M E M O R A N D U M

ADDENDUM NO. 2

Date: April 16, 2020

To: Proposers

From: Windy Spatafora
Commodities & Contractual Services Manager
Florida's Turnpike Enterprise

Subject: DOT-RFP-20-8022-WS
Tolls Equipment Maintenance Technical Personnel For Florida's Turnpike Enterprise

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Proposers and other interested parties are informed that the above referenced document is hereby revised, changed and supplemented as set forth below:

- Exhibit "C," Price Proposal has been amended to replace Pages C1-C4 as provided in the attached revised Exhibit "C," Price Proposal, Pages C1-C5.

  Please remove Exhibit "C," Price Proposal, Pages C1-C4 and replace them with the revised Exhibit "C," Price Proposal, Pages C1-C5, dated April 16, 2020.

The Proposer shall acknowledge receipt of each addenda to this Proposal Package by completing Form No. 6, Addenda Acknowledgement Form and enclosing the same with your Proposal Package. Please remember to replace the pages in your Proposal Package with the attached revised pages.

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.

NOTE: Exhibit "C," Price Proposal (Pages C-1 through C-4) sheets, MUST be completed in Excel.
Please contact Windy Spatafora at (407) 264-3400 for a copy of the Excel files.

EXHIBIT "C," PRICE PROPOSAL
TOLLS EQUIPMENT MAINTENANCE TECHNICAL PERSONNEL
FOR FLORIDA'S TURNPIKE ENTERPRISE

This spreadsheet will automatically calculate the yearly equipment cost for this Contract.

Cover Sheet

Name of Business:	**Name**
Address:	
Telephone:	
Contact Person Name	
Email Address:	

MFMP Transaction Fee: All payment(s) to the Vendor resulting from this competitive solicitation WILL be subject to the MFMP Transaction Fee in accordance with the referenced Form PUR 1000 General Contract Condition #14. The Transaction Fees imposed shall be based upon the date of issuance of the payment.
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DIRECT LABOR MULTIPLIER RFP AMOUNT APPLICABLE TO ALL ITEM NUMBERS	0

(The Vendor is required to insert the direct labor multiplier into this field.)

This spreadsheet will automatically calculate the yearly labor cost for this Contract.

Labor Costs Tabulation

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K
Item Number	**Position Title**	**Total Quantity of Workers**	**Total Hours Per Year per Worker**	**Bottom of Range**	**Top of Range**	**Average of the Range**	**Total Direct Labor Cost (Column C times Column D times Column G)**	**Direct Labor Multiplier**	**Total Direct Labor Multiplier Cost (Column I times Column H)**	**Total Labor Cost (Column H plus Column J)**
1	Logistics Supervisor	1	1920	$ 28.00	$ 44.80	$ 36.40	$ 69,888.00	0	$ -	$ 69,888.00
2	Logistics Technician I	2	1920	$ 18.00	$ 28.80	$ 23.40	$ 89,856.00	0	$ -	$ 89,856.00
3	Logistics Technician II	0	1920	$ 21.00	$ 33.60	$ 27.30	$ -	0	$ -	$ -
4	SunWatch Technician I	15	1920	$ 18.00	$ 28.80	$ 23.40	$ 673,920.00	0	$ -	$ 673,920.00
5	SunWatch Technician II	0	1920	$ 21.00	$ 33.60	$ 27.30	$ -	0	$ -	$ -
6	SunWatch Technician III	0	1920	$ 24.00	$ 38.40	$ 31.20	$ -	0	$ -	$ -
7	Toll Equipment Technician I	20	1920	$ 18.00	$ 28.80	$ 23.40	$ 898,560.00	0	$ -	$ 898,560.00
8	Toll Equipment Technician II	17	1920	$ 21.00	$ 33.60	$ 27.30	$ 891,072.00	0	$ -	$ 891,072.00
9	Toll Equipment Technician III	8	1920	$ 24.00	$ 38.40	$ 31.20	$ 479,232.00	0	$ -	$ 479,232.00
10	Systems Analyst I	2	1920	$ 22.00	$ 35.20	$ 28.60	$ 109,824.00	0	$ -	$ 109,824.00
11	Systems Analyst II	2	1920	$ 27.00	$ 43.20	$ 35.10	$ 134,784.00	0	$ -	$ 134,784.00
12	Systems Analyst III	0	1920	$ 32.00	$ 51.20	$ 41.60	$ -	0	$ -	$ -
13	Electrician I	2	1920	$ 18.00	$ 28.80	$ 23.40	$ 89,856.00	0	$ -	$ 89,856.00
14	Electrician II	3	1920	$ 23.00	$ 36.80	$ 29.90	$ 172,224.00	0	$ -	$ 172,224.00
15	Electrician III	0	1920	$ 31.00	$ 49.60	$ 40.30	$ -	0	$ -	$ -
16	Regional Field Supervisor	1	1920	$ 24.00	$ 38.40	$ 31.20	$ 59,904.00	0	$ -	$ 59,904.00
17	Technical Specialist	9	1920	$ 24.00	$ 48.00	$ 36.00	$ 622,080.00	0	$ -	$ 622,080.00
18	Low Voltage Technician I	0	1920	$ 18.00	$ 28.80	$ 23.40	$ -	0	$ -	$ -
19	Low Voltage Technician II	2	1920	$ 23.00	$ 36.80	$ 29.90	$ 114,816.00	0	$ -	$ 114,816.00
20	Low Voltage Technician III	1	1920	$ 31.00	$ 49.60	$ 40.30	$ 77,376.00	0	$ -	$ 77,376.00
Total							**$ 4,483,392.00**		**$ -**	**$ 4,483,392.00**

Name of Business: **Name**

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EXHIBIT "C," PRICE PROPOSAL
TOLLS EQUIPMENT MAINTENANCE TECHNICAL PERSONNEL
FOR FLORIDA'S TURNPIKE ENTERPRISE

This spreadsheet will automatically calculate the yearly equipment cost for this Contract.

