



**ROCKFORD BOARD OF EDUCATION
INVITATION FOR BID ON SUPPLIES, MATERIALS, EQUIPMENT OR SERVICES
FOR SCHOOL DISTRICT NO. 205
ROCKFORD, ILLINOIS**

IFB No. **24-26 Special Needs Transportation**

DATE: **February 8, 2024**

RE: **ADDENDUM NO. 3**

To All Bidders:

Included are modifications, clarifications and/or corrections for the Project Manual and are hereby made a part of the contract documents. Please attach this addendum to the Project Manual(s) in your possession. Please note the receipt of this addendum on the bid form. Bidders shall review changes to all portions of this work as changes to one portion may affect the work of another.

If you plan to hand deliver your IFB submission on the due date, please note you must check in on the 1st floor prior to coming to the bid opening. Please allow time for this as late submission will not be accepted.

Refer all questions relative to the business aspect, Instructions to Bidders, Special Conditions, and questions concerning the technical aspect of the documents to the Director of Purchasing by email at purchasingdeptstaff@rps205.com.

MODIFICATIONS

This addendum includes a revised Bid Offer Form. Please ensure this is the form you submit with your bid.

ROCKFORD BOARD OF EDUCATION

By: Dane Youngblood
Director of Purchasing

BID OFFER FORM - REVISED

IFB 24-26 Special Needs Transportation

Rockford Public School District 205 (the District) will receive sealed bids from qualified firms or individuals to provide special needs transportation in accordance with the terms and conditions outlined in this document. These specifications are not intended to limit the products or services offered by the Contractor. The contractor shall perform, as required, all services described herein and/or all other services offered by the Contractor in its proposal and accepted by the District.

<u>Item No.</u>	<u>Qty</u>	<u>Description</u>	<u>Unit Cost</u>	<u>Unit of Measure</u>
1	_____	Base Bid 1: Early Childhood Transportation	\$ _____	<u>PER BUS/PER DAY</u>
2	_____	Base Bid 2: Special Education Transportation	\$ _____	<u>PER BUS/PER DAY</u>
3	_____	Alt Bid 1: Walk Zone Transportation	\$ _____	<u>PER BUS/PER DAY</u>
4	_____	Alt Bid 2: Additional Early Childhood Transportation	\$ _____	<u>PER BUS/PER DAY</u>
		<u>OR</u>		
5	700	Alt Bid 2: Additional Early Childhood Transportation	\$ _____	<u>PER STUDENT/PER DAY</u>
6	TBD	Hourly Rate for Miscellaneous Bussing	\$ _____	<u>PER HOUR</u>
7	TBD	Hourly Rate for Bus Aide	\$ _____	<u>PER HOUR</u>
8	2	Annual Percentage Increase if Not Providing Fixed Initial Term	\$ _____	<u>PERCENT</u>

ADDENDA RECEIVED - The undersigned acknowledges receipt of Addenda ____ to ____ inclusive.

BID OFFER FORM

IFB 24-26 Special Needs Transportation

BID SUBMITTED BY:

Company Signature of Company Officer *(required)*

Address Typed Name & Title

City, State & Zip Code Date

Phone No. Fax No.

E-mail FEIN

REFERENCES:

Offeror to provide three references of similar type work that would qualify your firm for this project:

Company Name/Contact Person Phone Email

Nature and Size of Contract

Company Name/Contact Person Phone Email

Nature and Size of Contract

Company Name/Contact Person Phone Email

Nature and Size of Contract