DATE: December 2, 2019

TO: All Prospective Proposers

FROM: Beth Kirk
Procurement Coordinator, Office of Procurement
301-546-0007

RE: Addendum 1 to RFP 20-06 – On-Call Construction Management (CM)/Construction Management At Risk (CMAR) Services

The following amends the above referenced RFP documents. Receipt of this addendum one is to be acknowledged by completing the enclosed “Acknowledgement of Receipt of Addenda Form” and including it in the Technical Proposal. The Solicitation Schedule is subject to further change modification, as required by the College.

Pre-Proposal Meeting Details:

Pre-Proposal Meeting is scheduled for December 5, 2019, at 10:00 AM.

Interested firms are to go to Prince George’s Community College, Largo MD Campus.
Kent Hall, #262.

Attendees are to bring a copy of the RFP and business card/s. Copies of the RFP will not be provided.

This is not a mandatory meeting. A list of attendees will be publicly issued via addendum and responses to questions provided during the meeting.

If you have additional questions, reach out to the Issuing Office contacts, as provided in the RFP.

End of Addendum 1 dated 12-2-2019
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM

RFP NO.: 20-06

TECHNICAL AND FEE PROPOSAL DUE DATE:
January 6, 2020, 3:00 P.M. ET

RFP FOR: On-Call Construction Management (CM)/Construction Management At Risk (CMAR) Services

______________________________________________________________________________

NAME OF PROPOSER: __________________________________________________________

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned, hereby acknowledges the receipt of the following addenda:

Addendum No. 1 dated 12-2-2019
Addendum No. _____ dated ________
Addendum No. _____ dated ________
Addendum No. _____ dated ________
Addendum No. _____ dated ________

As stated in the RFP documents, this form is included in our Technical Proposal.

______________________________
Signature

______________________________
Name Printed

______________________________
Title

______________________________
Date

END OF FORM