ADDENDUM NO. 1

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

Drivers and Supervisors Uniforms Rebid
Request for Proposals #G19-7059-22

Issue Date: September 11, 2019

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.

KCATA – Q&A

1. Q. Will those proposals that omit footwear and socks be considered?
   A. No. Responders to the RFP must include items requested.

2. Q. Do you have a current uniform program? If yes with whom and how long?
   A. Yes. Employees eligible for company paid uniforms are given an annual allocation to purchase uniforms.

3. Q. How is your current program facilitated?
   A. Management notifies employees each year of their eligibility to purchase uniforms through the annual allocation.

4. Q. Do you order through an online portal?
   A. Not at this time. Uniform purchases are currently made at a store in the Kansas City metro area.
RECEIPT OF ADDENDA

RFQ #G19-7059-22
Drivers and Supervisors Uniforms Rebid

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 ______________ Date Received ________________________

Addendum #3 Dated ______________ Date Received ________________________

Company Name ____________________________ Date ________________________

Address/City/State/Zip __________________________________________________________________

Authorized Signature _______________________ Printed Name _______________________

Telephone __________________ Fax __________________ Email __________________________