BOONE COUNTY, MISSOURI
Request for Qualifications #: 41-31OCT13 – RFQ for Architectural and Engineering Services for 911 / Joint Communications Facility

ADDENDUM #3 - **Issued October 28, 2013**

This addendum is issued in accordance with the Request for Qualifications and is hereby incorporated into and made a part of the Request for Qualifications Documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's proposal response.

Specifications for the above noted Request for Qualifications and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect.

The County has received the following questions and is providing a response below:

1) **Question:** Please clarify the landscape services required, per addendum #2. Do we need a licensed, registered landscape architect on the project or will a landscape designer suffice?

   Response: Landscape designer is sufficient. The facility type, security implications and location mitigates significant design, particularly vegetation of any kind.

2) **Question:** Are you considering building commissioning authority services for this project? If so, will this be contracted directly with the owner or as part of the Design Team?

   Response: The County is not considering commissioning services beyond those normally provided by the contractor/ architectural/911 consultant team.

3) **Question:** What is the official title of the project?

   Response: Architectural and Engineering Services for 911/Joint Communications Facility

By: _____
Melinda Bobbitt, CPPO, CPPB
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Qualifications #**41-31OCT13 – Request for Qualifications for Architectural and Engineering Services for 911 / Joint Communications Facility** receipt of which is hereby acknowledged:

Company Name: _____
Address: _____
_____

Phone Number: _____ Fax Number: _____
E-mail address: _____
Authorized Representative Signature: _____ Date: _____
Authorized Representative Printed Name: _____