This Addendum forms a part of the RFP documents and changes the original documents only in the manner and to the extent stated.
1. The last item on bottom of Page 1 is deleted in its entirety:

PROPOSALS DUE: August 1, 2022

And replaced with the following:

PROPOSALS DUE: October 31, 2022

2. Section I.A. PROJECT DESCRIPTION, Page 3, second sentence of last paragraph is deleted in its entirety:

"Construction began in November 2020 and is anticipated to be completed by early 2023."

And replaced with the following:

"Construction began in November 2020 and is anticipated to be completed by the first quarter of calendar year 2023."

3. Section III. A. SUBMISSION REQUIREMENTS, Page 8, first sentence is deleted in its entirety:

The proposal should give clear, concise information in sufficient detail and should include a narrative that specifically addresses each of the following criteria:

And replaced with the following:

The proposal should give clear, concise information in sufficient detail and should include a narrative that specifically addresses each of the following criteria. Evaluation and scoring is point-based as defined in Section III.C. PROPOSAL SELECTION of this Request for Proposals.

4. Section III.E. DELIVERY OF PROPOSALS, Page 12, is deleted in its entirety:

Responses to this RFP are due no later than 5:00 p.m. on August 1, 2022. Please send a pdf file of the proposal to mike.collins@sdcounty.ca.gov and maria.marmolejo@sdcounty.ca.gov and deliver five copies of the proposal to:
Responses to this RFP are due no later than 5:00 p.m. on October 31, 2022. Please send a pdf file of the proposal to mike.collins@sdcounty.ca.gov and maria.marmolejo@sdcounty.ca.gov and deliver five copies of the proposal to:

County of San Diego
Real Estate Services Division
Attention: Mike Collins and Maria Marmolejo
5560 Overland Avenue
Suite 410
San Diego, California  92123-1294

5. Section III.F. PROPOSED SCHEDULE, Page 12, is deleted in its entirety:

Issue RFP ________________________________ November 1, 2021
Pre-proposal meeting ________________________ November 22, 2021
Deadline for submitting questions or
requests for clarifications ____________________ April 1, 2022
Proposals due to Real Estate Services __________ August 1, 2022
Completion of proposal evaluations and proposer selected __________ August 31, 2022
Lease negotiations completed _________________ October 31, 2022
Estimated lease effective date _________________ December 1, 2022
Estimated lease commencement date ___________ January 1, 2023

And replaced with the following:

Issue RFP                                      November 1, 2021
Pre-proposal meeting                          November 22, 2021
Deadline for submitting questions or
requests for clarifications                  May 2, 2022
Tour of the property                          October 5, 2022
Proposals due to Real Estate Services         October 31, 2022
Completion of proposal evaluations and proposer selected December 15, 2022
Lease negotiations completed                  January 30, 2023
Estimated lease effective date                February 1, 2023
Estimated lease commencement date             March 1, 2023
The above project schedule is subject to revision based on any changes in the construction schedule. If there are any future revisions in the project schedule the revisions will be posted on the County website as an addendum to this Request for Proposals.

6. The following sentence has been added as the last sentence to Section 11.4 Prevailing Wage of the lease form attached as ATTACHMENT “I” FORM OF LEASE:

   “Nothing in this Section 11.4 shall limit or modify Lessee’s obligations to comply with the Working Families Ordinance as set forth in Section 17.9.”

7. Section 17.9 Working Families Ordinance has been added to the lease form attached as ATTACHMENT “I” FORM OF LEASE and reads as follows:

   “17.9 Working Families Ordinance. Lessee shall comply, and shall ensure that its sublessees at all levels comply, with the Working Families Ordinance set forth in Sections 73.10, et seq. of the San Diego County Administrative Code, which pertains to the payment of wages, utilization of a skilled and trained workforce, working conditions, and the provision of paid sick leave. Lessee shall post the County’s Working Families Ordinance notice (available upon request and at https://www.sandiegocounty.gov/OLSE) in a conspicuous and accessible place in each location at which employees are employed, as required by the Working Families Ordinance. Lessee shall maintain records sufficient to document Lessee’s compliance with this Section 17.9, including, if applicable, evidence of qualification for an exemption from the Working Families Ordinance, and shall provide such records to County upon request. Lessee hereby grants County permission to conduct an investigation regarding Lessee’s compliance with the Working Families Ordinance at any time, which investigation may include, but is not limited to, audit of documentation, inspection of the Premises, and interviews of employees and/or workers.”

