THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

RFQ 542189/ME - ADDENDUM 1

RFP Closing: ***February 12, 2013*** at ***2:00 PM*** (Local Time)

RFP Number: ***542189/ME***

Date: ***January 29, 2013***

RETURN SUBMITTALS AS SHOWN BELOW

Copies of submittal required:

Ten (10) Copies

FAX or TELEX Bids Permitted: ☐ **YES** ☒ **NO**

Physical Address for Courier Delivery: (Including Federal Express, UPS, etc.)

The University of Texas MD Anderson Cancer Center
Attn: Mary E. Mueller
Capital Planning & Management
6900 Fannin, Suite FHB10.1010
Houston, Texas 77030

RESPONSES MUST BE SUBMITTED IN A SEALED ENVELOPE/BOX IDENTIFIED BY THE COMPANY NAME. RFQ NUMBER MUST BE SHOWN ON THE LOWER LEFT HAND CORNER OF THE ENVELOPE / BOX.

RESPONSES MAY BE SUBMITTED AT ANY TIME UNTIL CLOSING DATE AND TIME NOTED ABOVE.

THE UNIVERSITY OF TEXAS M. D. ANDERSON CANCER CENTER RESERVES THE RIGHT TO REJECT ANY AND ALL SUBMITTALS OR ANY PART THEREOF.

RESPONDENT MUST COMPLETE AND SIGN BELOW

Company Name: _____

Mailing Address: _____
(STREET OR BOX #)

_____
(CITY) (STATE) (ZIP)

Telephone No.: _____/_____
AC

E-Mail.: _____/_____

_____
(Authorized Signature) (DATE)

_____
(Typed or Printed Name and Title)

THIS RFQ ADDENDUM IS A FURTHERANCE OF A SOLICITATION FOR QUALIFICATIONS AND IS NOT A CONTRACT OR OFFER TO CONTRACT.

RFQ for CONSTRUCTION MANAGER AT RISK

ALKEK EXPANSION, RENOVATIONS TO EXISTING FACILITY – G7, G10 & G11

1. **Pre-Submittal Conference Sign-In Sheets are attached.**
2. **HUB CMAR Requirements sheet is attached.**
3. **HUB Tip Sheet is attached.**

Mary Mueller (Sourcing Specialist)
Fax No. (713) 745-5814
E-Mail address: memuelle@mdanderson.org

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Sourcing & Contract Management

Pre-Submittal Conference

Sign-in Sheet

Project Name: Alkek Expansion, Renovations to Existing Facility - G7, G10 & G11 (CMR)
RFQ No.: 542189/ME
Location: Fannin Holcombe Building, Suite FHB10.1001 - Conference Room A/B
Date: Tuesday, January 29, 2013 @ 8:00 AM

	Printed Name	Company Name or MD Anderson Department Name	Phone Number/ Extension	E-mail Address	HUB? (Y/N)
1	Tony Mansoorian	W.S. Bellows	713-795-9600	tmansoorian@wsbellows.com	
2	Richard Sasser	Austin Commercial	281-404-0700	sasserre austin-ind.com	N
3	Chris Harren	Austin Commercial	281-404-0700	charren@austin-ind.com	N
4	Matt Elliott	Spaw Glass	281-970-5300	matt.elliott@spawglass.com	N
5	Scott Woolley	Pepper-Lawson	281-371-3100	swoolley@pepperlawson.com	N
6	Adam Beelle	Kiewit Construction	512-314-2742	adam.beelle@kiewit.com	N
7	MARY MUELLER	M.D. ANDERSON	713-745-2102	memuelle@mdanderson.org	N
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10					
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THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center
Making Cancer History®

Sourcing & Contract Management

Pre-Submittal Conference

Sign-in Sheet

Project Name: Alkek Expansion, Renovations to Existing Facility - G7, G10 & G11 (CMR)
RFQ No.: 542189/ME
Location: Fannin Holcombe Building, Suite FHB10.1001 - Conference Room A/B
Date: Tuesday, January 29, 2013 @ 8:00 AM

