

Capital Area Transportation Authority



AMENDMENT OF SOLICITATION

| | | | |
|-----------------------|---------------------------------|--------------------------------------|-----------------------------------|
| 1. AMENDMENT NO: 1 | 2. SOLICITATION NO: 2014-R04 | 3. SOLICITATION DATE: 10 JUL 2014 | 4. EFFECTIVE DATE: 28 JUL 2014 |
|-----------------------|---------------------------------|--------------------------------------|-----------------------------------|

5. ISSUED BY
Capital Area Transportation Authority
Purchasing and Contracts
4615 Tranter Street
Lansing, MI 48910

Contractor is required to sign this document and return it with the bid/proposal.

6. DESCRIPTION OF AMENDMENT

a. Exhibit L "Pricing Schedule" has been revised. See attached.

b. All other terms and conditions remain unchanged.

| | |
|--|------------------|
| | |
| NAME OF OFFEROR (Type or Print) | TITLE OF OFFEROR |
| (Signature of person authorized to sign) | (Date Signed) |

**EXHIBIT L
 PRICING SCHEDULE**

| CLIN | DESCRIPTION | QTY | U/M | UNIT COST | EXTENDED COST |
|-------------------|---|-----|-----|-----------|---------------|
| 1001 | Janitorial Services for the Period of October 1, 2014 through August 31, 2015 | 12 | MO | \$ | \$ |
| 1002 | Janitorial Services for the Period of October 1, 2015 through August 31, 2016 | 12 | MO | \$ | \$ |
| 1003 | Janitorial Services for the Period of October 1, 2016 through August 31, 2017 | 12 | MO | \$ | \$ |
| 1004 | Janitorial Services for the Period of October 1, 2017 through August 31, 2018 | 12 | MO | \$ | \$ |
| 1005 | Janitorial Services for the Period of October 1, 2018 through August 31, 2019 | 12 | MO | \$ | \$ |
| TOTAL COST | | | | | \$ |

Please show the hourly rates for staff and a supervisor for each Contract year. These rates will be used when CATA requires additional work by the Contractor due to special events.

| Contract Year | Staff | Supervisor |
|---------------|----------|------------|
| Year 1 | \$ _____ | \$ _____ |
| Year 2 | \$ _____ | \$ _____ |
| Year 3 | \$ _____ | \$ _____ |
| Year 4 | \$ _____ | \$ _____ |
| Year 5 | \$ _____ | \$ _____ |

Please show the hourly rates for staff and a supervisor for each Contract year. These rates will be used when CATA requires additional work by the Contractor to clean up hazardous waste.

| Contract Year | Staff | Supervisor |
|---------------|----------|------------|
| Year 1 | \$ _____ | \$ _____ |
| Year 2 | \$ _____ | \$ _____ |
| Year 3 | \$ _____ | \$ _____ |
| Year 4 | \$ _____ | \$ _____ |
| Year 5 | \$ _____ | \$ _____ |

Proposer: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL