

STATE OF ALASKA

Department of Natural Resources
Division of Support Services



REQUEST FOR PROPOSALS (RFP) 2023 1000 0153 AS-NEEDED TRAIL BLAZING SERVICES

ADDENDUM 1

ISSUED MARCH 3, 2023

This addendum is being issued to make changes to the RFP.

Important Note to Offerors: You are required to sign and return this page of the amendment document with your proposal. Failure to do so may result in the rejection of your proposal. Only the RFP terms and conditions referenced in this addendum are being changed. All other terms and conditions of the RFP remain the same. This Addendum is hereby made part of the RFP and is a total of three pages.

SHAWN M. OLSEN

Procurement Specialist 3

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COMPANY SUBMITTING PROPOSAL

AUTHORIZED SIGNATURE

DATE

CHANGES TO THE RFP

Change 1: Attachment 5 COST Proposal Form is being deleted in its entirety and replaced with:

ATTACHMENT 5 COST PROPOSAL FORM

Attachment 5 Cost Proposal Form will be evaluated for the purposes of awarding a contract, and for awarding a Delivery Order for the Representative Crow Pass Trail project.

Offerors are to submit their cost using this Cost Proposal Form. Costs offered are to remain firm for the duration of the contract and are to include all costs associated with providing required services, including, but not limited to, direct and indirect costs, payroll, supplies, equipment, overhead, and profit. The Average Hourly Rate shown on this form in Item #11 is the cost that will be used for evaluation and award purposes for this RFP.

As stated in this RFP, the quantities of good and/or services are as needed. The State will only pay for actual goods and/or services provided. The amount of goods and/or services needed may vary based upon the actual needs of the State. The State does not guarantee a minimum or maximum amount of goods and/or services under any contract resulting from this RFP. If services are required, hourly rates for listed positions will be paid at the Hourly Rate shown on the offeror's Cost Proposal Form.

Offerors must be aware this is a Request for Proposal process. Cost is only one of the factors that will be used to evaluate proposals submitted in response to this RFP. Other factors that will be evaluated are outlined in Section 5 of this RFP and the Proposal Evaluation form attached to this RFP.

1. AS-NEEDED TRAIL BLAZING SERVICES:

ITEM	DESCRIPTION	
1.	As-Needed Trail Blazing Services Position #1 (Enter Title):	(Enter Hourly Rate) \$ _____
2.	As-Needed Trail Blazing Services Position #2 (Enter Title):	(Enter Hourly Rate) \$ _____
3.	As-Needed Trail Blazing Services Position #3 (Enter Title):	(Enter Hourly Rate) \$ _____
4.	As-Needed Trail Blazing Services Position #4 (Enter Title):	(Enter Hourly Rate) \$ _____
5.	As-Needed Trail Blazing Services Position #5 (Enter Title):	(Enter Hourly Rate) \$ _____
6.	As-Needed Trail Blazing Services Position #6 (Enter Title):	(Enter Hourly Rate) \$ _____

7.	As-Needed Trail Blazing Services Position #7 (Enter Title):	(Enter Hourly Rate) \$ _____
8.	As-Needed Trail Blazing Services Position #8 (Enter Title):	(Enter Hourly Rate) \$ _____
9.	Total Hourly Rates in Items (1.) through (8.) above for each Position entered.	(Enter Total Hourly Rate) \$ _____
10.	Total number of personnel in Items (1.) through (8.) above for which both a position title and hourly rate was entered.	(Enter Number of Positions) _____
11.	Divide Total Hourly Rate in Item (9.) by the Number of Positions in Item (10.) to calculate the Average Hourly Rate.	(Enter Average Hourly Rate) \$ _____

2. PREFERENCE CERTIFICATION:

ITEM	QUESTION	YES	NO
1.	Does your company qualify for the Alaska Offerors Preference?		
2.	Does your company qualify for the Alaska Veteran's Preference? If yes, provide a copy of your DD 214 with your service/social security number, date of birth, and other Privacy Act protected information redacted or "inked" out.		
3.	Does your company qualify for the Alaskans with Disabilities preference? If yes, you must provide a copy of your certification letter issued by the Division of Vocational Rehabilitation to receive this preference.		
4.	Does your company qualify for the Employment Program Preference? If yes, you must provide a copy of your certification letter issued by the Division of Vocational Rehabilitation to receive this preference.		

3. OFFEROR CERTIFICATION:

Does the Offeror meet the prior experience requirement in Sec. 1.04 Minimum Prior Experience Requirements? YES ☐ NO ☐

Company Name:
Authorized Representative's Printed Name:
Authorized Representative's Signature:
Date Cost Proposal Signed:

END OF COST PROPOSAL FORM**END OF ADDENDUM 1**