	Printed Name	Company Name or MD Anderson Department Name	Phone Number/ Extension	E-mail Address	HUB? (Y/N)
1	BOB FLOWERS	JE DUNN CONSTRUCTION	713.320.8932	Bob.Flowers@jedunn.com	N
2	CHRIS DAVIS	CLARK CONSTRUCTION	(210)889-9405	chris.davis@clarkconstruction.com	N
3	NADER HOMAYOUNI	CLARK CONSTRUCTION	(713) 875-0607	nader.homayouni@clarkconstruction.com	N
4	TIM BLACKSTONE	TURNER CONSTRUCTION	(713) 840-8441	tblackstone@tcco.com	N
5	J.J. Washam	Vaughn Construction	713-589-7400	JJwasham@vaughnconstruction.com	N
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University of Texas MD Anderson Cancer Center
Supply Chain Management
HUB & Federal Small Business Program

HUB Subcontract Plan Required Documents for
Alkek Expansion Reno: G7, G10 & G11 Const. Mgr. at Risk - 542189/ME

Construction Manager-at-Risk (CMAR)

1. The General Contractor must submit a completed HUB Subcontracting Plan for the Preconstruction Phase.

2. The General Contractor must complete a Letter of HUB Commitment for the Construction Phase.

3. A HUB Plan for each Construction Phase is due with the approved GMP.

HUB & Federal Small Business Program	**Fax 713-745-5814**	
Marian Nimon, Associate Director	**713-745-8352**	**mnimon@mdanderson.org**
Donna Schneider, Sr. HUB Coordinator	**713-745-8348**	**dmschnei@mdanderson.org**
Barbara Howard, HUB Coordinator	**713-794-3211**	**bhoward@mdanderson.org**
Kandice Mott, HUB Coordinator	**713-745-2479**	**kmmott@mdanderson.org**

THE UNIVERSITY OF TEXAS
MD Anderson Cancer Center

Supply Chain Management
HUB and Federal Small Business Program

Historically Underutilized Business Subcontracting Plans (HSP) Tip Sheet

The Historically Underutilized Business (HUB) Program of The University of Texas MD Anderson Cancer Center (MDACC) was established to identify Historically Underutilized Businesses and encourage them to participate in the competitive bid process with the objective of increasing the number of contracts awarded to HUB vendors.

Helpful Websites & Contacts:

- MDA Bid Opportunities: www.mdanderson.org/bids
- Supplier Registration: www.mdanderson.org/suppliers
- Centralized Master Bidder's List (CMBL): http://www.window.state.tx.us/procurement/cmbl/cmblhub.html
- Houston Minority Supplier Development Council: info@hmsdc.org
- Women's Business Enterprise Alliance: bids@wbea-texas.org

4 HUB Subcontracting Plan Options:

Option 1 - (Method A) Respondent will subcontract with only HUB vendors. (No continuous contract exists with HUB exceeding 5-years in place.

Option 2 - (Method A) Respondent will subcontract with HUB and non-HUB vendors but the percentage subcontracted to the HUB ***meets or exceeds the HUB Goal*** the contracting agency identified in the "Agency Special Instructions/Additional Requirements." (No continuous contract exists with HUB exceeding 5-years in place.)

Option 3 - (Method B) Respondent will subcontract with HUB and non-HUB vendors (or only non-HUB vendors), and the aggregate percentage of subcontracting with HUB vendors ***does not meet or exceed*** the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements".

Option 4 - Self-Performance

Completing the Forms

See HSP Quick Check List

Good Faith Effort Determinations (GFE):

- Good faith effort applies to Option 3 – Method B.
- Provide written notification to all potential bidders. Notification form is included in the HSP package. Use of this form is highly recommended.
- You must allow the HUBs at least seven (7) working days to respond to the notice prior to your submitting your response to the contracting agency. (does not include the day notice was sent)
- Notify a minimum of two (2) minority or women trade organizations or development centers of subcontracting opportunities (see list attached to Rider 104 HUB Plan for contact information).
- Notify a minimum of 3 HUBs for each trade identified for the project.
- Provide written justification of the selection process if a HUB is not selected.
- Include supporting documentation of all GFE (notification and HUB responses).

