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**ADDENDUM NO. 3
REQUEST FOR PROPOSAL (RFP)
SAN PATRICIO COUNTY
TORNADIC & HURRICANE RESISTANT SAFE ROOM
RFP 2022-006**

Project Name: SAN PATRICIO COUNTY
TORNADIC & HURRICANE
RESISTANT SAFE ROOM
Location: Sinton, Texas 78387
Addendum Date: May 3, 2022
RFP Date: April 11, 2022
Architect's Project No.: 22.736



NOTICE TO PROPOSERS

The Request for Proposals (RFP) will be amended, revised, corrected and/or supplemented by this Addendum hereinafter specified and all Work affected by the Addendum will be included.

This Addendum will be considered part of the RFP previously issued for the above referenced project as though it had been issued at the same time and will be incorporated integrally therewith.

Proposers are hereby notified that they will make any necessary adjustments to their Bid Proposal as a result of this Addendum. Each Proposer will acknowledge this Addendum in their Proposal indicating that their Proposal is submitted with full knowledge of all modifications and supplementary data specified herein or attached herewith.

INFORMATION REQUIRED BY OWNER

<u>Sections No.</u>	<u>Item No.</u>	<u>Description of Change</u>
Proposal	a.	Additional Forms (submit in sealed envelope) ADD the attached forms to Proposal and submit in sealed envelope. <ul style="list-style-type: none">• Form CIQ Conflict of Interest (Attachment 1)• Form 1295 Certificate of Interested Parties (Attachment 2a & 2b)• House Bill 89 Verification Form (Attachment 3)

END OF ADDENDUM NO. 3

Distribution List:

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Century Contractors, Colton Wood, cwood@centurycg.com
File

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 29, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

FORM 1295 CERTIFICATE OF INTERESTED PARTIES
San Patricio County Tornadic & Hurricane Resistant Safe Room, Sinton, Texas
RFP 2022-006

Form 1295 must be completed electronically on the Texas Ethics Commission website. Here is the link to the website which has a video explaining how to complete and file Form 1295.

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

If you haven't already done so, your first step in completing Form 1295 will be to create an account. Form 1295 must then be electronically completed. The completed Form 1295 must then be printed, signed and submitted in the sealed envelope with the RFP. A contract number must be entered when completing Form 1295. Please use 2022-006 as the **contract number**.

<p style="text-align:center">ATTACHMENT No. 2a ADDENDUM No. 3 05-03-22 SAN PATRICIO COUNTY TORNADIC & HURRICANE RESISTANT SAFE ROOM</p>

END OF FORM 1295 CERTIFICATE OF INTERESTED PARTIES

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.	
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the goods or services to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

ADD ADDITIONAL PAGES AS NECESSARY

ATTACHMENT No. 2b
 ADDENDUM No. 3 05-03-22
 SAN PATRICIO COUNTY
 TORNADIC & HURRICANE
 RESISTANT SAFE ROOM

House Bill 89 Verification Form

I, _____ (printed person's name), the undersigned representative of (Company or Business name) _____ (hereafter referred to as company) being an adult over the age of eighteen (18) years of age, after being duly sworn by the undersigned notary, do hereby depose and verify under oath that the company named-above, under the provisions of Subtitle F, Title 10, Government Code Chapter 2270:

1. Does not boycott Israel currently; and
2. Will not boycott Israel during the term of the contract.

Pursuant to Section 2270.001, Texas Government Code:

1. "Boycott Israel" means refusing to deal with, terminating business activities with, or otherwise taking any action that is intended to penalize, inflict economic harm on, or limit commercial relations specifically with Israel, or with a person or entity doing business in Israel or in an Israeli-controlled territory, but does not include an action made for ordinary business purposes; and

2. "Company" means a for-profit sole proprietorship, organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, or any limited liability company, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate of those entities or business associations that exist to make a profit.

DATE

SIGNATURE OF COMPANY REPRESENTATIVE

ON THIS THE ____ day of _____, 20____, personally appeared _____, the above-named person, who after by me being duly sworn, did swear and confirm that the above is true and correct.

NOTARY SEAL _____

ATTACHMENT No. 3
ADDENDUM No. 3 05-03-22
SAN PATRICIO COUNTY
TORNADIC & HURRICANE
RESISTANT SAFE ROOM