ADDENDUM NO. 1

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

TRANSITMASTER & AUTOMATIC PASSENGER COUNTER UPGRADE
Request for Proposals #F20-7039-34B

Issue Date: June 4, 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 RFP documents by additions, deletions, clarifications or corrections. The Contractor shall acknowledge in the proposal the receipt of this Addendum.

SECTION I PROPOSAL CALENDAR

Delete: Questions, Comments and Requests for Clarifications Due to KCATA........June 5, 2020, 2:00 p.m. CST

Delete: KCATA’s Response to Questions, Comments and Requests for Clarifications.....June 12, 2020

Replace with:

Questions, Comments and Requests for Clarifications Due to KCATA...June 12, 2020, 2:00 p.m. CST

KCATA’s Response to Questions, Comments and Requests for Clarifications.....June 19, 2020
ADDENDUM NO. 1

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

TRANSITMASTER & AUTOMATIC PASSENGER COUNTER UPGRADE
Request for Proposals #F20-7039-34B

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 _______________________

Addendum #4 Dated ______________ Date Received _______________________

Company Name _________________________________________ Date _______________________

Address/City/State/Zip __________________________________________________________________

Authorized Signature ________________________________ Printed Name ______________________

Telephone ___________________ Fax ____________________ Email __________________________