*****Important:** Failure to submit required documentation may result in rejection of your HUB Plan and subsequently your proposal. ***

Possible Causes for Rejection will include:

- Failure to submit a completed HSP
- Failure to provide 7 (seven) working day notice to HUBs
- Failure to properly notify HUBs and/or provide sufficient information to bid
- Failure to notify minimum of two trade organizations
- Failure to include supporting documentation of all Good Faith Efforts
- Telephone logs are no longer accepted as documentation of good faith efforts; only fax, e-mail and written correspondence are acceptable

Following the Award:

Notification of Award to Subcontractors: Within ten (10) days following signing of the contract, contractor must notify in writing the subcontractors of their award (Section 4 Affirmation); copy of the notice must also be provided to the contracting agency's point of contact for the contract.

Reporting: If subcontracting, Progress Assessment Reports (PARs) will be required monthly, by the 10th of the month, documenting payments to all subcontractors, HUB and non-HUB.

HUB & Federal Small Business Program Team:

For HUB related questions, assistance with HSP forms, HUB plan draft review or prime contractor HUB training please contact the HFSB Team:

Marian Nimon, Associate Director	**713-745-8352**	**mnimon@mdanderson.org**
Donna Schneider, Sr. HUB Coordinator	**713-745-8348**	**dmschnei@mdanderson.org**
Barbara Howard, HUB Coordinator	**713-794-3211**	**bhoward@mdanderson.org**
Kandice Mott, HUB Coordinator	**713-745-2479**	**kmmott@mdanderson.org**

Completing the Forms: HSP Quick Check List

While this HSP Quick Checklist is being provided to assist you in readily identifying sections of the HSP form that you will need to complete, it is very important that you adhere to the instructions in the HSP form and instructions provided by the contracting agency.

Option 1 (Method A) Section 2(c) of HSP

If all of your subcontracting opportunities will be performed using only HUB vendors, complete:

- ✓ Section 1 - Respondent and Requisition Information
- ✓ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ✓ Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to HUB vendors
- ✓ Section 2 c. – Yes
- ✓ Section 4 – Affirmation
- ✓ GFE Method A (Attachment A) – Complete this attachment for each subcontracting opportunity

Option 2 (Method A) Section 2(d) of HSP

If you are subcontracting with HUB vendors and Non-HUB vendors, and the aggregate percentage* of subcontracting with HUB vendors (*with which you have a continuous contract in place for five (5) years or less*) meets or exceeds the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete:

- ✓ Section 1 - Respondent and Requisition Information
- ✓ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ✓ Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to HUB vendors and Non HUB vendors
- ✓ Section 2 c. – No
- ✓ Section 2 d. – Yes
- ✓ Section 4 – Affirmation
- ✓ GFE Method A (Attachment A) – Complete this attachment for each subcontracting opportunity

Option 3 (Method B) Section B 1-4 of HSP

If you are subcontracting with HUB vendors and Non-HUB vendors (or only Non HUB vendors), and the aggregate percentage* of subcontracting with HUB vendors (*with which you have a continuous contract in place for five (5) years or less*) does not meet or exceed the HUB Goal the contracting agency identified in the "Agency Special Instructions/Additional Requirements", complete:

- ✓ Section 1 - Respondent and Requisition Information
- ✓ Section 2 a. – Yes, I will be subcontracting portions of the contract
- ✓ Section 2 b. – List all the portions of work you will subcontract, and indicated the percentage of the contract you expect to award to HUB vendors and Non HUB vendors
- ✓ Section 2 c. – No
- ✓ Section 2 d. – No
- ✓ Section 4 – Affirmation
- ✓ GFE Method B (Attachment B) – Complete this attachment for each subcontracting opportunity

Option 4: Self-Performance, Section 3 of HSP

If you are not subcontracting any portion of the contract and will be fulfilling the entire contract with your own resources, complete:

- ✓ Section 1 – Respondent and Requisition Information
- ✓ Section 2 a. – No, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources
- ✓ Section 3 – Self Performing Justification
- ✓ Section 4 – Affirmation