

September 18, 2017

To: Prospective Proposers

From: Lida Delos Santos, Contracts Administrator

**Subject: RFP S20114 Addendum No. 3
ADA Paratransit Eligibility Certification Program**

The following revision is hereby incorporated into the Request for Proposal (RFP) Documents. Each Proposer shall acknowledge receipt of this Addendum using the attached ACKNOWLEDGEMENT FORM and submit it with their proposal.

1. **Section I. INSTRUCTIONS TO PROPOSERS**, Paragraph I, is hereby replaced in its entirety and shall read as follows:

It is anticipated that VTA will award a professional services contract (“Contract”). If awarded, the Contract will be Firm Fixed Price with a term of three (3) years and four (4) option years. This RFP does not commit VTA to enter into such Contract nor does it obligate VTA to pay for costs incurred in preparation or submission of Proposals or in anticipation of entry into a Contract. The Proposer awarded the Contract hereunder (if any) is referred to herein as “Contractor”.

2. **FORM 4: COST PROPOSAL FORM** is hereby replaced its entirety with **FORM 4 - COST PROPOSAL FORM (Revision 1)**, attached hereto.
3. Exhibit A - CONTRACT, Paragraph B, TERM OF THIS CONTRACT is hereby replaced in its entirety and shall read as follows:

The term of this Contract shall commence on the Effective Date (as defined in the signature block below) and continue for three (years) through December 31, 2023 (unless otherwise earlier terminated pursuant to the terms and conditions set forth herein).

VTA may, at its option, extend the term of the Contract for four [4] additional years (each an “Option Year”) as follows:

Option Year 1: 01/01/2024 – 12/31/2024

Option Year 2: 01/01/2025 – 12/31/2025

Option Year 3: 01/01/2026 – 12/31/2026

Option Year 4: 01/01/2027 – 12/31/2027

VTA may unilaterally exercise its Option Years by sending thirty (30) days written notice to Contractor.

FORM 4 - COST PROPOSAL FORM (REVISION 1)

MODEL A

Proposers may provide pricing for either Option One or Option Two. Alternatively, Proposers may provide pricing for both Options. Proposers must be prepared to provide details of all proposed costs.

Under Model A an assessment (“Model A, Assessment”) includes an over the phone interview, and a potential medical verification and/or functional assessment (in-person).

For Option One, state the Firm Fixed Rate per month, inclusive of all costs associated with providing the Services described herein as well as VTA’s estimated number of 5,742 assessments for new and recertifying applicants for FY2021. Include any possible Model A Assessment increases up to 10%.

1. OPTION ONE: FIRM FIXED RATE PER MONTH

| First Contract Year | Monthly Rate | # of Months | Annual Cost |
|---------------------------------|--------------|-------------|-------------|
| First Year All Inclusive Cost | \$ | x12 | \$ |
| Second Year All Inclusive Cost | \$ | x12 | \$ |
| Third Year All Inclusive Cost | \$ | x12 | \$ |
| Fourth Year All Inclusive Cost | \$ | x12 | \$ |
| Fifth Year All Inclusive Cost | \$ | x12 | \$ |
| Sixth Year All Inclusive Cost | \$ | x12 | \$ |
| Seventh Year All Inclusive Cost | \$ | x12 | \$ |
| 7-Year Total Cost | | | \$ |

For Option Two, state the Firm Fixed Rate per Model-A Assessment, inclusive of all costs associated with providing the Services described herein. Multiply the Cost per Assessment by VTA’s estimated number of 5,742 assessments for new and re-certifying applicants for FY2021 to calculate the Estimated Annual Cost.

2. **OPTION TWO: FIRM FIXED RATE PER ASSESSMENT**

| First Contract Year | Cost per Model A Assessment | Estimated # Assessments/Year | Estimated Annual Cost |
|---------------------------------|-----------------------------|------------------------------|-----------------------|
| First Year All Inclusive Cost | \$ | | \$ |
| Second Year All Inclusive Cost | \$ | | \$ |
| Third Year All Inclusive Cost | \$ | | \$ |
| Fourth Year All Inclusive Cost | \$ | | \$ |
| Fifth Year All Inclusive Cost | \$ | | \$ |
| Sixth Year All Inclusive Cost | \$ | | \$ |
| Seventh Year All Inclusive Cost | \$ | | \$ |
| Approximate 7-Year Total Cost | | | \$ |

MODEL B

Proposers may provide pricing for either Option One or Option Two. Alternatively, Proposers may provide pricing for both Options. Proposers must be prepared to provide details of all proposed costs.

Under Model B an assessment (“Model B Assessment”) includes an in-person assessment, and a potential medical verification and/or functional assessment (in-person).

For Option One, state the Firm Fixed Rate per Month, inclusive of all costs associated with providing the Services described herein as well as VTA’s estimated number of 5,742 assessments for new and recertifying applicants for 2021. Including any possible Model B Assessment increases up to 10%.

1. **OPTION ONE: FIRM FIXED RATE PER MONTH**

| Contract Year | Monthly Rate | # of Months | Annual Cost |
|---------------|--------------|-------------|-------------|
| First Year | \$ | x12 | \$ |
| Second Year | \$ | x12 | \$ |
| Third Year | \$ | x12 | \$ |
| Fourth Year | \$ | x12 | \$ |
| Fifth Year | \$ | x12 | \$ |
| Sixth Year | \$ | x12 | \$ |
| Seventh Year | \$ | x12 | \$ |

| | |
|-------------------|----|
| | |
| 7-Year Total Cost | \$ |

For Option Two, state the Firm Fixed Rate per Model B Assessment, inclusive of all costs associated with providing the Services described herein. Multiply the Cost per Model B Assessment by VTA's estimated number of 5,742 assessments for new and re-certifying applicants for 2021 to calculate the Estimated Annual Cost.

2. OPTION TWO: FIRM FIXED RATE PER ASSESSMENT

| Contract Year | Cost per Model B Assessment | Estimated # Assessments/Year | Estimated Annual Cost |
|-------------------------------|-----------------------------|------------------------------|-----------------------|
| First Year | \$ | | \$ |
| Second Year | \$ | | \$ |
| Third Year | \$ | | \$ |
| Fourth Year | \$ | | \$ |
| Fifth Year | \$ | | \$ |
| Sixth Year | \$ | | \$ |
| Seventh Year | \$ | | \$ |
| | | | |
| Approximate 7-Year Total Cost | | | \$ |

Firm Name:

Name

Title

Signature

Date



ACKNOWLEDGMENT FORM

Proposer must sign the ACKNOWLEDGMENT FORM to indicate receipt of Addenda. Please list each Addendum received, sign, and submit this form with your proposal in order for your proposal to be accepted.

Acknowledgment of Addendum No: _____

Acknowledgment of Addendum No: _____

Acknowledgment of Addendum No: _____

Proposer's Signature

Date

Name and Title

Firm Name