

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

Purchasing/Property Records/Warehouse

817 Bill Beck Boulevard, Building 2000 • Kissimmee • Florida 34744-4495
Phone: 407-870-4630 • Fax: 407-870-4616 • www.osceola.k12.fl.us

SCHOOL BOARD MEMBERS

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407-390-0505
District 2 – Julius Melendez
407-922-5113
District 3 – Cindy Lou Hartig
407-832-3999
District 4 – David Stone, Vice Chair
407-957-4056



Superintendent of Schools
Michael A. Grego, Ed.D.

December 18, 2009

RFQ # SDOC 10-Q-043 KR-FPC

Construction Manager at Risk for the Phased Comprehensive Construction Project at Highlands Elementary School

Addendum # 1

The original Request For Qualifications (RFQ) documents shall remain in full force and effect, except as modified herein, and shall take precedence over any contrary provisions in the prior documents. If you have any questions regarding this Addendum please feel free to contact Kristy L. Rumping, Buyer 1 by email at rumpingk@osceola.k12.fl.us or by phone at (407) 870-4611.

This addendum is being issued to answer questions received regarding the above mentioned RFQ.

Question: Regarding Tab 10, please provide clarification. Are we to list every project we have completed in the last 10 years highlighting the most relevant? Or do we just list those projects that we have completed within the ten year range that are the most relevant?
Answer: List only the projects which are similar in scope to this project that your Firm has provided or is currently providing Construction Management services for, within the last ten years.

Sincerely,

A handwritten signature in blue ink that reads "Cheryl L. Olson".

Cheryl L. Olson, CPPO, C.P.M., CPM, FCCN
Director of Purchasing and Warehouse Services

CLO/klr

Acknowledgment of Addendum #1 by Vendor:

This addendum shall be completed by the Vendor and returned with the RFQ submittal. If a submittal has already been submitted, this addendum must be submitted to the above address in a sealed envelope, which is marked on the outside: Addendum to RFQ, RFQ title and number.

This is to acknowledge receipt of this addendum, which will become part of the RFQ document.

NAME (TYPED OR PRINTED)

TITLE

SIGNATURE

VENDOR NAME

DATE

PHONE NUMBER