MEMORANDUM

Date: August 4, 2026

To: Offerors of Solicitation #2026-0462R

From: Capital Improvement Department

Subject: Amendment 1 Solicitation 2026-0462R

Updates for the highlighted sections below:

EXHIBIT "A"
PROJECT REFERENCE FORM (PRF)

Directions: Request references from three (3) public agencies for which you have substantially completed similar work. Reference form should be completed and submitted by the person directly responsible for oversight of the project. Please submit via email prior to the date and time listed below. If the form is received after the date and time specified, it will not be accepted. If your firm has not completed prior projects with the City of El Paso, you will not be penalized. **PROJECT REFERENCE FORMS FROM CURRENT CITY OF EL PASO CAPITAL IMPROVEMENT DEPARTMENT EMPLOYEES WILL NOT BE ACCEPTED.**

PRF & SOQ Due: August 7, 2026 by 5:00 PM (MDT)

PROJECT NAME:2026-0462R - Geotech and Materials Testing Services -Terminal Ramp Rehabilitation Stage 1&2

NAME OF COMPANY TO BE EVALUATED: _____
NAME OF PROJECT AND DATE COMPLETED: _____

QUESTIONS:

1. Has the above-referenced project reached substantial completion? (circle one) Yes No
2. What project delivery method was utilized? (circle one) Designed-Bid-Build Design-Build CMAR
3. What was the firm's role, and in what capacity did they serve on the above-referenced project?

_____

On a scale of 1 to 10 (1 being poor, 10 being Excellent) how would you rate this company's performance on the following:

	Rate: 1-10 (Only)
How would you rate work performed by this firm on your project?	
Was the project completed on time?	
Was the project completed within budget?	
What was the quality of the work performed?	
Was staff proactive in solving problems that may have occurred on your project?	
What was the extent of staff turnover? (10=low staff turnover, 1=high staff turnover)	
Would you be willing to contract with this firm again? (10=Yes, 1=No)	

TOTAL POINTS (maximum 70 points): _____
Name of Agency or Firm Submitting Evaluation: _____
Name of Reviewer: _____

Please email form directly to Mrs. Michael Daniels at aeselection@elpasotexas.gov by the time and date shown above