

ADDENDUM NO. 3

**Kansas City Area Transportation Authority
1350 E. 17th Street
Kansas City, Missouri 64108**

Actuarial Valuations for Self-Insurance Programs Project #16-8006-32

Issue Date: March 10, 2016

This Addendum is hereby made a part of the Bidding Documents and Project Documents to the same extent as if it was originally included therein and is intended to modify and/or interpret the bidding documents by additions, deletions, clarifications or corrections. The Contractor shall acknowledge in the proposal the receipt of this Addendum.

PRICE PROPOSAL

Attachment C-1 Price Proposal Response Form:

The Price Proposal Response Form has been changed to reflect a three (3) year contract term.

The new price proposal is attached.

**ATTACHMENT C-1
PRICE PROPOSAL RESPONSE FORM
KANSAS CITY AREA TRANSPORTATION AUTHORITY**

ACTUARIAL VALUATIONS FOR SELF-INSURANCE PROGRAMS

Proposal Number: 16-8006-32

Date of Issuance: February 16, 2016

For: Actuarial Valuations for Self-Insurance Programs

KCATA Representative and Title: Tamika McDonald, Buyer

Telephone #: (816) 346-0283 Fax #: (816) 346-0336

Email: tmcDonald@kcata.org

SCHEDULE OF PARTICIPATION BY CONTRACTOR & SUBCONTRACTORS

PRIME CONTRACTOR					
Name and Address	Telephone No. Fax No.	Type of Work To Be Performed	NAICS Code	Value of Work	DBE % Participation
				\$	%
SUBCONTRACTOR(S)					
Name and Address	Telephone No. Fax No.	Type of Work To Be Performed	NAICS Code	Value of Work	DBE % Participation
				\$	%
				\$	%

TOTAL VALUE OF WORK \$ _____

TOTAL DBE PARTICIPATION \$ _____

On the attached page, please provide the Compensation/Fee Component for each Service Category described in the Scope of Services of this Request for Proposals. Prices shall be inclusive of all material, labor and services to complete the services required. Proposers are required to submit pricing for the three (3) year contract term.

Any prices that are bundled or contingent upon other services should be so noted. The Authority reserves the right to request a "best and final" price.

ATTACHMENT C-1 CONTINUED

Compensation Structure

Total Compensation/Fee for 3-year Term Agreement:

SERVICE COMPONENT – Actuarial Consultant	COMPENSATION / FEE COMPONENT				
	1ST YEAR	2ND YEAR	3RD YEAR		
Auto liability funding analysis;					
General liability funding analysis;					
Workers' compensation funding analysis (Missouri and Kansas);					
Vanpool liability funding analysis;					
Supplemental valuation services.					
Total Fees					

Company Name (Type / Print):	Date:
Authorized Signature: X	Title:

Requested Information

Describe your preferred method of compensation (fee based or commission based) and why?

What is GASB Statement No. 10 and how does it apply to KCATA?

What is FAS 112 and how does it apply to KCATA?

What other public sector actuarial clients do you represent?

Any prices that are bundled or contingent upon other services need to be so noted. The Authority reserves the right to request a “best and final” price.

The undersigned, acting as an authorized agent or officer for the Bidder, does hereby agree to the following:

1. The offer submitted is complete and accurate, including all forms required for submission in accordance with the terms and conditions listed in this Request for Proposal and any subsequent Addenda. The Bidder shall immediately notify the KCATA in the event of any change.
 2. The quantities specified are based upon the best available estimates and do not determine the actual amount the Authority shall order during the contract period. The quantities are subject to change. Payments will be based on actual quantities order based on the unit rates quoted.
 3. The undersigned agrees to furnish and deliver the items or perform services as described herein for the consideration stated in accordance with the terms and conditions listed in the KCATA RFP. The rights and obligations of the parties to any resultant purchase order/contract shall be subject to and governed by this document and any documents attached or incorporated herein by reference.
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Company Name (Type / Print)

Date

Address / City / State / Zip

Authorized Signature

Title

Name (Type / Print)

Telephone #

Facsimile #

E-mail Address

RECEIPT OF ADDENDA

ADDENDUM NO. 3

Kansas City Area Transportation Authority
1350 E. 17th Street
Kansas City, Missouri 64108

Actuarial Valuations for Self-Insurance Programs
Project #16-8006-32

Proposers shall return this **RECEIPT OF ADDENDA** form when submitting their bid. The form shall be signed and dated by an authorized representative of the firm. Failure to submit this form may deem the Bidder non-responsive.

We hereby acknowledge that the Addenda noted below have been received and all information has been incorporated into the Invitation for Bid as required.

Addendum #1 Dated _____ Date Received _____

Addendum #2 Dated _____ Dated Received _____

Addendum #3 Dated _____ Dated Received _____

Company Name _____ Date _____

Address/City/State/Zip _____

Authorized Signature _____ Printed Name _____

Telephone _____ Fax _____ Email _____