

Capital Improvement Department

MEMORANDUM

MAYOR

Oscar Leeser

Date: August 12, 2025

From:

CITY COUNCIL

To: Offerors of Solicitation #2025-0588R

District 1 Brian Kennedy Capital Improvement Department

District 2

Subject: Amendment 1 Solicitation 2025-0588R

Dr. Josh Acevedo

District 3 Cassandra Hernandez Exhibit "A" Project form has been updated to reference "PRF forms from current El Paso International Airport employees will not be accepted. See page 2 below:

District 4

Joe Molinar

District 5 Isabel Salcido

District 6 Art Fierro

District 7 Henry Rivera

District 8 Chris Canales

CITY MANAGER

Dionne Mack



EXHIBIT "A" PROJECT REFERENCE FORM (PRF)

Directions: Request references from three (3) public agencies for which you have substantially completed similar work within the last 5 years. 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 EL PASO INTERNATIONAL AIRPORT DEPARTMENT EMPLOYEES WILL NOT BE ACCEPTED.**

| PRF | & SOQ DUE: August 29, 2025 (5 P.M. MST) | | |
|----------------------------------|---|-----------------------|--|
| PRO | IECT NAME: 2025-0588R Geotech & Material Testing for the EPIA G Stage 2 & 3 | A RAMP Rehabilitation | |
| NAME OF COMPANY TO BE EVALUATED: | | | |
| NAM | E OF PROJECT: | | |
| COM | PLETION DATE: | | |
| | | | |
| QUE | STIONS: | | |
| 2. | 1 5 5 | | |
| On a s | cale of 1 to 10 (1 being poor, 10 being Excellent) how would you rate this coing: | | |
| | How would you rate work performed by this firm on your project? | Rate: 1-10 (Only) | |
| | 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) | turnover) | |
| | Would you be willing to contract with this firm again? (10=Yes, 1=No) | | |
| TOT | AL POINTS (maximum 70 points): | | |
| Name | of Agency Submitting Evaluation: | | |
| Namo | of Reviewer: | | |
| | | | |

Please email form directly to Elsa Rodriguez at $\underline{aeselection@elpasotexas.gov}$ by the time and date shown above