

| | | | | |
|---|---|--|--------------------------------|--|
| <u>AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT</u> | | | Page of Page(s) 1 | |
| 1. Amendment/ <u>Modification</u> No. A00003 | 2. Effective Date See Block 15c | 3. Requisition/Purchase Order No. | 4. Project No. (if applicable) | |
| 5. ISSUED BY Housing Authority of the City of El Paso, Texas Procurement Department 5300 E. Paisano Dr. El Paso, TX 79905-2931 Mr. Juan Pulido, Procurement Manager | | 6. ADMINISTERED BY (if other than Item 5) Housing Authority of the City of El Paso, Texas Public Housing Department 5300 E. Paisano Dr. El Paso, TX 79905-2931 | | |
| 7. NAME AND ADDRESS OF CONTRACTOR (No., Street Name, County, State & Zip Code) | | 8a. Amendment of Solicitation No. RAD 17-R-0021 | | |
| | | 8b. Dated (see item 10) | | |
| | | 9a. Modification of Contract No. | | |
| | | 9b. Dated (see item 12) | | |
| 10. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATION | | | | |
| The above numbered solicitation is amended as set forth in Item 13. The hour and date specified for receipt of Offers is: <input type="checkbox"/> is extended <input type="checkbox"/> is not extended. Offerors must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended by one of the following methods: (a) By completing Items 7 & 14, and returning _____ copy (ies) of the amendment; (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDGEMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such a change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. | | | | |
| 11. ACCOUNTING AND APPROPRIATION DATE (if required) PHA | | | | |
| 12. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT IT MODIFIES THE CONTRACT NO. DESCRIBED IN ITEM 13. | | | | |
| <input type="checkbox"/> | A. This change order is issued pursuant to (Specify Authority) The changes set forth in Item 13 are made in the Contract No. in Item 9a. | | | |
| <input type="checkbox"/> | B. The above numbered contract is modified to reflect the administrative changes (such as changes in paying office, appropriation data, etc). Set forth in Item 13 pursuant to the authority of FAR 43.103 (b). | | | |
| <input type="checkbox"/> | C. This supplemental agreement is entered into pursuant to the authority of: MUTUAL AGREEMENT OF BOTH PARTIES | | | |
| <input type="checkbox"/> | D. Other (Specify type of modification and authority) | | | |
| E. IMPORTANT: Contractor <input type="checkbox"/> is not <input type="checkbox"/> is required to sign this document and return <u>ALL</u> copies to the issuing office. | | | | |
| 13. Description of <u>amendment/modification</u> : Amendment No. A00003: The following forms must be included with your proposal: Conflicts Certification, Certification of Priority and Respondent Profile form. (see attached) <i>Except as provided herein, all terms and conditions of the documents referenced in Item 8a. or 9a., remains unchanged and in full force and effect.</i> | | | | |
| 14a. NAME AND TITLE OF SIGNER (Type or print) | | 15a. NAME AND TITLE OF CONTRACTING OFFICER (Type or print) Gerald Cichon, Chief Executive Officer | | |
| 14b. OFFEROR/CONTRACTOR _____ (Signature of Authorized Person) | 14c. Date Signed | 15b. _____ (Signature of Contracting Officer) | 15c. Date Signed | |
| APPROVED AS TO FORM: _____ HACEP Legal Counsel | | DATE: _____ HACEP Form 001 | | |



**Housing Authority
of the City of El Paso**

Solicitation: Developer Services RFP#: RAD 17-R-0021

CONFLICTS CERTIFICATION

I, _____ hereby certify on behalf of

_____ (insert name of Respondent) and its key principals that:

- (i) No actual or apparent conflict of interest exists with regard to the Housing Authority of the City of El Paso,
- (ii) No actual or apparent conflict exists with regard to Respondent's or its key principal's possible performance as developer under this Request for Qualifications, and
- (iii) No actual or potential claim exists against the Housing Authority of El Paso.

Signature of Key Principal of Respondent



**Housing Authority
of the City of El Paso**

Solicitation: Developer Services RFP#: RAD 17-R-0021

RESPONDENT APPLICATION PRIORITY CERTIFICATION

I, _____, hereby certify on behalf of

_____ (insert name of Respondent) and its key principals that:

(i) no application for development funding submitted by this Respondent, other than by score or rank, will have priority over any application for funding for the proposed project for which is described in this RFP or for which the Respondent and the Housing Authority of the City of El Paso (HACEP) have entered into partnership to develop and,

(ii) that the Respondent will make every effort to give this project priority over any other projects it will be submitting funding applications for, and

(iii) the Respondent will make every effort not to submit competing applications within the same geographic, demographic or special set-aside categories within a funding cycle, without notification to HACEP and written approval by HACEP, and

(iv) the Respondent will provide notice to HACEP of any and all contemplated competing funding applications within any same funding cycle in which HACEP intends to submit an application.

Signature of Key Principal of Respondent



RESPONDENT PROFILE FORM

Firm Name _____

Business Address _____

City _____ State _____ Zip Code _____

Names and Titles of Two Contact Persons:

1. _____ Phone (____) _____
Name Title

2. _____ Phone (____) _____
Name Title

Submittal is for: Parent Company Division
 Subsidiary Branch Office

Type of Firm: Corporation
 Partnership
 Sole Ownership
 Joint Venture

Name & Address of Parent Company, if applicable:

Former Firm Name(s), if applicable:

Please indicate if your firm is a recognized Minority Business Enterprise.

Yes No

If yes, please indicate the appropriate category:

American Indian Female-Owned Spanish Surname



Housing Authority of the City of El Paso

Solicitation: Developer Services RFP#: RAD 17-R-0021

African-American Asian-American Other

Respondent Profile Form

Page two

Federal Employer Identification Number _____

Year Firm was established _____

AUTHORIZATION

I hereby verify that the questions listed in the Respondent Profile Form and all statements therein contained are true and correct

Dated this _____ day of _____, 2017.

By _____

Name _____

Title _____