-00186 and are hereby corrected to reflect the correct Solicitation No. CO-00198.

MODIFICATIONS TO SPECIFICATIONS

Evaluation Criteria Form

1. Remove the Evaluation Criteria Form in its entirety and replace with the revised version attached to this Addendum. Respondents should use the revised Evaluation Criteria Form – Word Version, located on the SAWS website, when submitting a proposal for this project.

ATTACHMENTS

This Addendum, including this one (1) page, is twenty-five (25) pages with attachments in its entirety.

Evaluation Criteria Form (24 pages)



Evan R Cook 09/07/2018

Evan Cook
CP&Y Inc.

END OF ADDENDUM

Evaluation Criteria Form

The intent of this document is to provide Respondents a structure for their responses. While there are page limits for this solicitation, there are no character limitations.

Respondents should provide answers to the questions below in the order and spaces provided to ensure continuity between Respondent's submissions.

When responding to the questions below, Respondents should use the space provided in this form, unless otherwise indicated.

If all fields are not completed, the proposal may be deemed non-responsive.

1. Team Qualifications and Experience (20 Points)

a. Organizational Structure and Key Information of the Prime Contractor (10 Points)

Prior to responding to this section, refer to the Supplementary Instructions to Respondents for definitions and other requirements.

- i. Provide current business organizational structure, type of business structure, and stability of organization.
- ii. Provide total number of employees and annual company revenues as of December 31, 2017.
- iii. Provide the Debarment history for the company for the last ten (10) years.
- iv. Provide any litigation, arbitration, and claims history for the last three (3) years and any litigation, arbitration, and claims history with SAWS regardless of the year they occurred.
- v. Indicate the number of years performing contracting/construction work under current legal business name and/or previous legal business name(s).
- vi. Provide a clear description of the proposed team identifying Key Subcontractor(s), their role on the project, and teaming history. If the Prime Contractor has not worked previously with proposed Key Subcontractor(s), describe the proposed approach for ensuring successful completion of the project in accordance with Contract Documents.

- vii. Provide a 1-page organizational chart that describes the composition of the team for this project. The chart shall include proposed Key Personnel for the Prime Contractor and Key Subcontractor(s). The chart shall also include percent availability (as percentage of total individual's workload) for Key Personnel (Prime and Key Subcontractor(s)) and their proposed role for the duration of the Project.
- viii. Provide a clear description of the proposed team's Key Personnel roles and responsibilities.
- ix. Provide a clear description of the proposed team's Key Subcontractor's roles and responsibilities.
- x. Describe availability of equipment and facilities that will be specifically utilized for this Project.

b. Qualifications and Experience of Key Personnel Proposed for this Project (10 Points)

Prior to responding to this section, refer to the Supplementary Instructions to Respondents for definitions and other requirements.

- i. *Using separate 8 1/2" x 11" sheet(s), titled "Team Qualifications and Experience – Resume" inserted immediately following this Section:*
Provide resumes for Key Personnel for the Prime Contractor and Key Subcontractor(s) identified on the organizational chart, one per person, not to exceed one (1) page each with the Project Manager's resume being first.

As part of this criteria, use the check boxes below as a checklist to help ensure the information above is understood and information provided follows the guidelines listed above.

- Project Manager's resume is first
- Resumes for all Key Personnel for the Prime Contractor have been included
- Resumes for all Key Personnel for the Prime Contractor have been identified on the organizational chart
- Resumes for all Key Personnel for the Prime Contractor do not exceed one (1) page each
- Resumes for all Key Personnel for the Subcontractors have been included
- Resumes for all Key Personnel for the Subcontractors have been identified on the organizational chart
- Resumes for all Key Personnel for the Subcontractors do no exceed one (1) page each

- All resumes provided include the following information:
 - Name, title, education
 - Number of years of total professional experience
 - Number of years/months with current firm
 - Number of years/month of experience in proposed role for this project
 - Description of professional qualifications (to include licenses, certifications, and associations)
 - Brief overview of professional experience.
 - Detailed description of capabilities and experience relevant to this Project.
 - List of all other active projects the team member is assigned to for the duration of the Project, to include the phase and percentage of time allocated to each of the other projects. For each project included in each resume, please clearly identify whether the project is with current firm or part of the person's past professional experience.

