ADDENDUM 1

QUESTIONS/RESPONSES:

Question: Can you please verify that MEP’s DO NOT have to be pre-approved for this project?

Answer: Any subcontractor that is not on our SCPP list will need to fill out the Subcontractor Prequalification document (see attached) and send to Stephanie Menke prior to the bid submission date.

ADDITIONAL INFORMATION:

There is lead paint present in the space so the contractor should employ the OSHA Safe Work Practices when handling painted surfaces. It is understood that the existing wood trim will not be sanded for the new paint.

Sheet A-101 Keynote D14: Do not salvage the existing trim (casings, rosettes, apron and stool) to be reused on the opposite side to trim out the recessed area. ON the opposite side recessed area between the hall and kitchen on kitchen side near keynote D17 remove the existing casing, apron, rosette. Cut existing stool flush with wall. Install new paint grade pine flush casings, rosettes, apron and still to match the existing widths, lengths and thickness. Matching the existing profiles is not required, just use flush pieces to provide the same look with the profile detail.

Sheet A-101 Keynote D14: The second D14 keynote referring to the existing electrical service should be removed. Refer to the electrical drawings for electrical information.

The owner will be correcting the ceiling damage in the kitchen due to the pipe leak prior to the contractor starting work on the kitchen reno.

The gas range, dishwasher, microwaves, commercial refrigerator and freezer will be owner provided and owner hooked up. GC is responsible to provide the utility to the point to the point of connection per plan.

END OF ADDENDUM
SECTION 00 45 17 – SUBCONTRACTOR PREQUALIFICATION

PART 1 - GENERAL

1.1 RELATED DOCUMENTS (Not Applicable)

1.2 SUMMARY (Not Applicable)

1.3 DEFINITIONS (Not Applicable)

1.4 SUBCONTRACTOR PREQUALIFICATION

A. FORM: University of Colorado Denver | Anschutz Medical Campus “Subcontractor’s Statement of Experience.”

B. A copy of the above noted document is attached to the end of this section.

1.5 PROCEDURE (Not Applicable)

PART 2 - PRODUCTS (Not Applicable)

PART 3 - EXECUTION (Not Applicable)

END OF SECTION 00 45 17
SUBCONTRACTOR’S STATEMENT OF EXPERIENCE

Project Name: ARTS Ft Logan Kitchen Reno

Project # PN 22-106819

Project Manager: Stephanie Menke
Phone: 303.949.4364
Email: stephanie.menke@cuanschutz.edu

Architect/Engineer: Joe Marshall-Architect Workshop

- This is a project specific qualification form. Subcontractor must fill this out on each project.
<table>
<thead>
<tr>
<th>DOCUMENT TYPE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INFORMATION FORM</td>
<td>1</td>
</tr>
<tr>
<td>TYPES OF WORK</td>
<td>2</td>
</tr>
<tr>
<td>IDENTIFICATION FORM</td>
<td>3, 4</td>
</tr>
<tr>
<td>PERSONNEL OF ORGANIZATION FORM</td>
<td>5</td>
</tr>
<tr>
<td>PROJECT EXPERIENCE FORM</td>
<td>6</td>
</tr>
<tr>
<td>WORK CURRENTLY UNDER CONTRACT FORM</td>
<td>7</td>
</tr>
<tr>
<td>SURETIES FORM</td>
<td>8</td>
</tr>
<tr>
<td>CORPORATION / CO-PARTNERSHIP FORM</td>
<td>9</td>
</tr>
<tr>
<td>AFFIDAVIT FOR CORPORATION</td>
<td>10</td>
</tr>
<tr>
<td>AFFIDAVIT FOR CO-PARTNERSHIP</td>
<td>11</td>
</tr>
<tr>
<td>AFFIDAVIT FOR INDIVIDUAL</td>
<td>12</td>
</tr>
<tr>
<td>BIDDING INFORMATION</td>
<td>13</td>
</tr>
</tbody>
</table>
INFORMATION FORM

STATEMENT OF ________________
(Subcontractor)

ADDRESS _______________________
(Street or PO Box) (City) (State) (Zip)

TELEPHONE/FAX NO. ___________ ___________
(telephone) (fax)

DATE OF EXPERIENCE STATEMENT ________________

PRINCIPLE OWNER/OFFICER _______________________
(Names(s) and Official Title(s))

Please indicate below if your company qualifies as one of the following:

Minority Business Enterprise (MBE) YES ___ NO ___
Justification: ________________________________

___________________________________________

___________________________________________

Woman-Owned Business Enterprise (WBE) YES ___ NO ___
Justification: ________________________________

___________________________________________

___________________________________________

Small Business Enterprise (SBE) YES ___ NO ___
Justification: ________________________________

___________________________________________

___________________________________________

Disadvantaged Business Enterprise (DBE) YES ___ NO ___
Justification: ________________________________

___________________________________________

___________________________________________
(1) If you are a General Contractor interested in bidding on all types of construction, mark “All Classes of Construction” only.
(2) If you are interested in contracting directly with the University for certain types of work only, mark in the column provided after the particular types of work on which you wish to bid.

