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ARCHITECTS

ADDENDUM #3

NLRHA
ADMINISTRATION
BUILDING ENTRANCE
North Little Rock, Arkansas

NLRHA

North Little Rock
Housing Authority

Addendum #3 Issue Date:
October 30, 2019

ADDENDUM # 3

Date: October 30, 2019
To: Construction Documents, Dated 09.26.10
Project: NLRHA Administration Building Entrance
North Little Rock, Arkansas

Attachments: Cover Sheet (1), Addendum #2 Description (1)
(1 pages - 8 1/2" x 11")

Drawings: None at this time
(0 , total sheets)

This addendum and the attachments listed above, issued prior to bidding, alters, amends, corrects, or clarifies the Proposal Documents to the extent stated herein and does thereby become a part of the Proposal Documents and will become part of the Contract Documents of the successful bidder(s).

1. PROJECT MANUAL:

- a. Refer to section FORM OF BID in the project manual (Bid Docs).

CLARIFICATION: Item, 3, 5, and 6 in the FORM OF BID is not included and not be required to be submitted with bid. The apparent low bidder might be required to submit prior to going to contract.

END OF ADDENDUM NUMBER THREE

**PROFILE OF FIRM FORM
(Attachment C)**

(This Form must be fully completed and returned to the NLRHA as a "hard copy" prior to bid opening.)

(1) Prime ____ Sub-contractor ____ (This form must be completed by Prime before bid opening and for each subcontractor after award).

(2) Name of Firm: _____ Telephone: _____ Fax: _____

(3) Street Address, City, State, Zip: _____

(4) Please attached a brief biography/resume of the company, including the following information:
(a) Year Firm Established; (b) Year Firm Established in Arkansas; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(5) Identify Principals/Partners in Firm

NAME	TITLE	% OF OWNERSHIP

(6) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project;

NAME	TITLE

(7) Proposer Diversity Statement: You must circle all of the following that apply to the ownership of this firm and enter where provided the correct percentage (%) of ownership of each:

- Caucasian American (Male) _____%
 Public-Held Corporation _____%
 Government Agency _____%
 Non-Profit Organization _____%

Resident- (RBE), Minority- (MBE), or Woman-Owned (WBE) Business Enterprise (Qualifies by virtue of 51% or more ownership and active management by one or more of the following:

- Resident-Owned* _____%
 African American _____%
 **Native American _____%
 Hispanic American _____%
 Asian/Pacific American _____%
 Hasidic Jew _____%
 Asian/Indian American _____%

- Woman-Owned (MBE) _____%
 Woman-Owned (Caucasian) _____%
 Disabled Veteran _____%
 Other (Specify): _____%

WMBE Certification Number: _____

Certified by (Agency): _____

(NOTE: A CERTIFICATION/NUMBER NOT REQUIRED TO PROPOSE - ENTER IF AVAILABLE)

Signature Date Printed Name Company

**PROFILE OF FIRM FORM
(Attachment C)**

(This Form must be fully completed as part of the "hard copy" submittal.)

- (8) Federal Tax ID No.: _____
- (9) Arkansas Business License No.: _____
- (10) State of AR License Type and No.: _____
- (11) Worker's Compensation Insurance Carrier: _____
Policy No.: _____ Expiration Date: _____
- (12) General Liability Insurance Carrier: _____
Policy No. _____ Expiration Date: _____
- (13) Dunns No. (if obtained): _____
- (14) Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of Arkansas, or any local government agency within or without the State of Arkansas? Yes No
If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.
- (15) Disclosure Statement: Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the HA? Yes No
If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.
- (16) Non-Collusive Affidavit: The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and that said proposer entity has not colluded, conspired, connived or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal or to refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or of any other proposer, to fix overhead, profit or cost element of said proposal price, or that of any other proposer or to secure any advantage against the HA or any person interested in the proposed contract; and that all statements in said proposal are true.
- (17) Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the HA discovers that any information entered herein is false, that shall entitle the HA to not consider nor make award or to cancel any award with the undersigned party.

Signature

Date

Printed Name

Company

END OF DOCUMENT

NORTH LITTLE ROCK HOUSING AUTHORITY (HA)

Contractor:
Contract #

CONTRACTOR DECLARATION

1. Prime Contractor information
 a. Will subcontractors be used for this contract? YES ___ NO ___ (If yes, indicate the distinct element of work your firm will perform in this contract. Use additional sheets if necessary. If no, skip to Item #3.)

2. If no subcontractors will be used, skip to certification below. Otherwise list all subcontractors and suppliers for this contract. (Attach additional pages if necessary)

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontract Address & Email	Section 3	Work performed or goods provided for this contract	Corresponding % of bid price	Debarred List?

3. CERTIFICATION: By signing the response, I certify under penalty of perjury that the information provided is true and correct.

Name

Contractor Signature

Date