



NOTICE TO ALL FIRMS

Date: May 29, 2026
To: All Prospective Bidders
From: Sam Li
Director of Procurement Services
Re: Addendum Number 4
RFP # C1748 – Interior Architectural Design and Related Services
for Presidential Housing

Notes:

Please be advised that the question period for this RFP has concluded. No additional questions will be accepted at this time. Additionally, all proposers must sign each addendum issued and submit the signed addenda with their proposal submission.

Question:

Q1. One thing that is not clear to me is about Attachment B. Do you want the actual contractor references who built our apartment renovations or are you looking for references of our actual clients who we designed the renovations for? I read this as separate from the requirements A.4.

A1. Attachment B is intended to request client references for relevant projects of similar size and scope to this project. We are not requesting contractor references.

This is the same requirement referenced on page 11, Section A.4. To make this clearer, Attachment B has been updated and retitled “Relevant Project References.”

Please complete and submit the updated Attachment B form with your proposal.

THIS ADDENDUM IS PART OF THE CONTRACT DOCUMENT AND SHALL BE INCLUDED WITH YOUR REQUEST FOR PROPOSAL SUBMITTAL. YOUR SIGNATURE BELOW WARRANTS THAT YOU UNDERSTAND THIS ADDENDUM AND THAT YOU HAVE MADE THE APPROPRIATE ADJUSTMENTS IN YOUR PROPOSAL AND CALCULATIONS.

Signature

Print Name and Title of Authorized Representative

Print Name of Company/Partnership/Individual

Date

ATTACHMENT B – RELEVANT PROJECT REFERENCE SHEET

**FASHION INSTITUTE OF TECHNOLOGY &
F.I.T. STUDENT HOUSING CORPORATION
INTERIOR ARCHITECTURAL DESIGN AND
RELATED SERVICES FOR PRESIDENTIAL HOUSING
REQUEST FOR PROPOSAL C1748**

FIT requests a minimum of five (5) references for **completed** projects of similar size and scope. Please complete the following information for each reference: (Do not list FIT as a contact of similar size and scope.)

- 1) Contact Name/Title: _____
Company Name/Address: _____
Phone Number: _____
Project Name: _____
Project Cost: _____
Project Start/End Date: _____
For FIT Use Only – Reference Responses
Quality of Work: _____ Site Maintenance: _____
Scheduling: _____ Cooperation: _____ Safety Standards: _____
Permits: _____ Report Submittals: _____ Payments: _____
Other Relevant Factors: _____
Overall Performance Rating: Excellent ___ Satisfactory ___ Marginal ___ Unsatisfactory ___
- 2) Contact Name/Title: _____
Company Name/Address: _____
Phone Number: _____
Project Name: _____
Project Cost: _____
Project Start/End Date: _____
For FIT Use Only – Reference Responses
Quality of Work: _____ Site Maintenance: _____
Scheduling: _____ Cooperation: _____ Safety Standards: _____
Permits: _____ Report Submittals: _____ Payments: _____
Other Relevant Factors: _____
Overall Performance Rating: Excellent ___ Satisfactory ___ Marginal ___ Unsatisfactory ___
- 3) Contact Name/Title: _____
Company Name/Address: _____
Phone Number: _____
Project Name: _____
Project Cost: _____
Project Start/End Date: _____
For FIT Use Only – Reference Responses
Quality of Work: _____ Site Maintenance: _____
Scheduling: _____ Cooperation: _____ Safety Standards: _____
Permits: _____ Report Submittals: _____ Payments: _____
Other Relevant Factors: _____

Overall Performance Rating: Excellent ___ Satisfactory ___ Marginal ___ Unsatisfactory ___

FIT

Interviewer: _____ Signature: _____ Date: _____

- 4) Contact Name/Title: _____
Company Name/Address: _____
Phone Number: _____
Project Name: _____
Project Cost: _____
Project Start/End Date: _____

For FIT Use Only – Reference Responses

Quality of Work: _____ Site Maintenance: _____
Scheduling: ___ Cooperation: ___ Safety Standards: _____
Permits: _____ Report Submittals: _____ Payments: _____
Other Relevant Factors: _____

Overall Performance Rating: Excellent ___ Satisfactory ___ Marginal ___ Unsatisfactory ___

- 5) Contact Name/Title: _____
Company Name/Address: _____
Phone Number: _____
Project Name: _____
Project Cost: _____
Project Start/End Date: _____

For FIT Use Only – Reference Responses

Quality of Work: _____ Site Maintenance: _____
Scheduling: ___ Cooperation: ___ Safety Standards: _____
Permits: _____ Report Submittals: _____ Payments: _____
Other Relevant Factors: _____

Overall Performance Rating: Excellent ___ Satisfactory ___ Marginal ___ Unsatisfactory ___

FIT

Interviewer: _____ Signature: _____ Date: _____