# Invitation for Bids Number: 23-44 Addendum 1

Date: October 17,2023

#### **Acknowledgment of Addenda**

The undersigned acknowledges receipt of the following addenda to the bidding document:

# THE COMPLETED ACKNOWLEDGEMENT OF ADDENDA FORM SHOULD BE RETURNED WITH BID RESPONSE PACKAGE: NOT SENT TO RIPTA SEPARATELY

NOTE: Failure to acknowledge receipt of all addenda may cause the bid to be

considered non-responsive to the solicitation. Acknowledged receipt of each addendum must be clearly established and included with the bid.		
Name of Bidder		
Street Address		
City, State, Zip		
Signature of Authorized Official		
 Date		

Addendum 1
Date: October 17,2023

Please see attached approved equals/ clarifications/ revised required forms checklist.

Request for Qualifications Number 23-44

#### II. REQUEST FOR APPROVED EQUAL FORM

This form must be submitted electronically <u>IN MICROSOFT WORD FORMAT TO RIPTA CONTRACTS MANAGER</u>

Page: 93		Ref: RFP NO. <u>23-44</u> Project No	
To: Rhode Island	Public Transit Authority		
From: Via Transportation, Inc.  Page & Reference: page 93, "Section 3: Integration with Existing Service/Technology and Quality Control"			
Request Descriptio	<u>n</u>		
Who is RIPTA's curre	nt software provider for RIde?		
Reveal.			
Use Additional Shee	t If More Space Is Required		
Accepted:	Rejected:	See Addendum #	
Explanation:			
-			

**Request for Proposals Number 23-44** 

II. REQUEST FOR APPROVED EQUAL FORM

This form must be submitted electronically IN MICROSOFT WORD FORMAT TO RIPTA CONTRACTS MANAGER

REQUEST FOR APPROVAL EQUAL QUALIFICATION OR CLARIFICATION		
Page: 91	Ref: RFP NO. <u>23-44</u> Project No	
To: Rhode Island	Public Transit Authority	
From: Via Transportation, Inc.  Page & Reference: Page 91, "Budget: RIPTA's contribution to one or more vendors shall not exceed \$500,000		
Request Description		
	able budget - is RIPTA's stated contribution of \$500K per vendor, or across low does RIPTA plan to pay providers - on a per hour or per ride model?	
RIPTA's stated contribution	on is a total of \$500,000 across all vendors. RIPTA will pay on a per ride model.	
Use Additional Sheet	If More Space Is Required	
Accepted:	Rejected: See Addendum #	
Explanation:		

**Request for Proposals Number 23-44** 

II. REQUEST FOR APPROVED EQUAL FORM

This form must be submitted electronically <u>IN MICROSOFT WORD FORMAT TO RIPTA CONTRACTS MANAGER</u>

Page: 90	Ref: RFP NO. <u>23-44</u> Project No
To: Rhode	e Island Public Transit Authority
Page & Refer	Transportation, Inc.  ence: Page 90, "Accessible tech platform functionality: set up multiple transit agency ifferent program purposes"
Request Desc	<u>cription</u>
orogram purpo  The selected ve	e clarify the requirement to allow for "multiple transit agency accounts for different oses"? What are the different types of agency accounts RIPTA requires?  Index or vendors should have the functionality to set up multiple accounts for different RIPTA is point, the only required program is this pilot. However, RIPTA's needs may change in the
Use Addition	al Sheet If More Space Is Required
Accepted:_	
Explanation	:

# RHODE ISLAND PUBLIC TRANSIT AUTHORITY Request for Proposals Number 23-44

**Request for Proposals Number 23-44** 

II. REQUEST FOR APPROVED EQUAL FORM

This form must be submitted electronically <u>IN MICROSOFT WORD FORMAT TO RIPTA CONTRACTS MANAGER</u>