END OF TEAM QUALIFICATIONS AND EXPERIENCE CRITERIA

2. Quality, Reputation, and Ability to Deliver Projects on Schedule and within Budget (25 Points)

a. Prime Contractor On-time Completion on Similar Projects in the Past Ten (10) Years (15 Points)

i. *Using the tables provided:*

List and describe five (5) completed projects within the last ten (10) years of similar size, scope, and complexity to the work described in the Contract Documents for this Project. Respondents should provide references with contact information to include a valid, recently verified, email and telephone number for each project listed.

If valid contact information is not provided, the project will not be considered and the Respondent's score for this criteria may be reduced and/or Respondent's proposal may be deemed non-responsive.

Project #1

Project Name:	
Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Project Manager:	
Role served by the proposed Key Personnel on the project	
Original bid/price and final construction in place costs:	
Project is within the last ten (10) years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project description and why it is comparable to the size, scope and/or complexity for this item:	
Total costs for all change orders, as well as an explanation regarding the reason for specific change orders:	
Date of Notice to Proceed:	
Identify whether the project was completed on-time and within budget:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original Contract Time (specify Calendar Days or Working Days):	
Contract Substantial Completion Date and Actual Substantial Completion Date:	
Original Contract Completion Date and Actual Completion Date:	
Actual number of days beyond the original contract:	
Actual number of days added through change orders. If Contract time extensions were added to the contract as a result of Prime Contractor's responsibilities, provide a short explanation of each.	
The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented,	

describe whether the project was successfully brought back on schedule. Please discuss, as necessary and deemed appropriate.	
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Project #2

Project Name:	
Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Project Manager:	
Role served by the proposed Key Personnel on the project	
Project is within the last ten (10) years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original bid/price and final construction in place costs:	
Project description and why it is comparable to the size, scope and/or complexity for this item:	
Total costs for all change orders, as well as an explanation regarding the reason for specific change orders:	
Date of Notice to Proceed:	
Identify whether the project was completed on-time and within budget:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original Contract Time (specify Calendar Days or Working Days):	
Contract Substantial Completion Date and Actual Substantial Completion Date:	
Original Contract Completion Date and Actual Completion Date:	
Actual number of days beyond the original contract:	
Actual number of days added through change orders. If Contract time extensions were added to the contract as a result of Prime Contractor's responsibilities, provide a short explanation of each.	
The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented, describe whether the project was	

successfully brought back on schedule. Please discuss, as necessary and deemed appropriate.	
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Project #3

Project Name:	
Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Project Manager:	
Role served by the proposed Key Personnel on the project	
Project is within the last ten (10) years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original bid/price and final construction in place costs:	
Project description and why it is comparable to the size, scope and/or complexity for this item:	
Total costs for all change orders, as well as an explanation regarding the reason for specific change orders:	
Date of Notice to Proceed:	
Identify whether the project was completed on-time and within budget:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original Contract Time (specify Calendar Days or Working Days):	
Contract Substantial Completion Date and Actual Substantial Completion Date:	
Original Contract Completion Date and Actual Completion Date:	
Actual number of days beyond the original contract:	
Actual number of days added through change orders. If Contract time extensions were added to the contract as a result of Prime Contractor's responsibilities, provide a short explanation of each.	
The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented, describe whether the project was	

successfully brought back on schedule. Please discuss, as necessary and deemed appropriate.	
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Project #4

Project Name:	
Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Project Manager:	
Role served by the proposed Key Personnel on the project	
Project is within the last ten (10) years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original bid/price and final construction in place costs:	
Project description and why it is comparable to the size, scope and/or complexity for this item:	
Total costs for all change orders, as well as an explanation regarding the reason for specific change orders:	
Date of Notice to Proceed:	
Identify whether the project was completed on-time and within budget:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original Contract Time (specify Calendar Days or Working Days):	
Contract Substantial Completion Date and Actual Substantial Completion Date:	
Original Contract Completion Date and Actual Completion Date:	
Actual number of days beyond the original contract:	
Actual number of days added through change orders. If Contract time extensions were added to the contract as a result of Prime Contractor's responsibilities, provide a short explanation of each.	
The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented,	

describe whether the project was successfully brought back on schedule. Please discuss, as necessary and deemed appropriate.	
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Project #5