8. Section 22.24 COVID-19 has been added to the lease form attached as ATTACHMENT “I” FORM OF LEASE and reads as follows:

   “22.24 COVID-19. In the event of any conflict between any provision contained elsewhere in the Lease and any provision contained in this Section 22.24, this Section 22.24 shall control. Lessee is solely responsible for adopting, promulgating, complying, and enforcing an appropriate Premises-specific COVID-19 safety plan during the Term of the Lease. Lessee and Lessee Parties shall comply with all applicable COVID-19-related federal, state, and local statutes, regulations, ordinances, orders, directives and guidance applicable to the Premises, the Lessee, and Lessee Parties that may be in effect during the Term of the Lease including vaccination requirements. Lessee shall immediately notify the County upon learning that any person who was present on the Premises tested positive for COVID-19.”
9. ATTACHMENT “D” STATEMENT OF INFORMATION FORM is deleted in its entirety and replaced with the following:

ATTACHMENT “D”
STATEMENT OF INFORMATION FORM

Begins on Next Page
STATEMENT OF INFORMATION FOR INDIVIDUALS
Request for Proposals
Dianne Jacob Equestrian Park Lease

Name: __________________________________________________

Date of Birth: _________________________________________

Social Security Number: _________________________________

Driver’s License Number: _______________________________

Current Address: _______________________________________

City/State/Zip Code: ___________________________________

Previous Address: ______________________________________

City/State/Zip Code: ___________________________________

E-mail: _______________________________________________

Home Phone: __________________________________________

Mobile Phone: _________________________________________

Business Phone: _______________________________________

Employer: ____________________________________________

Position: _____________________________________________

Corporate Information: __________________________________

Experience: ___________________________________________

Education: _____________________________________________

Skills: _______________________________________________
STATEMENT OF INFORMATION FOR INDIVIDUALS (continued)

Bank Information

1. Name: ____________________________________________
   Address: __________________________________________
   City/State/Zip Code: ________________________________
   Phone: ____________________________________________

2. Name: ____________________________________________
   Address: __________________________________________
   City/State/Zip Code: ________________________________
   Phone: ____________________________________________

3. Name: ____________________________________________
   Address: __________________________________________
   City/State/Zip Code: ________________________________
   Phone: ____________________________________________

Personal References

1. Name: ____________________________________________
   Address: __________________________________________
   City/State/Zip Code: ________________________________
   Phone: ____________________________________________
2. Name: __________________________________________
   Address: _______________________________________
   City/State/Zip Code: ______________________________
   Phone: _________________________________________

3. Name: _______________________________________
   Address: _______________________________________
   City/State/Zip Code: ______________________________
   Phone: _________________________________________
STATEMENT OF INFORMATION FOR LIMITED PARTNERSHIPS
Request for Proposals
Dianne Jacob Equestrian Park Lease

Name of Company: _________________________________
Secretary of State File Number: ______________________
State or Place of Organization/Formation: ____________________
Date of Formation: ________________________________
Current Address: ___________________________________
City/State/Zip Code: __________________________________
Business Phone: ____________________________________
Type of Business: ____________________________________

Name of General Partner: ______________________________
Social Security Number: ______________________________
Driver’s License Number: _____________________________
Current Address: ____________________________________
City/State/Zip Code: __________________________________
E-mail: _____________________________________________
Mobile Phone: ______________________________________
Business Phone: ____________________________________
Employer: __________________________________________
Position: __________________________________________
Experience: _________________________________________
Education: _________________________________________
STATEMENT OF INFORMATION FOR LIMITED PARTNERSHIPS (continued)

Name of General Partner: _____________________________
Social Security Number: _____________________________
Driver’s License Number: _____________________________
Current Address: ___________________________________
City/State/Zip Code: _________________________________
E-mail: ___________________________________________
Mobile Phone: _________________________________
Business Phone: _________________________________
Employer: _______________________________________
Position: _________________________________________
Experience: _______________________________________
Education: _________________________________________

Name of General Partner: _____________________________
Social Security Number: _____________________________
Driver’s License Number: _____________________________
Current Address: ___________________________________
City/State/Zip Code: _________________________________
E-mail: ___________________________________________
Mobile Phone: _________________________________
Business Phone: _________________________________
Employer: _______________________________________

STATEMENT OF INFORMATION FOR LIMITED PARTNERSHIPS (continued)

Position: ________________________________________________

Experience: _____________________________________________

Education: _____________________________________________