



PROCUREMENT SERVICES

CITY OF SURREY, SURREY CITY HALL
13450 – 104 Avenue, Surrey, B.C., V3T 1V8
Tel: 604-590-7274
E-mail: purchasing@surrey.ca

ADDENDUM No. 3

REQUEST FOR EXPRESSION OF
INTEREST AND STATEMENT OF
QUALIFICATIONS No.:

1220-050-2021-005

TITLE: CONSTRUCTION MANAGEMENT SERVICES FOR
NEWTON COMMUNITY CENTRE

ADDENDUM ISSUE DATE: MARCH 18, 2021

DATE: PREFER TO RECEIVE SUBMISSION ON OR
BEFORE MARCH 18, 2021.

INFORMATION FOR RESPONDENTS

Respondents are advised that Addendum No. 3 to 1220-050-2021-005 is hereby issued by the City. This addendum shall form part of the contract documents and is to be read, interpreted and coordinated with all other parts. The following information is provided to answer questions raised by Respondents for the above-named project, to the extent referenced and shall become a part thereof. No consideration will be allowed for extras due to the Respondents or any sub-contractor not being familiar with this addendum. This Addendum No. 3 contains four (4) pages.

QUESTIONS AND ANSWERS:

Q1. Can you provide the Word document versions for appendices A, B and C?

A1. Please see separately attached.

All Addenda will become part of the Contract Documents.

- END OF ADDENDUM -

Attachment 1

APPENDIX A

RELEVANT PROJECTS COMPLETED IN THE PAST FIVE YEARS

(Attach additional pages, if necessary)

Ref. #1. Project Title and Date: _____ **Date:** _____

Project Description/Scope: _____

Location of Project: _____

Original Contract Value: \$ _____ Final Contract Value: \$ _____

Project Manager: _____ Superintendent: _____

Subcontract Value: \$ _____

Original Planned Completion Date: _____ Actual Completion Date: _____

Name of Owner: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Name of the Consultant: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Ref. #2. Project Title and Date: _____ **Date:** _____

Project Description/Scope: _____

Location of Project: _____

Original Contract Value: \$ _____ Final Contract Value: \$ _____

Project Manager: _____ Superintendent: _____

Subcontract Value: \$ _____

Original Planned Completion Date: _____ Actual Completion Date: _____

Name of Owner: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Name of the Consultant: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Ref. #3. Project Title and Date: _____ **Date:** _____

Project Description: _____

Location of Project/Scope: _____

Original Contract Value: \$ _____ Final Contract Value: \$ _____

Project Manager: _____ Superintendent: _____

Subcontract Value: \$ _____

Original Planned Completion Date: _____ Actual Completion Date: _____

Name of Owner: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Name of the Consultant: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

SIMILAR OR RELATED PROJECTS COMPLETED

(Attach additional pages, if necessary)

Ref. #1. Project Title and Date: _____ **Date:** _____

Project Description/Scope: _____

Location of Project: _____

Original Contract Value: \$ _____ Final Contract Value: \$ _____

Project Manager: _____ Superintendent: _____

Subcontract Value: \$ _____

Original Planned Completion Date: _____ Actual Completion Date: _____

Name of Owner: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Name of the Consultant: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Ref. #2. Project Title and Date: _____ **Date:** _____

Project Description/Scope: _____

Location of Project: _____

Original Contract Value: \$ _____ Final Contract Value: \$ _____

Project Manager: _____ Superintendent: _____

Subcontract Value: \$ _____

Original Planned Completion Date: _____ Actual Completion Date: _____

Name of Owner: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Name of the Consultant: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Ref. #3. Project Title and Date: _____ **Date:** _____

Project Description: _____

Location of Project/Scope: _____

Original Contract Value: \$ _____ Final Contract Value: \$ _____

Project Manager: _____ Superintendent: _____

Subcontract Value: \$ _____

Original Planned Completion Date: _____ Actual Completion Date: _____

Name of Owner: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Name of the Consultant: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

MAJOR PROJECTS UNDERWAY AS OF THE DATE OF SUBMISSION

(Attach additional pages, if necessary)

Ref. #1. Project Title and Date: _____ **Date:** _____

Project Description/Scope: _____

Location of Project: _____

Original Contract Value (\$): _____ Subcontract Value (\$): _____

Project Manager: _____ Superintendent: _____

Scheduled Completion Date: _____ Percent (%) Completed: _____

Name of Owner: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Bus. E-Mail of Project Reference: _____

Name of the Consultant: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Ref. #2. Project Title and Date: _____ **Date:** _____

Project Description/Scope: _____

Location of Project: _____

Contract Value (\$): _____ Subcontract Value (\$): _____

Project Manager: _____ Superintendent: _____

Scheduled Completion Date: _____ Percent (%) Completed: _____

Name of Owner: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Bus. E-Mail of Project Reference: _____

Name of the Consultant: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Ref. #3. Project Title and Date: _____ **Date:** _____

Project Description/Scope: _____

Location of Project: _____

Contract Value (\$): _____ Subcontract Value (\$): _____

Project Manager: _____ Superintendent: _____

Scheduled Completion Date: _____ Percent (%) Completed: _____

Name of Owner: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____

Name of the Consultant: _____

Refer To: _____

Bus. Telephone/Fax Numbers: Bus. Phone: _____ Bus. Fax: _____