

FLORIDA DEPARTMENT OF TRANSPORTATION

ADDENDUM NO. 1

DATE:2/18/2020

RE: BID/RFP #: DOT-RFP-20-1116BT

BID/RFP TITLE: DISTRICT WIDE PUBLIC INVOLVMENT SERVICES

OPENING DATE: 2/26/2020

Notice is hereby given of the following changes to the above-referenced BID/RFP:

1. **CHANGE:** Updated Exhibit C- Price Proposal dated 2/17/2020- Changes have been **highlighted**.

Bidders/Proposers must acknowledge receipt of this Addendum by completing and returning to the Procurement Office, by no later than the time and date of the bid/proposal opening. **Failure to do so may subject the bidder/proposer to disqualification.**

Procurement Agent

Bidder/Proposer

Address

Submitted by (Signature)

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

**DOT-RFP-19-1112BT
Price Proposal
Exhibit "C"**

District Wide Public Involvement Services

Employee Classification	Unit Billing Rate	
	Regular Time *	Overtime **
Project Manager	\$ _____ Per Hour	\$ _____ Per Hour
Communications Specialist	\$ _____ Per Hour	\$ _____ Per Hour
Assistant Communications Specialist	\$ _____ Per Hour	\$ _____ Per Hour
Graphic Designer	\$ _____ Per Hour	\$ _____ Per Hour
Web Designer / Manager	\$ _____ Per Hour	\$ _____ Per Hour
Contract Coordinator	\$ _____ Per Hour	\$ _____ Per Hour
Secretary / Clerical	\$ _____ Per Hour	\$ _____ Per Hour
PRELIMINARY PRICE PROPOSAL GRAND TOTAL (Regular Time) \$ _____		

* These rates will be used for payment purposes as part of Exhibit "B" Method of Compensation in Table No. 1.
 ** Overtime is calculated as regular hourly rate times 1.5. Overtime requires prior approval in writing from the FDOT.
The unit billing rates shall be all inclusive.

SUBCONSULTANTS: Use this table below to identify your subconsultants and the Rate per Hour proposed to each one. These rates will be used for payment.

	Unit Billing Rate	
	Regular Time*	Overtime**
Subconsultants Name:	\$ _____ Per Hour	\$ _____ Per Hour
Subconsultants Name:	\$ _____ Per Hour	\$ _____ Per Hour
Subconsultants Name:	\$ _____ Per Hour	\$ _____ Per Hour
Subconsultants Name:	\$ _____ Per Hour	\$ _____ Per Hour
Subconsultants Name:	\$ _____ Per Hour	\$ _____ Per Hour
Subconsultants Name:	\$ _____ Per Hour	\$ _____ Per Hour

The following items will need to be determined per task assignment as they may vary by County

or City. Reproduction and Roll Plot Expenses shall be determined for the Price Proposal.

Expense Items

Description	Rate	Unit of Measure
Reproduction (8.5" x 11")	\$ _____	Per Sheet
Reproduction (8.5" x 14")	\$ _____	Per Sheet
Reproduction (11" x 17")	\$ _____	Per Sheet
Reproduction (8.5" x 11") Duplex	\$ _____	Per Sheet
Roll Plot / Display Roll	\$ _____	Per Square Foot
Court Reporter	\$ _____	Per Hour
Newspaper Advertisement	\$ _____	
Florida Administrative Weekly Advertisement	\$ _____	
Regular Mail	\$ _____	
Postcard Notifications (with postage)	\$ _____	each
Certified Mail	\$ _____	
Website Updates	\$ _____	Per Month
GoTo Meeting	\$ _____	
Facility Rental	\$ _____	

MFMP Transaction Fee:

All payment(s) to the vendor resulting from this competitive solicitation **WILL** be subject to the 1% MFMP Transaction Fee in accordance with the attached Form PUR 1000 General Contract Condition #14.

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: _____