



November 16<sup>th</sup>, 2018

Addendum # 1

Subject: Questions & Answers, Clarification, Due Date Change, and Public Opening and Reading Change

**RFP #18/19-3**

**RFP Title: LEASED LIT FIBER SERVICE, RFP 18/19-3**

**Highline Public Schools No. 401**

The **Due Date** and the **Public Opening and Reading** Date have **changed** as follows:

**November 30, 2018, 2:00 p.m. Sealed Proposals Due**, 15675 Ambaum Blvd. SW, Burien, WA 98166

**November 30, 2018, 2:15 p.m. Public Opening and Reading** Olympic Conference Room,  
15675 Ambaum Blvd. SW, Burien, WA 98166

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**Corrections to RFP:**

- Removal of unnecessary verbiage on first posting of RFP page 14
  - Remove “RFP 18/19-3 The DISTRICT is requesting proposals from firms or individuals (the Agency) for the purpose of providing support services to the DISTRICT. Responses must include Agency qualifications, general availability, and pricing for services for each section that is appropriate. Please make sure to indicate the section number(s) you are responding to. PROPOSERS MAY RESPOND TO ONE OR MORE SECTIONS OF THIS RFP.”
- Correction of the submission date and RFP number on page 15
  - Remove “Leased Lit Fiber HPS – 2:00 p.m. PT – December 17, 2018 – RFP #2019.020”
  - Should say “**Leased Lit Fiber HPS – 2:00 p.m. PT – November 30, 2018 – RFP #18/19-3**”
- Add weblink to HPS Purchasing website to first posting or RFP page 16
  - Should include “The vendors will be responsible for checking the USAC website **and/or HSD Purchasing website** for any posted addenda.”

- Removal of duplicated verbiage on page 36, ALL page contents removed.
  - Remove:

RFP 18/19-3 RESPONSE SHEET	
Agency Name:	
Address:	
Phone:	
Email:	
Responding to section number: You may respond to multiple sections. Please respond to each section individually.	
A brief description of personal or agency qualifications:	
Price per visit: Please indicate price or unit pricing	
	_____ Signature and date
Agency Name:	
Address:	
Phone:	
Email:	
Responding to section number: Indicate 1 or more sections that you qualify for. Please respond to each section individually.	
A brief description of personal or agency qualifications:	
Price per visit: Please indicate price or unit pricing	
	_____ Signature and date
Please make copies of this page as necessary in order to respond to additional sections.	

- Attachment A Insurance Information
  - Add:

LARGE CONTRACTOR		ACORD®		CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY)																																				
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>																																										
<b>PRODUCER</b>  <b>INSURED</b> Name as it appears in the contract				<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Not Less Than A- VIII <span style="border: 1px solid red; padding: 2px;">1</span> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:																																						
<p><b>COVERAGES</b>      <b>CERTIFICATE NUMBER:</b>      <b>REVISION NUMBER:</b></p> <p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>INSR LTR</th> <th>TYPE OF INSURANCE</th> <th>ADDL SUBR INSD WVD</th> <th>POLICY NUMBER</th> <th>POLICY EFF (MM/DD/YYYY)</th> <th>POLICY EXP (MM/DD/YYYY)</th> <th>LIMITS</th> </tr> </thead> <tbody> <tr> <td>A</td> <td> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <span style="border: 1px solid red; padding: 2px;">2</span>  <input checked="" type="checkbox"/> WA Stop Gap \$1M             GEN'L AGGREGATE LIMIT APPLIES PER:  <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <span style="border: 1px solid red; padding: 2px;">3</span>  <input type="checkbox"/> OTHER:         </td> <td>Y</td> <td>Y</td> <td>XXXXXXXXXX</td> <td>XX/XX/XX XX/XX/XX</td> <td>           EACH OCCURRENCE \$ 1,000,000            DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 <span style="border: 1px solid red; padding: 2px;">4</span>            MED EXP (Any one person) \$ 5,000            PERSONAL &amp; ADV INJURY \$ 1,000,000            GENERAL AGGREGATE \$ 2,000,000            PRODUCTS - COMPCP AGG \$ 2,000,000         </td> </tr> <tr> <td>B</td> <td> <b>AUTOMOBILE LIABILITY</b>  <input checked="" type="checkbox"/> ANY AUTO <span style="border: 1px solid red; padding: 2px;">5</span>  <input type="checkbox"/> OWNED AUTOS ONLY  <input type="checkbox"/> HIRED AUTOS ONLY  <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY         </td> <td>Y</td> <td>Y</td> <td>XXXXXXXXXX</td> <td>XX/XX/XX XX/XX/XX</td> <td>           COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000            BODILY INJURY (Per person) \$ <span style="border: 1px solid red; padding: 2px;">6</span>            BODILY INJURY (Per accident) \$            PROPERTY DAMAGE (Per accident) \$            \$         </td> </tr> <tr> <td>C</td> <td> <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <span style="border: 1px solid red; padding: 2px;">7</span>  <input type="checkbox"/> RETENTION \$ 10,000         </td> <td>Y</td> <td>Y</td> <td>XXXXXXXXXX</td> <td>XX/XX/XX XX/XX/XX</td> <td>           EACH OCCURRENCE \$ 5,000,000            AGGREGATE <span style="border: 1px solid red; padding: 2px;">8</span> \$ 5,000,000         </td> </tr> <tr> <td>A</td> <td> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>            ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? 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<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p> <p>RE: Project Number XXXXX, Project Name XXXXX, Project Location XXXXX <span style="border: 1px solid red; padding: 2px;">10</span></p>																																										
<b>CERTIFICATE HOLDER</b> Highline School District #401 its directors, officers and employees 15675 Ambaum Blvd SW Burien, WA 98166 <span style="border: 1px solid red; padding: 2px;">11</span>				<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE																																						

- Attachment A Insurance Information
  - Add:

### **Highline School District #401 - Certificate of Insurance Requirements**

#### **Large Contractor Certificate of Insurance Requirements**

Below are the requirements for a Certificate of Insurance to be accepted by the district. Please endeavor to complete all requirements before sending a certificate to the district or it will be returned for revision. Work cannot begin until a certificate meeting all requirements has been received and accepted by the district.

- ☐ 1. Insurers affording coverage must carry a Best Rating of A- VIII or better.
- ☐ 2. Commercial General Liability Section
  - Must be Occurrence policy, refer Claims Made policies to Brown & Brown for Review
  - Washington Stop Gap coverage may be referenced in this section
  - General Aggregate Limit should apply "Per Project"
- ☐ 3. Additional Insured, Waiver of Subrogation columns must be checked for General Liability, Automobile Liability and Umbrella Liability (if required). Additional Insured forms CG2010 (Ongoing Operations) and CG2037 (Completed Operations) or equivalent must be provided along with the Certificate of Insurance. Primary and Non-Contributory coverage is required and a copy must be provided along with the Certificate of Insurance.
- ☐ 4. General Liability Each Occurrence Limit must be at least \$1,000,000, General Aggregate Limit must be at least \$2,000,000 and the Products-Completed Operations Limit must be at least \$2,000,000
- ☐ 5. "Any Auto" coverage, which includes Hired and Non-Owned automobiles, is required. If the company does not own any vehicles, then the "Hired Autos" and "Non-Owned Autos" coverage are required.
- ☐ 6. Automobile Limit of at least \$1,000,000 is required.
- ☐ 7. Excess/Umbrella coverage must be included, if required by the contract.
  - The Retention/Deductible must not exceed \$10,000.
- ☐ 8. Excess/Umbrella Limit of at least \$5,000,000 must be shown, if required by written contract.
- ☐ 9. Washington Stop Gap coverage of at least \$1,000,000 is required (if not shown in the General Liability section).
- ☐ 10. "Description of Operations" section should reference the project name, number and address.
- ☐ 11. Certificate Holder name is to read "Highline School District #401, its directors, officers and employees".

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## Questions and Answers

### Question 1)

The RFP calls for 1-year pricing with up to two optional one-year renewals. Will the District accept optional pricing for a 3-year term with two one-year options as well?

**Answer:**

Yes, we will accept it, however, we cannot validate the 3-year term with two 1-year renewal options as the RFP clearly details a 1-year pricing with up to 2 optional 1-year renewals.

### Question 2)

I am seeing multiple 470 filings. Is there a difference between the 2?

**Answer:**

190004014 was canceled. 190004015 is the active 470.

### Question 3)

The 470 Category One states the below: 39 Entities and 86 Circuits

Category One Service Requests									
Service Type	Function	Function Other Description	Minimum Capacity	Maximum Capacity	Entities	Quantity	Unit	Installation and Initial Configuration?	Associated RFPs
Data Transmission and/or Internet Access	Leased Lit Fiber (with or without Internet Access)		10 Gbps	50 Gbps	39	86	Circuits	Yes	56948

The RFP has a total count of 34 Entities.

Can you please explain the difference between number of entities and circuits?

**Answer:**

The quantity of 86 specified in the Quantity column on the FCC Form 470 should be changed to 65.

The district has 39 total entity numbers based upon the E-Rate EPC Portal System. 32 of the entities are considered schools and 7 are considered non-instructional facilities. The bandwidth requirements at each entity referenced within the RFP requires Two (2) 10 Gbps circuits at each entity location. One 10 Gbps circuit at each entity location is connected to One Hub Site, and the second 10 Gbps Circuit is connected to a separate and distinct Hub Site. **Vendors must price the services as specified within the pricing tables.**

Are there 2 HUB locations and each service location will get a internet circuit connection to EACH of these hubs?

**Answer: YES - Vendors must price the services as specified within the pricing tables.**

Or

Are we to pick one central HUB that ALL the service locations are homeruned back to with each service location getting their own internet connection?

**Answer: NO - Vendors must price the services as specified within the pricing tables.**

Or

Are there 2 HUB locations and the service locations can be homeruned back to EITHER of these hubs?

**Answer: NO - Vendors must price the services as specified within the pricing tables.**

END OF ADDENDUM