Procurement Department
P.O. Box 2266 · Woodbridge, Virginia 22195-2266 ·
procurement@pwwater.org

October 15, 2025

RFQ SA 2611 Design-Build Services for Featherstone Sewage Pumping Station, L16, and Force Main

Addendum #2

THIS SOLICITATION IS HEREBY AMENDED AS FOLLOWS:

1. In reference to Attachment G of the RFQ, Offerors are encouraged to submit Attachment H (attached) with their SOQ.

All other solicitation terms, conditions and provisions remain unchanged and in full force and effect.

Acknowledgement: Bidders/Offerors submitting a bid response for the above named solicitation shall take note of the following changes, additions, deletions, clarification, etc., in the Contract Documents, which shall become a part of and have precedence over anything shown or described in the Contract Documents, and as such shall be taken into consideration and be included in the Bidder/Offeror's response. All other terms and conditions of the Invitation for Bid (or Request for Proposals) shall remain unchanged.

Bidders/Offerors must acknowledge receipt of this amendment by signing and returning this addendum with the bid/proposal response prior to the bid/proposal deadline.

Authorized Signature **Date**

Name Printed **Title**

Company Name

Direct all inquiries to procurement@pwwater.org

Attachment H - SWaM Subcontracting Plan

In reference to Section 1 Introduction and Attachment G in the solicitation, the Bidder/Offeror should provide its SWaM Subcontracting Plan by completing the following:

Bidder/Offeror Name: _____

Preparer Name:_____ **Date:** _____

Who will be doing the work: □ **I plan to use SWaM certified Subcontractors.**
□ **I am a certified SWaM business and plan to complete all work.**
□ **I am not a certified SWaM business and I have no plan to use SWaM certified Subcontractors.**

Instructions

A. If you are a certified SWaM business, complete only Section A of this form.
B. If you are not a certified SWaM business, complete Section B of this form.
C. If you are not a certified SWaM business and do not have a plan to use certified SWaM subcontracors, please provide your subcontractors' information by completing Form B.

Section A

If your firm is certified SWaM business provide your certification number and name of the certifying organization and the date of certification.

Certification number:_____ Certification Date:_____

Name of Certifying Origination: _____

Section B

If the "I plan to use SWaM certified Subcontractors" box is checked, populate the requested information below, per subcontractor to show your firm's plans for utilization of certified SWaM businesses in the performance of this contract for the initial contract period in relation to the bidder's total price for the initial contract period. Certified SWaM businesses include but are not limited to certified women-owned and minority-owned businesses and businesses with service-disabled veteran-owned status that have a SWaM business certification.

B. Plans for Utilization of SWaM for this Procurement

Subcontract #1

Company Name:_____SWaM Cert #: _____

Contact Name:_____SWaM Certification: _____

Certifying Organization: _____

Contact Phone:_____Contact Email: _____

Value % or $ (Initial Term):_____Contact Address: _____

Description of Work: _____

Subcontract #2

Company Name:_____ SWaM Cert #: _____

Contact Name:_____ SWaM Certification: _____

Certifying Organization: _____

Contact Phone:_____ Contact Email: _____

Value % or $ (Initial Term):_____ Contact Address: _____

Description of Work: _____

Subcontract #3

Company Name:_____ SWaM Cert #: _____

Contact Name:_____ SWaM Certification: _____

Certifying Organization: _____

Contact Phone:_____ Contact Email: _____

Value % or $ (Initial Term):_____ Contact Address: _____

Description of Work: _____

Subcontract #4

Company Name:_____ SWaM Cert #: _____

Contact Name:_____ SWaM Certification: _____

Certifying Organization: _____

Contact Phone:_____ Contact Email: _____

Value % or $ (Initial Term):_____ Contact Address: _____

Description of Work: _____