SOLICITATION FOR BID AND ACKNOWLEDGEMENT

Issue Date: November 17, 2022

To whom it may concern,

You are hereby invited to submit a proposal for the CSB Cable Anchorage Shims. Below you will find necessary information regarding this Request for Quote (RFQ).

PROJECT INFORMATION

Flatiron/Dragados, LLC, ("Contractor") was selected by Texas Department of Transportation ("TxDOT") for the design, build, operation and maintenance of the U.S. 181 Harbor Bridge Replacement Project in Corpus Christi, Texas (the "Project"). Conditions and technical requirements for the execution of the Project are included in a Comprehensive Development Agreement ("Contract"), that both parties executed on September 28th, 2015.

PROPOSAL SUBMISSION INFORMATION

Date: November 28, 2022

Time: 05:00 PM CST Firm

Offer Period: 90 (Days)

Within three (3) working days of receipt of this solicitation, bidders shall return the "Solicitation for Bid and Acknowledgement" form, confirming receipt of the package and intention to submit a proposal for the scope of work.

Due Date for submission of this Solicitation for Bid and Acknowledgement form is:

Date: November 21, 2022

Time: 05:00 PM CST

BIDDER'S COMPANY INFORMATION

COMPANY NAME: _____

ADDRESS: _____

We hereby acknowledge receipt of your Solicitation for Bid No.: **20-702-RFQ-327 - Cable Anchorage Shims**.

We have examined the Bid documents carefully and acknowledge we are in receipt of all documents listed as contents of the package.

Mark with "X" one of the following:

☐ **ACCEPTANCE**: This acknowledges receipt of the above Bid documents for our use in preparing a bid. We are preparing a bid that will be submitted to you on the date required in the Solicitation.

☐ **DECLINE**: This acknowledges receipt of the above Bid documents for our use in preparing a bid. However, we are not inclined or able to submit a Bid. As such, we are deleting all and any electronic copies delivered to us as part of the Solicitation.

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SECOND-TIER SUBCONTRACTOR / PARTNER'S INFORMATION:

Please provide Names of ALL other Bidding Parties in Joint Venture or Partnership or Consortia (if applicable) – provide one table per Sub-Subcontractor / Partner

Second-Tier-Subcontractor/ Partner: _____

Contact Person: _____

Phone: _____

Email: _____

Work to be performed: _____

NAME AND TITLE OF AUTHORIZED PERSONNEL

Please provide authorized personnel who will be a point of contact for your company:

Name:_____ **Phone:** _____

Title: _____ **Email:** _____

Signature:_____ **Date:** _____

Contents of quotations shall be kept confidential and used strictly on a "need to know" basis by personnel directly involved in responding to this Solicitation.