<table>
<thead>
<tr>
<th>TYPES OF WORK</th>
<th>MARK WITH (X)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. All Classes of Construction</td>
<td></td>
</tr>
<tr>
<td>2. General</td>
<td></td>
</tr>
<tr>
<td>3. Mechanical</td>
<td></td>
</tr>
<tr>
<td>4. Electrical</td>
<td></td>
</tr>
<tr>
<td>5. Excavating and Grading</td>
<td></td>
</tr>
<tr>
<td>6. Concrete</td>
<td></td>
</tr>
<tr>
<td>7. Structural Steel</td>
<td></td>
</tr>
<tr>
<td>8. Steel and Miscellaneous Iron</td>
<td></td>
</tr>
<tr>
<td>9. Painting and Decorating</td>
<td></td>
</tr>
<tr>
<td>10. Laboratory Equipment</td>
<td></td>
</tr>
<tr>
<td>11. Elevator Installation</td>
<td></td>
</tr>
<tr>
<td>12. Plumbing</td>
<td></td>
</tr>
<tr>
<td>13. Heating and Ventilating</td>
<td></td>
</tr>
<tr>
<td>14. Air Conditioning</td>
<td></td>
</tr>
<tr>
<td>15. Boiler and Equipment</td>
<td></td>
</tr>
<tr>
<td>16. Environmental (Describe)</td>
<td></td>
</tr>
<tr>
<td>17. Other (Describe)</td>
<td></td>
</tr>
<tr>
<td>18. Other (Describe)</td>
<td></td>
</tr>
<tr>
<td>19. Other (Describe)</td>
<td></td>
</tr>
<tr>
<td>20. Other (Describe)</td>
<td></td>
</tr>
</tbody>
</table>
IDENTIFICATION

(The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to questions hereinafter made.)

LEGAL NAME ____________________________

PRINCIPAL OFFICE ____________________________

(Street or PO Box) (City) (State) (Zip)

_____ A Corporation  _____ A Copartnership  _____ An Individual  ___ Combination

GENERAL INFORMATION

A. Are you licensed as a contractor?  Yes ( )  No ( )

Licensed in Location License No.
the name of (City or State) & Type


B. How many years has your organization been in business as a contractor under your present business name? ________________

C. How many years experience in ________________ construction work has your organization had? (Type)

(a) As a prime contractor? ________________ (b) As a subcontractor?

D. Have you or your organization, or any officer or partner thereof, failed to complete a contract? ______

If so, give details ______________________________


E. If you have a controlling interest in any firms presently qualified with the University, show names thereof:

______________________________

______________________________

F. We normally perform ___% of the work with our own forces.

List trades: ______________________________

______________________________

Where qualification is based on a combination of several organizations, show the experience and equipment of the combined organizations.
G. Has your firm been involved in any litigation in the past five (5) years? Yes (  ) No (  )
If yes, explain (listing type, kind, plaintiff, defendant, etc. and state the current status).

H. Are there any activities or interests of officers, principle stockholders, or employees of
your firm or other factors which would place your firm and the University of Colorado
Denver in a position of “Conflict of Interests”?
Yes (  ) No (  ) If yes, or in doubt, explain.

I. Has your firm ever been involved in any bankruptcy action as a bankrupt?
Yes (  ) No (  ) If yes, explain.
PERSONNEL OF ORGANIZATION

1. Name the persons with whom you have been associated in business as partners or business associates in each of the last five (5) years.

