HIGH DESERT HEALTH SYSTEM
MULTI-SERVICE AMBULATORY CARE CENTER PROJECT
LANCASTER, CA

ADDENDUM # 002

RE: High Desert Health System MACC

DATE: February 11, 2016

TO: Design-Build Service Providers

RE: *LEED Gold Certification*

The High Desert Health System wishes to pursue LEED Gold Certification for the new MACC Center. Please include in your proposal ways by which your design and construction plan will achieve the points necessary to achieve LEED Gold certification.

All additional costs shall be included in your overall estimate and final proposed total for the project.

All additional time needed to complete the LEED certification process, including USGBC review and acceptance, shall be included in the project schedule.

A LEED narrative should be included in your proposal. The narrative should include a description of the target point categories and their associated benefits. In addition to including the cost for the LEED certification in your overall budget, please include the cost and percentage of total cost associated with the LEED initiative. Include a potential schedule impacts in the LEED narrative.

All LEED documentation can be included in the 'Addenda Acknowledgement' portion of your proposal.

HIGH DESERT HEALTH SYSTEM
MULTI-SERVICE AMBULATORY CARE CENTER PROJECT
LANCASTER, CA

ACKNOWLEDGEMENT OF ADDENDUM # 002

DATE: February 11, 2016

FROM: The County of Los Angeles
MACC Project Request for Proposal
Lancaster, CA

TO: Prospective Bidders

RE: *LEED Gold Certification*

This Addendum forms a part of the REQUEST FOR PROPOSALS dated, February 11, 2016.

Acknowledgement and receipt of this Addendum is required in the space provided. This form should be returned electronically during the competition with the Written Proposal. Return this form completed acknowledging the Addendum no later than 9:00 pm on Thursday, February 11, 2016 along with your proposal.

Attention: Elizabeth Peters
Owner's Representative

Signed: _____
Contractor Representative

_____
Company or Contractor's name

_____
University

_____
Date