

## ADDENDUM NO. 3

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

### SCHEDULING AND OPERATIONS MANAGEMENT SOFTWARE REPLACEMENT Request for Proposals #F20-7011-34B

Issue Date: Revised March 30, 2020

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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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The proposal response date for submission to this published RFP, is extended for two-weeks from the original due date.

#### SUBMISSION OF PROPOSAL RESPONSES

**KCATA will accept electronic submission of proposal responses. Proposals shall be clearly identified as "F20-7011-34B Scheduling and Operations Management Software Replacement" and submitted to the following FTP site:**

**Bidder Email:** [bid19-7001-39C@Kcata.org](mailto:bid19-7001-39C@Kcata.org)

**Bidder Password:** 2018kcatabd

<https://kcata.sharepoint.com/sites/FTP/pro/default.aspx>

#### SECTION I PROPOSAL CALENDAR

**Delete: RFP Closing 2:00 P.M., April 7, 2020**

**Replace with: RFP Closing 2:00 P.M., April 24, 2020**

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Kansas City, Missouri 64108**

**SCHEDULING AND OPERATIONS MANAGEMENT SOFTWARE REPLACEMENT  
Request for Proposals #F20-7011-34B**

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.

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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 \_\_\_\_\_