

ADDENDUM NO. 3

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

RFP # 17-3003-33
Bus Driver Safety Barriers

Issue Date: April 7, 2017

This Addendum is hereby made a part of the Bidding 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.

GENERAL INFORMATION FOR BIDDERS

QUESTIONS / ANSWERS:

Following is a list of questions, submitted by potential proposers, and the answers:

Item No.	Question (Q) / Answer (A)
Q1:	Will KCATA share all questions and answers received with all parties requesting this information?
A1:	Yes. Bid Addendum #3 incorporates all the questions asked and the responses thereto.
Q2:	Will KCATA accept Follow-up questions to answers received by vendors after March 17 and will these questions/answers be shared with all parties requesting this information?
A2:	Yes, KCATA will accept follow up questions and if needed KCATA will issue a supplemental bid addendum listing the additional Q&A. With the bid addendum #2, the bid response close due date was changed to April 20, 2017 at 10:00 a.m. As a result, the submission for bidders' questions is hereby extended to Wednesday, April 12, 2017 prior to 4:00 p.m.
Q3:	Does KCATA plan to award a contract for the purchase and installation of the Bus Driver Safety Barriers solicited under RFP 17-3003-33 to one vendor or to more than one vendor as suggested by section 4, paragraph 8B?
A3:	KCATA reserves the right to award by line item or on an all or none basis – whichever is in the best interests of KCATA. However, it is the intent is to award on an all or none basis.

Q4:	Line 3 of each pricing sheet shows: “On-site Installation Services”. The Unit of Measure is “Each Onsite Visit” and the estimated quantity is “2”. Please explain how these Installation Services for “2” units relate to the 25 Safety Barrier for all Gillig Bus Types. Does KCATA want the Vendor to include the installation costs in the Safety Barrier Pricing and price separately Installation services for additional 2 onsite visits?
A4:	See revision to the Attachment K “Proposal Cost Response Form” in Addendum #3. The vendor must list the number of onsite visit trips in the table that the vendor determines is necessary to fulfill the installation services.
Q5:	Does KCATA plan to use Federal funds for the purchase and installation of the Bus Driver Safety Barriers solicited under RFP 17-3003-33?
A5:	The initial purchase is not Federally funded. Based on funding availability for future purchases, a determination will be made at that time.
Q6:	The KCATA Gillig 40 foot and 30 foot buses have a different interior style and hence require different Driver Safety Barriers. KCATA may benefit from having a line item for the 40 foot buses and 30 foot buses rather than an average price for Both. Will KCATA consider amending the Bidding sheet for a line item for 30 foot buses and 40 foot buses?
A6:	See revision to the Attachment K “Proposal Cost Response Form” in Addendum #3. Please also note that Pricing Table 2 “Other Required Pricing” allows for additional costs to be specified as needed to fulfill the mandatory requirements of the RFP.
Q7:	Will all 40 Cost / price points be awarded to the lowest bidder or will KCATA award points to each bidder depending on their bid level. For example 40 points to the lowest bidder, 30 points to the second bidder, 20 points to the third bidder , etc. or some other point system.
A7:	All 40 points will be awarded to the lowest, responsible & responsive bidder with a mathematical prorated point calculation provided to the other bidders as compared to the low bidder’s cost.
Q8:	Our company does not have the installed base vendor qualification requirements that the RFP is calling for but we have been a major supplier for bus door systems and equipment in North America for over 30 years. Would KCATA consider modifying the Vendor Qualification requirements?
A8:	See Addendum #1. Section 2, “Scope of Work”, Paragraph D, entitled “Vendor Qualifications”, has been DELETED in its entirety.

