

**THIS ADDENDUM SHALL BECOME A PART OF THE SOLICITATION  
AND MUST BE ACKNOWLEDGED**

**Statement of Qualifications SOQ-25-018 – GUARDRAIL INSTALLATION - dated January 29, 2025**

**CLARIFICATIONS:**

El Paso County will only accept electronic bid proposals submitted through the Rocky Mountain E-Purchasing system. A Submittal Log will be posted after the County has had an opportunity to review and verify the submittals offered to the County.

The original Offer must be received before the due date and time through an electronic package transmitted through the Rocky Mountain E-Purchasing system. The Vendor is responsible for ensuring its Response is posted in its entirety by the due date and time outlined in the solicitation document. No allowances will be provided to those Vendors whose submittal is not uploaded prior to the due date and time outlined in the solicitation.

If the submittal arrives late and/or is not uploaded in its entirety, it will not be included in the electronic lockbox.

**ADMINISTRATION:**

- The question period has expired
- Responses should follow the Response Format on pages 12-13 and include all responses to all mandatory requirements.
- We will be verifying submittals include the following:
  - Submittal properly acknowledged (Cover Sheet)
  - Addendum acknowledged
  - Required Documentation
  - Evaluation Criteria Documentation
  - Submission Form
  - Completed W9
  - Questionnaire

If a submittal is missing any of the above-mentioned documentation the submittal may be returned to the vendor as non-responsive and be deemed ineligible to participate.

**RESPONSE TO QUESTIONS:**

No questions received.

Signature below indicates that applicant has read all the information provided above and agrees to comply in full. This addendum is considered as a section of the Statement of Qualification and therefore, this signed document shall become considered and fully submitted with the original package.

PRINT OR TYPE YOUR INFORMATION

Company Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_