



ADDENDUM NO. 2

Date: March 13, 2017

Bid Date: March 28, 2017
3:00 P.M. (Local Time)

Bid Name: ADA Eligibility and Certification Determination... **Bid No.:** RTSX-180001-DS

NOTE: This Addendum has been issued to the holders of record of the specifications and attendees of the non-mandatory pre-bid meeting held March 7, 2017.

The original Specifications remain in full force and effect except as revised by the following changes which shall take precedence over anything to the contrary:

1. The question submittal deadline has passed. No additional questions will be answered.
2. The following questions were received by the question submittal deadline:

Question1: Who is the current contractor?

Answer1: **Transitional Living of North Central Florida dba Center for Independent Living.**

Question2: How many mystery rides do you estimate for five (5) hours a month?

Answer2: **It depends on which route they ride. Most routes run an hour so it would be at least five (5) trips, but if they rode more than one route in an hour's time then they might get as many as 10 trips/rides.**

Question3: Could you provide a copy of the current mystery rider form used?

Answer3: **The form used is provided on page 3 of this addendum.**

Question4: Do the mystery rides only include ride information or is the call center included as well?

Answer4: **No, the call center is not included.**

ACKNOWLEDGMENT: Each Proposer shall acknowledge receipt of this Addendum No. 2 by his or her signature below, **and shall attach a copy of this Addendum to its proposal.**

CERTIFICATION BY PROPOSER

The undersigned acknowledges receipt of this Addendum No. 2 and the Proposal submitted is in accordance with information, instructions, and stipulations set forth herein.

PROPOSER: _____

BY: _____

DATE: _____

RTS Ride Audit



Route#: _____ Direction: N S E W Date/Time: _____ am/pm

Driver Description: _____

Please check/circle all items that are appropriate.

1. Did the bus stop were you waited provide:
 - a. A clearly marked RTS sign Y N
 - b. A covered shelter Y N
 - c. A bench Y N
 - d. A connected sidewalk Y N
2. Able to easily get from the bus stop onto the bus, through either the stairs or lift? Y N
3. Was assistance provided to you to enter the bus if you required or requested assistance? Y N
4. Were there seats reserved/available for you and other people with disabilities near the front of the bus? Y N
5. If you use a wheelchair, did the driver assist you to secure your wheelchair? Y N
6. How many wheels were secured on your wheelchair? 1____ 2____ 3____ 4____
7. Were announcements made on the bus by either the driver or a PA system for:
 - a. Bus stops Always _____ Sometimes _____ Never _____
 - b. Landmarks Always _____ Sometimes _____ Never _____
 - c. Major Intersections Always _____ Sometimes _____ Never _____
 - d. Bus Transfer Points Always _____ Sometimes _____ Never _____
8. Were you provided assistance while leaving the bus, such as:
 - a. Removing the restraints on a wheelchair Y N
 - b. Lowering the bus or the lift Y N
 - c. Navigating from your seat to the exit Y N
9. Was the bus stop you arrived at easy to access? Y N
10. Was the bus driver sensitive to your disability and to other riders with disabilities? Y N
 - a. Please provide example if driver was rude or insensitive:

 - b. Please comment on positive examples of driver behavior:

Total Time (round to .25 hrs.): _____