DEPARTAMENTO DE
SALUD
GOBIERNO DE PUERTO RICO

ADMINISTRATION OFFICE
Auction Administrative Support Section

Tuesday, August 4, 2026

ADDENDUM 08

RFP-PS-2025-2026-039-PMO-CDBG

A/E DESIGN & ENVIRONMENTAL PROFESSIONAL SERVICES FOR DSPR'S FACILITY REHABILITATION, RESILIENCE, AND MITIGATION PROJECT UNDER THE COMMUNITY DEVELOPMENT BLOCK GRANT-MITIGATION INFRAESTRUCTURE MITIGATION PROGRAM

Purpose:

The purpose of this addendum is to amend **Attachment A- STATEMENT OF PROPONENT'S QUALIFICATIONS**. See document attached.

All additional instructions and requirements set forth in the Request for Proposal documents remain unchanged. This Addendum is part of the Request for Proposal. The information included herein must be considered at the time of submission of the Proposal.

Carlos Padilla Cruz
Interim Manager

End of the Addendum

Attachment A
STATEMENT OF PROPONENT'S QUALIFICATIONS

The Undersigned hereby certifies, under oath, the truth and correctness of all statements and of all answers to questions made hereinafter.

Submitted to: _____
(Name of Owner)

Submitted by: _____
(Name of Authorized Person)

☐ Corporation ☐ Partnership ☐ Individual ☐ Other
(Attach separate sheets as required)

1. **Organization Information**
   a. How many years has your organization been in the industry as an A/E firm under its present business name?
   _____
   b. How many years has your organization been in the industry as an A/E firm under other business names?
   _____

2. **Corporate Information (If a Corporation)**
   a. Date of Incorporation: _____
   b. State or Country of Incorporation: _____
   c. President: _____
   d. Vice President: _____
   e. Secretary or Clerk: _____
   f. Treasurer: _____
   g. Postal Mailing Address: _____
   h. Telephone Number: _____
   i. Email Address: _____

The PRDOH requires submission of a valid **Certificate of Incorporation, Partnership**. Attach copies of all corporate documents.

3. **Partnership or Individual (If applicable)**
   a. Date of Organization: _____
   b. Name and address of all partners (state whether general or limited):
   _____
   c. Mailing Address: _____
   d. Telephone Number: _____
   e. Email Address: _____

4. **General Information**
   a. General character of work performed by your company:
   _____
   b. Percentage of project design work normally performed with your own forces: _____%
   List design disciplines performed in-house:
   _____

1. **Contract Performance**
   a. Have you ever failed to comply with the stipulations of any contract awarded to you?
   ☐ Yes ☐ No
   If yes, describe when, where, and why:
   _____
   b. Have you ever defaulted on a contract with:
      - The PRDOH? _____
      - Any other local or federal government agency? _____
      - A private owner? _____
      If yes, describe the facts, project name, scope, and owner/agency involved.
      _____

2. **Related Organizational History.** Has any officer or partner of your organization ever been an officer or partner of another organization that failed to comply with the terms of a

construction or design contract?
☐ Yes ☐ No
If yes, describe the circumstances:
_____

7. Current and Recent Projects. List the names of all major **design projects** your organization currently has in progress or that are expected to start within the next six (6) months. Include for each:

- Owner or client name
- Contact person, telephone, and email
- Contract amount
- Percent completed
- Project start date and expected completion date

(Attach additional sheets as needed)

8. Proponent's Experience. Provide a detailed description of **five (5) similar recent projects** with satisfactory performance, including the project's owner's name and contact information.
(Attach project sheets as required)

9. Proponent's Qualifications. Include detailed information regarding your firm's experience and capacity to perform the requested services.
Attach the following:

- Curriculum Vitae or résumé of Key Personnel
- Copies of current professional licenses (Architecture and Engineering) valid in Puerto Rico
- Description of proposed team structure and roles

10. Understanding of the Project and Requested Services. Provide a **narrative summary** of the Proponent's understanding of the project's scope, goals, challenges, areas of improvement, and proposed approach to meet the objectives of the **facilities** design assignment.

11. Authorization. The Undersigned hereby authorizes and requests any person, firm, or corporation to disclose or furnish any information requested by the **Puerto Rico Department of Health (PRDOH)** in verification of the information contained in this Statement of Qualifications.

Executed in _____, Puerto Rico, this _____ day of _____, 2026.

_____
(Name of Proponent)

_____
(Proponent's Address)

_____
(Signature of Authorized Representative)

_____
(Title)

Affidavit No. _____
Sworn and subscribed before me on the place and date above stated by _____, who is personally known to me.

_____
(Notary Public)