ADDENDUM NO. 3
Kansas City Area Transportation Authority
1350 E. 17th Street
Kansas City, Missouri 64108

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

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

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

Bidder Password: 2018kcatab1d


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
ADDENDUM NO. 3

Kansas City Area Transportation Authority
1350 E. 17th Street
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.

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 __________________________