

**ADDENDUM NO. 1**

**Kansas City Area Transportation Authority  
1350 E. 17<sup>th</sup> Street  
Kansas City, Missouri 64108**

**24/7 NURSE TRIAGE AND TELEMEDICINE SERVICES  
Request for Proposals #19-7007-28B**

**Issue Date: January 23, 2019**

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

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**SECTION II SCOPE OF SERVICES**

1. Can you please provide clarification on the bonding requirements for this bid?  
**A. There is no bond requirement for this RFP.**
2. Given that the quantity of incidents is estimated, should we include a unit price on the pricing form?  
**A. A revised price proposal response is attached.**

**REVISED ATTACHMENT H –**  
**COST/PRICE PROPOSAL RESPONSE FORM**  
**24/7 NURSE TRIAGE & TELEMEDICINE SERVICES**

The proposer shall complete the attached pricing table(s) and provide firm, fixed pricing necessary to meet the requirements of the RFP. The quantities are estimates only and actual numbers may change. 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.*

Description	CONTRACT TERM					
	Estimated Quantity	Unit Price	Year 1	Year 2	Year 3	Total
Fee per Injured Worker Incident	180					
Fees per Injured Worker Follow-up Calls	40					
Fee to Obtain Wave File	20					
Annual Administration Fee						
Set-up/Implementation Fee						
Fee for Telehealth Add-on	45					
Other Fees (Detail)						
<b>Grand Total</b>						

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# \_\_\_\_\_

**ADDENDUM NO. 1**

**Kansas City Area Transportation Authority  
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Kansas City, Missouri 64108**

**PHYSICAL AND OCCUPATIONAL THERAPY AND OTHER RELATED SERVICES  
Request for Proposals #19-7005-28B**

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.

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*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 \_\_\_\_\_ Date Received \_\_\_\_\_

Addendum #3 Dated \_\_\_\_\_ Date Received \_\_\_\_\_

Addendum#4 Dated \_\_\_\_\_ Date Received \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_