REQUEST FOR APPROVAL EQUAL QUALIFICATION OR CLARIFICATION			
Page: 90		_ Ref: RFP NO. <u>23-44</u> Project No	
To: Rhode Island Pu	blic Transit Authority		
Page & Reference: Page and end within Rhode	Island"	for pilot program funding if they originate	
Request Description			
May a potential vendor re seeking state-wide covera		aphic area within Rhode Island? Or is RIPTA	
RIPTA is seeking statewide	coverage.		
Use Additional Sheet If	More Space Is Required		
Accepted:	Rejected:	See Addendum #	
Explanation:			

**Request for Proposals Number 23-44** 

II. REQUEST FOR APPROVED EQUAL FORM

This form must be submitted electronically IN MICROSOFT WORD FORMAT TO RIPTA CONTRACTS MANAGER

REQUEST FOR APPROVAL EQUAL QUALIFICATION OR CLARIFICATION				
Page: 92	Ref: RFP NO. <u>23-44</u> Project No			
To: Rhode	Island Public Transit Authority			
From: Via Transportation, Inc. Page & Reference: Page 92, "Zero Tolerance Drug & Alcohol Policy(s)"				
Request Desc	<u>ription</u>			
s RIPTA lookinç	g for drivers to follow FTA drug and alcohol testing protocols?			
	attached revised "REQUIRED FORMS" checklist			
Use Additional Sheet If More Space Is Required				
Accepted:	Rejected: See Addendum #			
Explanation:_				

**Request for Proposals Number 23-44** 

II. REQUEST FOR APPROVED EQUAL FORM

This form must be submitted electronically IN MICROSOFT WORD FORMAT TO RIPTA CONTRACTS MANAGER

REQUEST FOR APPROVAL EQUAL QUALIFICATION OR CLARIFICATION			
Page: 90		Ref: RFP NO. <u>23-44</u> Project No	
To: Rhode Island Publ	ic Transit Authority		
From: Via Transp Page & Reference: Page use Ride, with 1,001 ric with 19,744 van trips ar	90, "Background: In Jui lers utilizing the service	ne 2023, 3,781 people were approved to e. That month, Ride provided customers	
Request Description			
What percentage of the t	rips are WAV trips?		
All trips currently provided by service area is to be determined		mand for WAV trips outside the current paratransit	
Use Additional Sheet If M	ore Space Is Required		
Accepted:	Rejected:	See Addendum #	
Explanation:			
-			

Request for Qualifications Number 23-44

IX. REQUIRED PROPOSAL SUBMISSIONS	_		
The following items marked with an "X" must be submitted with Response.  Failure to submit forms may result in Proposal being deemed non-responsive.  Please submit them in the correct order			
Required Company Information Form (found third page of pkg)  Must be completed by Prime and All Subcontractors  Solicitation Offer Statement of Eligibility Affidavit of Non-Collusion Certification of Restrictions on Lobbying Buy America Certificate FORM MUST BE SUBMITTED WITH PROPOSAL, IF CHECKED, OR PROPOSAL WILL BE CONSIDERED NON-RESPONSIVE Disadvantaged Business Enterprise completed regardless of a DBE Goal; DBE Participation is stro must be listed regardless of DBE Status General Contract Compliance Certificate Agreement (EEO) Certification of Primary Participant Debarment Certification of a Subcontractor (Debarment) Each Subcontractor and potential subcontractor must fill in an Non-Resident Contractor (if applicable) Davis Bacon Act Compliance Apprenticeship Certification Applicable Type: () Building () Highway Wage Determination Number: Drug & Alcohol Testing Proposal Guarantee (Surety) Telecommunications Clause Human Trafficking Clause Federal Tax Liability and Recent Felony Conviction	X X X X X X X X X X X X X X X And sign. X X X X X X X X X X X X X X X X X X X		
The following items marked with an "X" must be submitted <u>AFTER AWARD</u> of the Contract			
Designation of an Independent Contractor Form  After award of Contract for Sole Proprietors  IRS W-9 Form  Performance and Payment Bonds  Certificate of Insurance-  (As required in Section XXII and the Technical Specifications)			

**NOTE:** 

ITEMS WITHOUT AN "X" AND THEIR RESPECTIVE TERMS AND CONDITIONS

ARE NOT REQUIRED IN THIS PROPOSAL