



MARICOPA COUNTY SPECIAL HEALTH CARE DISTRICT VALLEYWISE HEALTH

**ADDENDUM #1**

**FOR**

**90-24-176-ROQ**

**VALLEYWISE COMMUNITY HEALTH CENTER**

**CHANDLER REFRESH PROJECT (CMAR)**

**COVER SHEET**

**BY SIGNING AND RETURNING THIS COVER SHEET, I CERTIFY  
RECEIPT OF ADDENDUM #1.**

**AMENDMENT #1 POSTED JANUARY 23, 2024**

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Name of Submitting Organization

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Date

THE SIGNATURE PAGE OF THIS ADDENDUM ONE (1) MUST BE SIGNED AND RETURNED WITH YOUR STATEMENT OF QUALIFICATIONS.

VALLEYWISE COMMUNITY HEALTH CENTER-CHANDLER REFRESH PROJECT (CMAR)

90-24-176-ROQ

ADDENDUM #1

The Maricopa County Special Health Care District (“District”) d.b.a. Valleywise Health is hereby issuing Addendum #1 to the Valleywise Community Health Center-Chandler Refresh Project (CMAR) which requested sealed Statements Of Qualifications.

Pursuant to the Procurement Code Clause HS-305, Addenda to Solicitations, Paragraph A (1) (3), this Addendum One will furnish to other Respondents information given to one Respondent to assist the other Respondents in submitting their responses.

1.	<b>Question(s):</b> Section 5.1 only lists the schedule should limit disruptions to the existing clinic operations. My Follow up questions would be as follows:
1A	<b>Question:</b> What is the anticipated construction start date for this project?
<b>Answer:</b> The anticipated start date will be determined after formal award of contract.	
1B	<b>Question:</b> Is there a requested completion date?
<b>Answer:</b> The requested completion date will be determined by the construction start date	
1C	<b>Question:</b> Since this work will be happening in an open facility will full time night work be required, or can we do the noisy demo work at night but the bulk of the main construction work during normal working hours?
<b>Answer:</b> Clinic operations are Mon-Fri from 7 am to 5 pm, Sat 7 am to 1 pm (Sat hours may vary). Any work performed must be within an ICRA and without disruption to clinic operations – the disruptions to avoid, include but not limited to, noise, strong odor, blocking access for staff, visitors or patients and any MEP outage. Clinic will be functional during business hours. CMAR must consider means and methods to minimize disruptions to patient care in partnership with project team. This is not 100% owner responsibility, rather a team approach with options for the owner to minimize disruption.	
2.	<b>Question:</b> “Additional Submittals” items. This is in reference to item B under section 5.04 (on page 18 of the ROQ). It states: “A statement regarding the respondent’s bonding capacity issued by the Director of the State of Arizona Department of Insurance.” The State of Arizona Department of insurance will not issue any letters regarding an individual company’s bonding capacity. Bonding capacity letters are issued by a company’s insurance/bonding agent. Please confirm that a letter from our insurance/bonding agent will suffice for this request.
<b>Answer:</b> Instruction 5: Preparation of SOQ 5.04 (B) Shall now read: A statement regarding the respondent’s bonding capacity must be issued from the surety provider that provides assurances to the CMAR that the person submitting the letter has been underwritten and is pre-approved for the bonding capacity necessary for this project.	

All other terms and conditions remain unchanged.