Project Name:	
Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Project Manager:	
Role served by the proposed Key Personnel on the project	
Project is within the last ten (10) years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original bid/price and final construction in place costs:	
Project description and why it is comparable to the size, scope and/or complexity for this item:	
Total costs for all change orders, as well as an explanation regarding the reason for specific change orders:	
Date of Notice to Proceed:	
Identify whether the project was completed on-time and within budget:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Original Contract Time (specify Calendar Days or Working Days):	
Contract Substantial Completion Date and Actual Substantial Completion Date:	
Original Contract Completion Date and Actual Completion Date:	
Actual number of days beyond the original contract:	
Actual number of days added through change orders. If Contract time extensions were added to the contract as a result of Prime Contractor's responsibilities, provide a short explanation of each.	
The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented,	

describe whether the project was successfully brought back on schedule. Please discuss, as necessary and deemed appropriate.	
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ii. A minimum of two (2) of the five (5) projects listed above have been performed by the proposed Key Personnel (Project Manager, Project Superintendent, Open Cut Superintendent, Tunneling Superintendent, and TBM Operator (if applicable)) for this Project.

- If Respondent has SAWS experience, at a minimum, one (1) SAWS project of similar size, scope, and complexity must be included in the list of five (5) projects provided, and
- The Respondent shall also list (by name only) all current and/or completed SAWS projects performed in the last five (5) years using the tables provided below:

SAWS Project #1

Was the project completed on-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the project completed within budget?	
If the project was completed after the original deadline, please describe if a recovery/plan schedule was required and implemented.	
If a recovery plan was required, describe if the project was successfully brought back on schedule	

SAWS Project #2

Was the project completed on-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the project completed within budget?	
If the project was completed after the original deadline, please describe if a recovery/plan schedule was required and implemented.	
If a recovery plan was required, describe if the project was successfully brought back on schedule	

SAWS Project #3

Was the project completed on-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the project completed within budget?	
If the project was completed after the original deadline, please describe if a recovery/plan schedule was required and implemented.	
If a recovery plan was required, describe if the project was successfully brought back on schedule	

SAWS Project #4

Was the project completed on-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the project completed within budget?	
If the project was completed after the original deadline, please describe if a recovery/plan schedule was required and implemented.	
If a recovery plan was required, describe if the project was successfully brought back on schedule	

SAWS Project #5

Was the project completed on-time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the project completed within budget?	
If the project was completed after the original deadline, please describe if a recovery/plan schedule was required and implemented.	
If a recovery plan was required, describe if the project was successfully brought back on schedule	

b. Key Subcontractors Performance on Similar Projects in the Past Ten (10) Years (10 Points)

Using the tables provided below:

- i. Provide a list of two (2) projects that the identified Key Subcontractors' Project Manager and/or Project Superintendent(s) participated in that were of similar size, scope, and complexity to the work described in the Contract Documents that have been completed within the last ten (10) years. Describe the role served by the proposed staff on those projects.

- ii. If Prime Contractor is planning to self-perform the Work in accordance with the Contract Documents and no Key Subcontractor(s) have been identified in the Response, Respondent shall provide a list of two (2) additional projects that were of similar scope to the Work that would have been performed by a Key Subcontractor and that have been completed within the last ten (10) years. Prime Contractor's Key Personnel shall have participated in at least one (1) of the two (2) projects listed. Describe the role served by the proposed staff on those projects.

If valid contact information is not provided, the project will not be considered and the Respondent's score for this criteria may be reduced and/or Respondent's proposal may be deemed non-responsive.

Sub-Contractor Performance Project #1

Project Name:	
Identify if the Project was performed by Sub-Contractor or if Prime Contractor Self-Performed	
Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Utility/Owner Project Manager:	
Role served by the proposed Key Personnel on the Project:	
Project is within the last ten (10) years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Sub-Contractor's Project m(s) involved in this Project were identified on the organizational chart:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project description and why it is comparable to the size, scope and/or complexity for this item:	
Original bid/price and final construction in place costs:	
Total costs for all change orders, as well as an explanation regarding the reason for specific change orders:	
Date of Notice to Proceed:	
Identify whether the Project was completed on-time and within budget:	
Original Contract Time (specify Calendar Days or Working Days):	
Contract Substantial Completion Date and Actual Substantial Completion Date:	
Original Contract Completion Date and Actual Completion Date:	
Actual number of days beyond the original contract:	
Actual number of days added through change orders. If Contract time extensions were added to the	

contract as a result of Key Sub-Contractor's responsibilities, provide a short explanation of each.	
The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented, describe whether the project was successfully brought back on schedule. Please discuss, as necessary and deemed appropriate.	

