

**SOLICITATION AMENDMENT**  
**Request for Qualifications-JOC-Road Construction #2014-094**  
**CITY OF BUCKEYE**  
**CONSTRUCTION & CONTRACTING DIVISION**  
**623.349.6225**

**AMENDMENT #1**

**NOTE:** Attach to Original RFQ. However, if Proposal has already been returned, complete this amendment and return for attachment to your Proposal by 4:00pm, February 12, 2015.

City of Buckeye  
530 East Monroe Avenue  
Buckeye, Arizona 85326  
Attn: Christopher Williams

**SOLICITATION: Request for Qualifications #2014-094, JOC-Road Construction**

**NOTICE TO CONTRACTORS:**

**This Amendment forms a part of the Contract and clarifies, corrects, or modifies the original Request for Qualifications for Proposal documents prepared by the City of Buckeye.**

Bid Due Date and Time: **February 12, 2015 at 4:00 p.m. MST**

Last Day for Questions: **February 02, 2015 at 5:00 p.m. MST**

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**AMEND DATE, TIME, AND LOCATION OF PRE-PROPOSAL CONFERENCE:**

A Pre-Proposal Conference is scheduled for Tuesday, January 27, 2015 at 2:00 P.M., local time. The meeting will be held at the Buckeye City Hall, in the 2<sup>nd</sup> floor, Buckeye room located at 530 E. Monroe Avenue, Buckeye, Arizona 85326.

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**The balance of the specifications and instructions remain the same. Offerors must acknowledge receipt and acceptance of this amendment by returning the entire amendment with the Request for Qualifications #2014-094**

**PLEASE ACKNOWLEDGE YOUR FIRM'S RECEIPT OF THIS AMENDMENT BY SIGNING THE ATTACHED SOLICITATION AMENDMENT ACKNOWLEDGEMENT.**

## SOLICITATION AMENDMENT ACKNOWLEDGEMENT

**RFQ-JOC Road Construction**

**AMENDMENT NUMBER 1**

**AMENDMENT ISSUE DATE: January 14, 2015**

Offeror certifies that Offeror has read, understands, and will fully and faithfully comply with this Delivery Order Request for Proposals, its attachments and any referenced documents. Offeror also certifies that this offer was independently developed without consultation with any of the other Offerors or potential Offerors.

Name of Company: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_