BIDDING REQUIREMENTS

CLARIFICATIONS, CORRECTIONS AND ADDITIONS

SECTION 2, “**SCOPE OF WORK,**” Paragraph D, entitled “**BULLET REISTANT ALETERNATIVE MATERIALS**”, is hereby ADDED as follows:

D. BULLET RESISTANT ALTERNATIVE MATERIALS

1. The contractor must provide the option of substituting the plexiglass material with bullet resistant materials as indicated below. Both options require a minimum level of protection that shall withstand the impact and prevent the full penetration of 9 mm Full Metal Jacket with Lead Core ballistic firepower. All other specifications and requirements for the safety barriers described in Section 2 “Scope of Work” remain the same and apply to the alternative material. Any additional constructural/engineering customization needs in order to fulfill the mandatory Scope of Work requirements for utilizing any of the alternative materials should have such customization pricing listed in Pricing Table 2 of Attachment K – Proposal Response Form. At the time of order, the KCATA will specify whether it wants to utilize one of these alternative materials. Purchase of these alternative materials in lieu of utilizing the plexiglass shall be at the sole discretion of the KCATA.
 - a. Bullet Resistant Glass Shield
 - b. Bullet Resistant Polycarbonate

SECTION 4, “**PROPOSAL SUBMISSION, EVALUATION AND AWARD,**” Paragraph 3, entitled “**Volume II - Technical Proposal**”, Subparagraph B, subparagraph 6, “Safety Barrier Capabilities and Support Services” is hereby deleted and REPLACED as follows:

6. Safety Barrier Capabilities and Support Services:
 - a. Identify the features and capabilities of the proposed barriers as it relates to the Scope of Work Requirements described in Section 2 “Scope of Work” – this description should include how, by what processes, to what degree the specifications are fulfilled by the proposed solution. Identify other additional features and capabilities that are included in the proposed solution. Any features that are *at an additional cost* should be described as well - *clearly indicating that these features are at an additional expense (no pricing specified in Technical Proposal) and be priced on the Optional Pricing Table in the Price Proposal Response Form in Attachment K.*
 - 1) *Identify the features and capabilities of the optional (potential substituted) materials of Bullet Resistant Glass Shield and Bullet Resistant Polycarbonate. Indicate the benefits of each of these materials as well as the disadvantages especially as it pertains to any constructural/engineering changes needed to accommodate the alternative material as well as any issues in the driving environment under various driving conditions that may adversely affect the proper utilization of the safety barrier or driver visual clarity.*

Attachment K, “**PROPOSAL COST RESPONSE FORM**” is hereby deleted and REPLACED as follows:

ATTACHMENT K - PROPOSAL COST RESPONSE FORM

PRICING TABLE 1: REQUIRED PRICING

The proposer shall complete the following pricing table(s) and provide firm, fixed pricing necessary to meet the requirements of the RFP.

Proposal responses submitted on any other form may be considered non-responsive and therefore rejected. The authorized person signing the bid shall initial any erasures, corrections or other changes appearing on the Proposal Cost Response Form. No written comments, modifications or interlineations to the Proposal Cost Response Form will be accepted.

Initial Contract Period

Description	Unit of Measure	Estimated Quantity	Unit Cost	Extended Cost (Quantity x Unit Cost)
30 ft Bus – Safety Barriers				
Safety Barrier for 30 ft Gillig bus type regardless of bus year (<i>plexiglass material</i>)	Each	5	\$	\$
Safety Barrier for 30 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Glass Shield</i>)	Each	3		
Safety Barrier for 30 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Polycarbonate</i>)	Each	2		
40 ft Bus - Safety Barriers				
Safety Barrier for 40 ft Gillig bus type regardless of bus year (<i>plexiglass material</i>)	Each	5	\$	\$
Safety Barrier for 40 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Glass Shield</i>)	Each	5		
Safety Barrier for 40 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Polycarbonate</i>)	Each	5		
Support Services				
Customization Services to include onsite review and measurements of the buses to be outfitted with safety barriers. All travel expenses shall be pursuant to Attachment D and such expenses included within the unit costs.	Total	1	\$	\$
On-site Installation Services. All travel expenses shall be pursuant to Attachment D and such expenses included in unit costs.	Each Onsite Visit	<u> </u> <i>(specify # of Onsite Visits)</i>	\$	\$
Support Services during Warranty Period to include additional on-site inspections four months after initial installation of barriers	Each Onsite Visit	2	\$	\$
GRAND TOTAL				\$