Sub-Contractor Performance Project #2

Project Name:	
Identify if the Project was performed by Sub-Contractor or if Prime Contractor Self-Performed	
Utility/Owner name and contact information to include a valid, recently verified email and telephone number for Utility/Owner Project Manager:	
Role served by the proposed Key Personnel on the Project:	
Project is within the last ten (10) years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Key Sub-Contractor's Project m(s) involved in this Project were identified on the organizational chart:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project has similar size, scope, and complexity to the work described in the Contract Documents:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project description and why it is comparable to the size, scope and/or complexity for this item:	
Original bid/price and final construction in place costs:	
Total costs for all change orders, as well as an explanation regarding the reason for specific change orders:	
Date of Notice to Proceed:	
Identify whether the Project was completed on-time and within budget:	
Original Contract Time (specify Calendar Days or Working Days):	
Contract Substantial Completion Date and Actual Substantial Completion Date:	
Original Contract Completion Date and Actual Completion Date:	
Actual number of days beyond the original contract:	
Actual number of days added through change orders. If Contract time extensions were added to the	

<p>contract as a result of Key Sub-Contractor's responsibilities, provide a short explanation of each.</p>	
<p>The recovery schedule/plan and implementation of such, if it was required. If a recovery/plan schedule was implemented, describe whether the project was successfully brought back on schedule. Please discuss, as necessary and deemed appropriate.</p>	

***END OF QUALITY, REPUTATION, AND ABILITY TO DELIVER PROJECTS ON
SCHEDULE AND WITHIN BUDGET CRITERIA***

3. Project Approach including Delivery Schedule (15 Points)

a. Project Approach (10 Points)

- i. Provide a narrative of the project approach describing how Respondent will complete this Project. Include key milestones, specific critical processes and critical path items, phases and/or sequencing, permits, approvals, coordination with stakeholders, and procurements anticipated to complete the project work. Identify potential risks and describe proposed mitigation measures to ensure on-time completion of the Project.
- ii. Explain how Respondent will contact and coordinate with key stakeholders throughout the Project. Describe how the Respondent will coordinate with property owners and business owners being impacted by the Project. Describe the Respondent's approach for securing permits (e.g., ROW, SWPPP, etc.) and/or complying with permit requirements for which the System is the permit holder (TXDOT including traffic control, CoSA Tree Permit, CoSA Floodplain, USACE, etc.).
- iii. Provide any innovative ideas for cost savings (due to method or duration) for this project.
- iv. Provide a quality management plan describing how the Prime Contractor will ensure that the necessary steps, safeguards, subcontractor oversight, Quality Assurance/Quality Control processes, and document controls will be implemented in a rigorous manner as to ensure the completeness, workmanship, accuracy, and successful completion of the Project.

b. Project Schedule, Procurement of Long-Lead Items, and Unforeseen Conditions (5 Points)

Prior to responding to this section, refer to the Supplementary Instructions to Respondents for definitions and other requirements.

- i. Provide a critical path method (CPM) schedule in Primavera or Microsoft Project. The schedule shall take into consideration milestones and contractual limitations as described within the Contract Documents. The notice to proceed (NTP) for this Project is November 15, 2018. Respondent shall use this date for developing the proposed project schedule. *Use separate sheet(s), title "Project Approach including Delivery Schedule – CPM Milestone Schedule" inserted immediately following this Section. 11" x 17" paper is permitted.*

- ii. Provide a description of the project approach for procuring long-lead items, as well as ensuring critical path items will be addressed adequately.

- iii. List and describe any instances in which the Contractor has encountered unforeseen conditions.

As part of the criteria, use the check boxes below as a checklist to help ensure guidelines are met.

Was a recovery plan required?

Yes No

Describe the nature of the issue and whether it was promptly resolved or resulted in the Respondent being asked to demobilize.

- iv. Describe the Respondent's approach towards mitigating and managing unforeseen conditions should they be encountered during the construction of this Project.

END OF PROJECT APPROACH INCLUDING DELIVERY SCHEDULE CRITERIA