



February 7, 2011

**RFP#DBI 1-2011  
PERMIT AND PROJECT TRACKING SYSTEM**

**Due Date: March 2, 2011 at 2:00 p.m.**

**TO: ALL BIDDERS**

***Please note the following changes to the subject contract proposal before submitting your offer. A signed and dated copy of this Bid Addendum must accompany your bid.***

**Note change to RFP Document, Section III Submission Requirement, A. Time and Place for Submission of Proposals**

**Add the following**

**Summary of Submission Requirements**

1. One 3-ring binder containing:
  - (a) Proposal Summary Template (Attachment A)
  - (b) Functional and Technical Requirements (Attachment B)
2. One (1) unbound copy containing:
  - (a) Proposal Summary Template (Attachment A)
  - (b) Functional and Technical Requirements (Attachment B)
3. One (1) CD (with proposal documents in read-only format in MS Word 2003 or higher or as an Adobe PDF) containing:
  - (a) Proposal Summary Template (Attachment A)
  - (b) Functional and Technical Requirements (Attachment B)
4. Sealed envelope labeled "Permit and Project Tracking System Fee Proposal and ASP/Hosted Option by [PROPOSERS' Name]" containing:
  - (a) Pricing Template (Attachment C)
  - (b) ASP Template (Attachment D)

5. Two (2) CDs in a separate sealed envelope labeled "HRC/LBE Forms – Permit and Project Tracking System by [PROPOSERS' Name]" containing:

HRC Attachment Two (Attachments E-1, E-2, E-3)

6. One (1) original and one (1) copy in a separate sealed envelope labeled " HRC Forms 12B&12C and Form 14B - Permit and Project Tracking System by [PROPOSERS' Name]" containing:

HRC Form 12B & 12C and 14B (Attachments E-4, E-5)

7. One (1) Original and one (1) copy in a separate sealed envelope labeled "Other City Forms - Permit and Project Tracking System by "PROPOSERS 'Name]" containing:

- (a) First Source Hiring Program Certification Form (Attachment F-1)
- (b) Taxpayer Identification Number and Certification (Attachment F-2)
- (c) Business Tax Registration Declaration (Attachment F-3)
- (d) Minimum Compensation Ordinance (Attachment F-4)
- (e) Health Care Accountability Ordinance (Attachment F-5)

All other terms and conditions remain the same.

Acknowledgement of receipt: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Company Name