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

ATTACHMENT K - PROPOSAL COST RESPONSE FORM ~ continued

Year 2 Renewal Option Period

Description	Unit of Measure	Estimated Quantity	Unit Cost	Extended Cost (Quantity x Unit Cost)
30 ft Bus – Safety Barriers				
Safety Barrier for 30 ft Gillig bus type regardless of bus year (<i>plexiglass material</i>)	Each	6	\$	\$
Safety Barrier for 30 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Glass Shield</i>)	Each	2		
Safety Barrier for 30 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Polycarbonate</i>)	Each	2		
40 ft Bus - Safety Barriers				
Safety Barrier for 40 ft Gillig bus type regardless of bus year (<i>plexiglass material</i>)	Each	10	\$	\$
Safety Barrier for 40 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Glass Shield</i>)	Each	2		
Safety Barrier for 40 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Polycarbonate</i>)	Each	3		
Support Services				
Customization Services to include onsite review and measurements of the buses to be outfitted with safety barriers. All travel expenses shall be pursuant to Attachment D and such expenses included within the unit costs.	Total	1	\$	\$
On-site Installation Services. All travel expenses shall be pursuant to Attachment D and such expenses included in unit costs.	Each Onsite Visit	<u> </u> <i>(specify # of Onsite Visits)</i>	\$	\$
Support Services during Warranty Period to include additional on-site inspections four months after initial installation of barriers	Each Onsite Visit	2	\$	\$
GRAND TOTAL				\$

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

ATTACHMENT K - PROPOSAL COST RESPONSE FORM ~ continued

Year 3 Renewal Option Period

Description	Unit of Measure	Estimated Quantity	Unit Cost	Extended Cost (Quantity x Unit Cost)
30 ft Bus – Safety Barriers				
Safety Barrier for 30 ft Gillig bus type regardless of bus year (<i>plexiglass material</i>)	Each	2	\$	\$
Safety Barrier for 30 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Glass Shield</i>)	Each	2		
Safety Barrier for 30 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Polycarbonate</i>)	Each	6		
40 ft Bus - Safety Barriers				
Safety Barrier for 40 ft Gillig bus type regardless of bus year (<i>plexiglass material</i>)	Each	5	\$	\$
Safety Barrier for 40 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Glass Shield</i>)	Each	5		
Safety Barrier for 40 ft Gillig bus type regardless of bus year (<i>Bullet Resistant Polycarbonate</i>)	Each	5		
Support Services				
Customization Services to include onsite review and measurements of the buses to be outfitted with safety barriers. All travel expenses shall be pursuant to Attachment D and such expenses included within the unit costs.	Total	1	\$	\$
On-site Installation Services. All travel expenses shall be pursuant to Attachment D and such expenses included in unit costs.	Each Onsite Visit	<u> </u> <i>(specify # of Onsite Visits)</i>	\$	\$
Support Services during Warranty Period to include additional on-site inspections four months after initial installation of barriers	Each Onsite Visit	2	\$	\$
GRAND TOTAL				\$

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

ATTACHMENT K - PROPOSAL COST RESPONSE FORM ~ continued

PRICING TABLE 2: OTHER REQUIRED PRICING

The proposer must state below all other applicable costs necessary to satisfy the requirements of the RFP. Unless stated in this Pricing Section, the KCATA shall assume that absolutely no other fees or charges, will be assessed to the KCATA whatsoever in connection with the products/services provided herein and to satisfy the RFP requirements.

Description/Comments	Unit Of Measure	Unit Price
Panel Wall Construction for 30ft buses that requires safety barrier support wall. This cost shall include all associated costs for design, production, and installation.	Each	\$

The undersigned, acting as an authorized agent or officer for the Offeror, 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 Proposals and any subsequent Addenda. The Offeror 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.

Company Name (Type/Print) _____ Date _____

Address/City/State/Zip _____

Authorized Signature _____ Title _____

Name (Type/Print) _____ Telephone # _____ Fax # _____

E-mail address _____