2. Show the construction experience of the principal individuals of your present organization in the following tabulation:

<table>
<thead>
<tr>
<th>Individual’s Name</th>
<th>Present Position or Office in Your Organization</th>
<th>Years of Construction Experience</th>
<th>Magnitudes and Type of Work</th>
<th>In What Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
PROJECT EXPERIENCE

Show the projects your organization has completed during the last five years in the following tabulation:

<table>
<thead>
<tr>
<th>Year Completed</th>
<th>Project</th>
<th>Type of Work (See Page 2)</th>
<th>Location</th>
<th>Contract Value</th>
<th>Contracting Authority</th>
<th>In what Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
WORK CURRENTLY UNDER CONTRACT

<table>
<thead>
<tr>
<th>Expected Completion Date</th>
<th>Project</th>
<th>Type of Work (See Page 1)</th>
<th>Location</th>
<th>Contract Value</th>
<th>Contracting Authority</th>
<th>Architect or Engineer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SURETIES

List the Surety Companies that have bonded your work for the past five (5) years:

<table>
<thead>
<tr>
<th>Name of Surety and Name and Address of Agent</th>
<th>Project and Location</th>
<th>Period of Bond From</th>
<th>Period of Bond To</th>
<th>General Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS
SUBCONTRACTOR’S QUALIFICATION STATEMENT

CORPORATION / CO-PARTNERSHIP

CORPORATION:
(If a corporation, answer this:)

When Incorporated __________________________

In What State __________________________

President’s Name __________________________

Vice President’s Name __________________________

Secretary’s Name __________________________

Treasurer’s Name __________________________

CO-PARTNERSHIP:
(If a co-partnership, answer this:)

Date of Organization __________________________

State whether partnership is general, limited, or association

Name and address of each partner:

__________________________________________  ______________________________________

(name)                                     (name)

__________________________________________  ______________________________________

(address)                                   (address)

WHERE QUALIFICATION IS BASED ON A COMBINATION OF ORGANIZATIONS, THE
APPROPRIATE (ATTACHED) AFFIDAVITS MUST BE EXECUTED FOR EACH
MEMBER OF SUCH COMBINATION.
AFFIDAVIT FOR CORPORATION

_____________________________________________ certifies and says: That he is
(Name of officer)
_____________________________________________ of the ___________________ (Official capacity)
corporation submitting this statement of experience: that he/she has read the same, and
that the same is true of his/her own knowledge: that the statement is for the purpose of
inducing the University of Colorado Denver to supply the submittor with plans and
specifications, and that any vendor, or other agency therein named is hereby authorized
to supply the University of Colorado Denver with any information necessary to verify the
statement: and that furthermore, should this statement at any time cease to properly and
truly represent his/her condition in any substantial respect, it will refrain from further
bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on ______ at _____, ______, State of ______
(date) (city) (county)

NOTE: Use full corporate name and 
attach corporate seal here. __________________________
(Officer must sign here)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.
AFFIDAVIT FOR CO-PARTNERSHIP

_________________________________________ certifies and says: That he/she is a partner of
(Name of partner)

the partnership of __________________________________: That said partnership
(Name of Firm)

submitted this statement of experience: that he/she has read the same, and that the
same is true of his/her own knowledge: that the statement is for the purpose of inducing
the University of Colorado Denver to supply the submitor with plans and specifications,
and that any vendor, or other agency therein named is hereby authorized to supply the
University of Colorado Denver with any information necessary to verify the statement:
and that furthermore, should this statement at any time cease to properly and truly
represent the condition of said firm in any substantial respect, it will refrain from further
bidding on University work until they shall have submitted a revised and corrected
statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on _____ at ____, ______, State of 
(date)  (city)  (county)

The foregoing statement and affidavit are hereby offered.

_________________________________________  (Member of Firm must sign here)

_________________________________________  (Title)

_________________________________________  (Name of Firm)

(Remaining members of Firm sign here)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect.
AFFIDAVIT FOR INDIVIDUAL

_________________________ doing business ________________
(Name of individual) (Name of Firm)

certifies and says: That he/she is the person submitting this statement of experience: that he/she has read the same, and that the same is true of his/her own knowledge: that the statement is for the purpose of inducing the University of Colorado Denver to supply the submittor with plans and specifications, and that any vendor, or other agency therein named is hereby authorized to supply the University of Colorado Denver with any information necessary to verify the statement: and that furthermore, should this statement at any time cease to properly and truly represent his/her condition in any substantial respect, it will refrain from further bidding on University work until it shall have submitted a revised and corrected statement.

I certify and declare under penalty of perjury that the foregoing is true and correct:

Subscribed on _____ at ____, ______, State of ________
(date) (city) (county)

NOTE: Statement will be returned unless affidavit is completed in EVERY respect. ____________________
(Applicant must sign here)
QUALIFICATION

The University of Colorado Denver will qualify or disqualify a Subcontractor on the basis of:

(1) The information contained in this statement and
(2) Past contract experience with the University.

NOTIFICATION

The University of Colorado Denver will, in writing, notify Contractors of their qualification or disqualification.