



**PIMA COUNTY PROCUREMENT DEPARTMENT
MATERIALS AND SERVICES DIVISION**

130 W. Congress St., 3rd Floor
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SOLICITATION ADDENDUM

Solicitation Number: **IFB# 220885**
Solicitation Title: **Sewer Rate Study**
Addendum Number: **#01**
Addendum Date: **June 30, 2016**

The following is provided in response to questions asked by potential respondents and discussed during the Pre-Bid Conference that was held June 30, 2016 at 10:00 AM MST Local AZ Time.

Below are questions and responses provided by the County.

Question No.	Page No.	Section Number	Questions & Answers	
1	2	Minimum Qualification 2: Consultant/PM Experience Refer to Attachment 1: Consultant/PM Experience Log	Q:	Are the Types of Sewer Systems grouped accurately?
			A:	No. Attachment 1 has been revised to incorporate the following change: Water, pressurized irrigation, sanitary sewer and storm drain. Please complete and submit with your bid the revised Attachment 1.
2	2	Minimum Qualification 3: Rate Study Report	Q:	Are we to submit samples of Rate Study Reports?
			A:	Yes. Include as a part of Attachment 2: Consultant /PM's Sample Rate Study Log two (2) Rate Study Reports.

All terms and conditions not changed by this addendum remain the same.

Attachments: Attachment 1: Consultant PM Experience Log - Revised Addendum 1

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Pima County Procurement
Materials and Services Division
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Attachment 1: Consultant/PM Experience Log – Revised Addendum 1

CONTRACTOR'S NAME	
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Consultant assigned to manage the project and the provision of services for this contract shall complete this Attachment 1 documenting proof of current, responsible and satisfactory five (5) years' work experience conducting water/pressurized irrigation/sanitary sewer/storm drain rate studies. References listed below shall contain current contact information. Pima County reserves the right to contact references to substantiate responsibility and satisfactory performance of Offeror.

CONSULTANT/PM NAME: (First Name) _____ (Last Name) _____

1. Reference Company/Government Agency name: _____

Contact Person: (First Name) _____ (Last Name) _____

Contact Person Phone: _____ **Email Address:** _____

Contract Number: _____ **Contract start date (Month/Year)** _____ **-End Date** _____

Place a check mark in the appropriate box that best describes the contents of the Rate Study.

Type of Sewer System: Water Pressurized Irrigation Sanitary Sewer Storm Drain

Customer Classes: Residential Commercial Industrial **Usage Analysis:** Actual Usage Water Quarter Avg.

Develop Fee(s) Methodology Assessment: Multiple Rate Design Options Update Connection Fee

Benchmarking customer classifications/rates

2. Reference Company/Government Agency name: _____

Contact Person: (First Name) _____ (Last Name) _____

Contact Person Phone: _____ **Email Address:** _____

Contract Number: _____ **Contract start date (Month/Year)** _____ **-End Date** _____

Place a check mark in the appropriate box that best describes the contents of the Rate Study.

Type of Sewer System: Water Pressurized Irrigation Sanitary Sewer Storm drain

Customer Classes: Residential Commercial Industrial **Usage Analysis:** Actual Usage Water Quarter Avg.

Develop Fee(s) Methodology Assessment: Multiple Rate Design Options Update Connection Fee

Benchmarking customer classifications/rates

3. Reference Company/Government Agency name: _____

Contact Person: (First Name) _____ (Last Name) _____

Contact Person Phone: _____ **Email Address:** _____

Contract Number: _____ **Contract start date (Month/Year)** _____ **-End Date** _____

Place a check mark in the appropriate box that best describes the contents of the Rate Study.

Type of Sewer System: Water Pressurized Irrigation Sanitary Sewer Storm Drain

Customer Classes: Residential Commercial Industrial **Usage Analysis:** Actual Usage Water Quarter Avg.

Develop Fee(s) Methodology Assessment: Multiple Rate Design Options Update Connection Fee

Benchmarking customer classifications/rates

Attachment 1: Consultant/PM Experience Log – Revised Addendum 1

4. Company/Government Agency name: _____

Contact Person: (First Name) _____ (Last Name) _____

Contact Person Phone: _____ **Email Address:** _____

Contract Number: _____ **Contract start date** (Month/Year) _____ **-End Date** _____

Place a check mark in the appropriate box that best describes the contents of the Rate Study.

Type of Sewer System: Water Pressurized Irrigation Sanitary Sewer Storm Drain

Customer Classes: Residential Commercial Industrial **Usage Analysis:** Actual Usage Water Quarter Avg.

Develop Fee(s) Methodology Assessment: Multiple Rate Design Options Update Connection Fee

Benchmarking customer classifications/rates

5. Company/Government Agency name: _____

Contact Person: (First Name) _____ (Last Name) _____

Contact Person Phone: _____ **Email Address:** _____

Contract Number: _____ **Contract start date** (Month/Year) _____ **-End Date** _____

Place a check mark in the appropriate box that best describes the contents of the Rate Study.

Type of Sewer System: Water Pressurized Irrigation Sanitary Sewer Storm Drain

Customer Classes: Residential Commercial Industrial **Usage Analysis:** Actual Usage Water Quarter Avg.

Develop Fee(s) Methodology Assessment: Multiple Rate Design Options Update Connection Fee

Benchmarking customer classifications/rates

6. Company/Government Agency name: _____

Contact Person: (First Name) _____ (Last Name) _____

Contact Person Phone: _____ **Email Address:** _____

Contract Number: _____ **Contract start date** (Month/Year) _____ **-End Date** _____

Place a check mark in the appropriate box that best describes the contents of the Rate Study.

Type of Sewer System: Water Pressurized Irrigation Sanitary Sewer Storm Drain

Customer Classes: Residential Commercial Industrial **Usage Analysis:** Actual Usage Water Quarter Avg.

Develop Fee(s) Methodology Assessment: Multiple Rate Design Options Update Connection Fee

Benchmarking customer classifications/rates

SIGNATURE: _____ **DATE:** _____

COMPANY NAME