

**ADDENDUM NO. 1**  
**RFP-DOT-17-18-5009-COPY**

**To: All Prospective Proposers**

**From: Tammy Hodgkins, CPPB, BAS  
District Five Procurement Services**

**Date: March 9, 2018**

**RE: RFP-DOT-17-18-5009-COPY  
District Five Quick Copy Center Services and Walk-up Convenience Copiers**

You are hereby notified that the above referenced Request for Proposal (RFP) is modified as noted below:

A "Revised" Bid Price Proposal Form, Form No. 2, is attached. The Monthly Estimated Quantity column **has been changed to the "Annual" Estimated Quantity column** and the estimated totals have been revised after receiving usage amounts from each Operations Center. **Please use this "revised" form to submit your Price Proposal.**

**TO ACKNOWLEDGE RECEIPT OF THIS NOTICE AND ALL CHANGES, PLEASE SIGN AND RETURN BY E-FAX TO THIS OFFICE @ (850) 412-8092 PRIOR TO March 27, 2018 at 2:00PM.**

Name of Company: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAILURE TO FILE A PROTEST WITHIN THE TIME PRESCRIBED IN SECTION 120.57(3), F.S. SHALL CONSTITUTE A WAIVER OF PROCEEDINGS UNDER CHAPTER 120, F.S.**

BID PRICE PROPOSAL FORM  
 District Five Quick Copy Center Services and Walk up Convenience Copiers  
 RFP-DOT-17-18-5009-COPY

Form No. 2

Table 1

DESCRIPTION	<b>“ANNUAL” ESTIMATED QUANTITY</b>	UNIT	*UNIT RATE	TOTAL COST
Black & White Copies (8.5x11 — 11x17)	6,360,000	Each Page	\$	\$
Color Copies (8.5x11 — 11x17)	2,100,000	Each Page	\$	\$
Oversized Black & White Copies				
0 -1,000 square feet per month**	12,000	Sq Ft.	\$	\$
Over 1,000 square feet per month**	15,600	Sq Ft.	\$	\$
Oversized Color Copies				
0-1,000 square feet per month	12,000	Sq Ft.	\$	\$
Over 1,000 square feet per month	3,600	Sq Ft.	\$	\$
Copy Center Only				
Scanning of Small Documents** (up to 11 x 17)	60,000	Each Page	\$	\$
Scanning of Large Documents** (over 11 x 17)	12,000	Each Page	\$	\$
<b>GRAND TOTAL</b>				\$
<b>***AVERAGE COST (Divide the SUM of the Total Cost column, which is the Grand Total, by 8 to get the Average Cost)</b>				\$

\*The Unit Rate will be used for payment purposes and will be included in Exhibit “B”, Method of Compensation, Table 1

\*\*Since the Department has no prior year totals for Scanning of Small and Large Documents, the above quantities are a “True Estimate.”

\*\*\*The Average Cost will be considered the Proposer’s Price Proposal and it will only be used to determine the award of this contract.

**Instructions:** Insert a Unit Rate for each of the eight (8) line items above in Table 1. Multiply the Annual Estimated Quantity by the Unit Rate and put that amount in the Total Cost column. Repeat this step for the next seven (7) lines. Add all eight (8) lines in the Total Cost column and put that amount in the Grand Total box. The last box is where you will insert the Average Cost. Please, divide the Grand Total by eight (8) to get the Average Cost. The Average Cost will be considered the Proposer’s Price Proposal for this contract and it will only be used to determine the award of this contract. The Department will verify the calculations and reserves the right to re-calculate and correct any amount in Table 1 if calculated improperly.

The Unit Rates above shall be for the original contract period and any renewals thereof as amended by the contract. All Unit Rates above shall include **all costs** associated with providing the services described in Exhibit “A”, Scope of Services, and any amendments or revisions thereto.

**MFMP Transaction Fee**

All payment(s) to the vendor resulting from this competitive solicitation **WILL** be subject to the .70% (seven-tenths of one percent) MFMP Transaction Fee in accordance with the attached

Form PUR 1000 General Contract Condition #14 (see Special Conditions, Section 1, Paragraph 2).

Form No. 2 cont.

**NOTE** In submitting a response, the proposer acknowledges they have read and agree to the solicitation terms and conditions and their submission is made in conformance with those terms and conditions.

**ACKNOWLEDGEMENT** I certify that I have read and agree to abide by all terms and conditions of this solicitation and that I am authorized to sign for the Proposer. I certify that the response submitted is made in conformance with all requirements of the solicitation.

Proposer: \_\_\_\_\_ FEID#: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed / Typed: \_\_\_\_\_ Title: \_\_\_\_\_