KANSAS CITY AREA TRANSPORTATION AUTHORITY

REQUEST FOR PROPOSALS (RFP) #20-7027-29C TRANSIT SCHEDULING SERVICES

ADDENDUM #3

Issue Date: July 30, 2020

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 bidding documents by additions, deletions, clarifications or corrections. The Contractor shall acknowledge receipt of this Addendum in their Proposal on the "Receipt of Addenda" form (herein attached) and shall include the form in Volume III, "Contractual."

PROPOSAL CLARIFICATIONS

Reference: Section 2, "Scope of Services"

Section 2.2 Project Overview, Paragraph E and F, and Section 2.3 J Phase 2 -

Due to an upcoming software replacement all references to Phase 2 is removed from this RFP.

The Pricing Proposal form (see Attachment F.1) is updated to indicate pricing for Phase 1 only.

The RFP Closing Date has been changed to August 6, 2020 at 2:00 p.m. CDT

ATTACHMENTS

- Revised Price Proposal Form Attachment F.1
- "Receipt of Addenda" Form that must be included with proposal

END OF ADDENDUM #3

REQUEST FOR PROPOSALS (RFP) #20-7027-29C TRANSIT SCHEDULING SERVICES ATTACHMENT F.1 REVISED PRICE PROPOSAL

Propose the billable hourly rates and number of hours of each individual (by position and name) to be assigned to this project. Titles listed are for illustrative purposes only. If additional line item costing is required, please provide on an additional sheet of paper. A range of hourly rates is not acceptable. The rates provided in this Price Proposal will remain in effect during the term of the contract.

PHASE 1: PART A. ESTIMATED LABOR COSTS Provide fully burdened labor rates including benefits, profit, and overhead.					
DIRECT LABOR (List Labor Categories)	ESTIMATED HOURS	RATE PER HOUR (\$)	ESTIMATED COST	TOTAL ESTIMATED COST	
Principal		\$	\$		
Project Manager		\$	\$		
Senior Scheduler		\$	\$		
Analyst		\$	\$		
		\$	\$		
SUB TOTAL – PRIME CONTRACTOR	\$				

PHASE 1: PART B. SUBCONTRACTOR(S)/SUBCONSULTANT(S)					
SUBCONTRACT/CONSULTANT NAME	TOTAL SUB COST	MARKUP RATE (%)	ESTIMATED COST	TOTAL ESTIMATED COST	
	\$		\$		
	\$		\$		
	\$		\$		
TOTAL SUBCONTRACT/SUBCONSU	\$				

PHASE 1: PART C. OTHER DIRECT EXPENSES (INCLUDE TRAVEL PER KCATA TRAVEL POLICY)				
DESCRIPTION	QUANTITY/RATE	ESTIMATED COST	TOTAL ESTIMATED COST	
		\$		
		\$		
		\$		
TOTAL DIRECT EXPENSES			\$	
TOTAL PROJECT PRICE (PARTS A + B + C)			\$	

KCATA RFP #20-7027-29C: Revised Price Proposal 7/30/2020

REQUEST FOR PROPOSALS (RFP) #20-7027-29C TRANSIT SCHEDULING SERVICES ATTACHMENT F.1 – PAGE TWO PRICE PROPOSAL

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

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.
 We hereby agree to provide the services on which prices are listed above and in accordance with the terms and conditions listed in the KCATA RFP.

Company Name (Type/Print)		Date	
Authorized Signature	Title	Email Address	
Name (Type/Print)	Telephone #	Fax #	

KANSAS CITY AREA TRANSPORTATION AUTHORITY REQUEST FOR PROPOSALS (RFP) #20-7027-29C TRANSIT SCHEDULING SERVICES

RECEIPT OF ADDENDA

Proposers shall return this form when submitting their proposal as part of Volume III – Contractual. 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. As additional addenda are issued by, please notate date received below.

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 July 20, 2020 Date Received ______

Addendum #2 dated July 22, 2020 Date Received ______

Addendum #3 dated July 30, 2020 Date Received ______

Company Name ______ Date _____

Address/City/State/Zip ______

Authorized Signature ______ Printed Name ______

Telephone ______ Fax _____ Email _____