

- **TO**: All Potential Qualifiers
- FROM: Purchasing
- **RE:** RFQ No.503 MATERIALS RECYCLING FACILITY DESIGN AND CONSTRUCTION CONSULTING, Addendum No. 2
- **DATE:** July 7, 2025

## ADDENDUM NO. 2

The Rhode Island Resource Recovery Corporation (the Corporation) hereby amends the abovereferenced Request for Qualifications (RFQ) that was issued on June 4, 2025.

- 1. The attached documents shall be added to Attachment A as pages 10 and 11 within the original bid documents for the above-referenced RFQ.
- 2. Although the official question-and-answer period closed on June 30, 2025, the Corporation has elected to respond to the following question submitted after the deadline in the interest of clarity and fairness to all prospective respondents.

**Question:** "Will the resumes count toward the total page count of our submittal?" **Answer:** Resumes may be included as attachments.

This response is being provided at the Corporation's discretion and shall be considered part of the RFQ.

This concludes Addendum No. 2.

Please complete this form and include it with your submittal. The Vendor shall state the names of all Subcontractors that it proposes to use. The Vendor may use an attachment if additional room is needed to supply this information.

fnone, write "none":	
ubcontractor's Name:	
Certified Minority Business (YES or NO)	
F YES, Amount or (Percent) to be subcontracted	<u> </u>
Company Address:	
City, State, Zip Code:	
Selephone No.:	
ubcontractor's Name:	
Certified Minority Business (YES or NO)	
Company Address:	
City, State, Zip Code:	
Selephone No.:	
ubcontractor's Name:	
Certified Minority Business (YES or NO)	
F YES, Amount or (Percent) to be subcontracted	
Company Address:	
City, State, Zip Code:	
elephone No.:	
Date of Publication: 2/28/2018/Revised 2020	

[10]

This is to certify that the names of the above-mentioned Subcontractors are submitted with full knowledge and consent of the respective parties.

The Vendor warrants that none of the proposed Subcontractors have any conflict of interest with respect to this submittal.

If awarded the contract and minority subcontractors are listed, the "Office of Diversity, Equity and Opportunity Table" must accompany the invoice.

TOTAL AMOUNT or percent TO BE SUBCONTRACTED BY MBE/WBE \$\_\_\_\_\_

%

Note: A Compliance Certification either RI ODEO (Rhode Island Office of Diversity, Equity and Opportunity) or FEDERAL) for each listed minority subcontractor must accompany this form in order to be considered.

Please sign even if "none" is indicated.

Signature of Person Authorized to Sign this submittal

Typed Name and Title