Equipment Costs Tabulation

Column A	Column B	Column C	Column D	Column E	Column F	Column G
Item Number	**Type of Equipment**	**Total Quantity**	**Cost Per Month Per Vehicle to Own or Lease**	**Cost to Operate Per Vehicle Per Month**	**Monthly Total Cost of all Vehicles to Own or Lease and Operate (Column D plus Column E) times Column C**	**Yearly Total Cost of all Vehicles to Own or Lease and Operate (Column F times 12)**
Equipment 1	Small Van	40	$ -	$ -	$ -	$ -
Equipment 2	Large Van	30	$ -	$ -	$ -	$ -
Equipment 3	Bucket Truck	7	$ -	$ -	$ -	$ -
Equipment 4	Small SUV	7	$ -	$ -	$ -	$ -
Equipment 5	Enclosed Trailer	7	$ -	$ -	$ -	$ -
Equipment 6	Flatbed Trailer	1	$ -	$ -	$ -	$ -
Total			**$ -**	**$ -**	**$ -**	**$ -**

Name of Business: **Name**

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FORMULA (FOR FILLING IN BID BLANK PAY ITEM): QUANTITY OF ITEM X (times) THE UNIT RATE ($) = TOTAL COST

PAY ITEM	DESCRIPTION	UNIT	QUANTITY OF ITEM	UNIT RATE	PAY ITEM TOTAL
1	CONTINGENCY COSTS	Dollars	1	**DO NOT BID**	**$ 100,000.00**
2	MARK-UP ALLOWANCE (Not to Exceed 15%) (Example: $100,000.00 x 0.15 = $15,000.00	Percent	$100,000.00	0.00	$ -
				Sub-Total (Pay Item 1&2)	**$ 100,000.00**

Sub-Total Amount Page C-2 Labor Costs Tabulation (One (1) Year	**$ 4,483,392.00**
Sub-Total Amount Page C-3 Equipment Costs Tabulation (One (1) Year	**$ -**
Sub-Total Amount Page C-4 Contingency and Mark-up Allowance (Pay Items 1 & 2)	**$ 100,000.00**
TOTAL AMOUNT OF PROPOSAL (Add together all above Sub-Totals)	**$ 4,583,392.00**

Name of Business: Name

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The undersigned has completed and is returning the following documents as part of the package and understands that failure to return any of these documents fully completed may deem the Vendor non-responsive.

The following forms must be completed and submitted with the Proposal.

_____ Technical Proposal (One Separately Sealed Package for Technical).

_____ Exhibit "C," Price Proposal, Pages C-1 thru C-4. (One Separately Sealed Package for Prices).

THE SEPARATELY SEALED PACKAGES MAY BE MAILED TOGETHER IN ONE ENVELOPE OR BOX.

_____ A copy of the Vendor's Business Tax Receipt, stating the name of the Bidder's business, the street address of the business where all the work covered under the Contract will be handled, and the type of work that covers the services being called for in the Contract.

_____ A copy of the Vendor's license(s) authorizing the Vendor to perform the work specified in this bid package in the State of Florida in accordance with the laws of the State of Florida. (Refer to Exhibit "A," Vendor Qualifications.

_____ A copy of the Vendor's current Certificate of Liability Insurance.

_____ A current letter from a surety company or bonding agent authorized to do business in the State of Florida. (Refer to Exhibit "A," Scope of Services; Section 3.0, Vendor's Qualifications).

_____ All forms supplied with the bid package (Forms 1-4), return Forms 5 and 6 if applicable. Form 7 shall be required if awarded the Contract. Be certain to fill in all the blanks on the forms supplied; do not leave any blank lines on the forms. Sign and return each applicable form.

Name of Business: (Print) _____ Federal I.D. No.:_____

Mail Address: _____ M.B.E.: □Yes □No

Street Address:_____

City: _____ County: _____State: _____ Zip: _____ -_____

Phone Number: ( ) _____ - _____ Fax No. ( ) _____ - _____

Email Address: _____

Emergency Contact Information (After Hours):

Name: _____ Phone Number: ( ) _____ - _____

Email Address: _____

Name: _____ Phone Number: ( ) _____ - _____

Email Address: _____

Authorized Signature: _____ Title: _____
Owner, President, Vice President or Designated Officer (Corporate Resolution)**

Print/Type Name: □Mr. □Ms. □Mrs. _____ Date: _____

Phone Number: ( ) _____ - _____ Email Address: _____

**If person signing the form is someone other than the Owner, President, Vice President or a copy of the Corporate Resolution granting signature authorization must be furnished in the bid package.