



**NORTHERN VIRGINIA
TRANSPORTATION COMMISSION
AMENDMENT OF SOLICITATION
REQUEST FOR PROPOSALS (RFP)**

ADDENDUM No. 1

Issued: January 7, 2025

RFP No.: 24-05

**Title: Consultant Services for Envision Route 7 Phase 4-2
Mobility Analysis Study**

Contact: Scott Kalkwarf **Email:** scottkalkwarf@novatransit.org **Telephone:** 571.483.3227

This addendum is hereby incorporated into the solicitation documents of the above referenced RFP. The following items are clarifications, corrections, additions, deletions and/or revisions to the RFP, which shall take precedence over the original documents. ***Bold and Italics*** indicate additions while deletions are indicated by ~~strikethrough~~. Offerors must acknowledge receipt of this addendum by returning a signed original with their Proposal.

DESCRIPTION OF AMENDMENT

The above numbered solicitation is amended as follows:

1. **EXHIBIT E – SUMMARY OF
SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS**

- A. Note the following revision: The Bidder/Offeror is committed to a minimum of 14 ~~14.7~~ ***{blank}***% DBE utilization on this contract.” (Bidder/Offer is to enter a percentage.)
- B. Note the following revision: The Bider/Offeror (if unable to meet the DBE goal of ~~14.7~~ ***8.42%***) is committed to a minimum of _____% DBE utilization on this contract and submits documentation demonstrating good faith efforts.
- C. Note the following revision: Page number changed from ~~15~~ to ***87***.

EXHIBIT E

SUMMARY OF SUBCONTRACTORS/SUBCONSULTANTS/SUPPLIERS

Bidders/Offerors should provide information on all of their prospective subcontractor(s)/sub-consultant(s)/suppliers who submit bids/proposals in support of this solicitation. Use additional sheets as necessary.

NVTC Solicitation Number: _____

Name of Prime Contractor: _____

NAMES AND ADDRESSES OF SUBCONTRACTOR(S)/SUBCONSULTANT(S)	TYPE OF WORK TO BE PERFORMED	ETHNICITY & GENDER OF OWNER (PLEASE CIRCLE)	PREVIOUS YEAR'S ANNUAL GROSS RECEIPTS	\$ AMOUNT ON CONTRACT
NAME: ADDRESS: PHONE: FAX: EMAIL: CONTACT PERSON:	TYPE OF WORK: AGE OF FIRM: IS THE FIRM A CERTIFIED DBE BY A UNIFIED CERTIFICATION PROGRAM? YES <input type="checkbox"/> NO <input type="checkbox"/>	Ethnicity: Black American Hispanic American Native American Subcont. Asian American Asian Pacific American Non-Minority Woman Other	<input type="checkbox"/> less than \$500K <input type="checkbox"/> \$500K - \$2 mil. <input type="checkbox"/> \$2 mil. - \$5 mil. <input type="checkbox"/> more than \$5 mil.	To Be Determined
NAME: ADDRESS: PHONE: FAX: EMAIL: CONTACT PERSON:	TYPE OF WORK: AGE OF FIRM: IS THE FIRM A CERTIFIED DBE BY A UNIFIED CERTIFICATION PROGRAM? YES <input type="checkbox"/> NO <input type="checkbox"/>	Ethnicity: Black American Hispanic American Native American Subcont. Asian American Asian Pacific American Non-Minority Woman Other	<input type="checkbox"/> less than \$500K <input type="checkbox"/> \$500K - \$2 mil. <input type="checkbox"/> \$2 mil. - \$5 mil. <input type="checkbox"/> more than \$5 mil.	To Be Determined
NAME: ADDRESS: PHONE: FAX: EMAIL: CONTACT PERSON:	TYPE OF WORK: AGE OF FIRM: IS THE FIRM A CERTIFIED DBE BY THE UNIFIED CERTIFICATION PROGRAM? YES <input type="checkbox"/> NO <input type="checkbox"/>	Ethnicity: Black American Hispanic American Native American Subcont. Asian American Asian Pacific American Non-Minority Woman Other	<input type="checkbox"/> less than \$500K <input type="checkbox"/> \$500K - \$2 mil. <input type="checkbox"/> \$2 mil. - \$5 mil. <input type="checkbox"/> more than \$5 mil.	To Be Determined

The undersigned Bidder/Offeror has satisfied the requirements of the solicitation in the following manner (please check the appropriate space):

- The Bidder/Offeror is committed to a minimum of 44 **{blank}**% DBE utilization on this contract.
- The Bidder/Offeror (if unable to meet the DBE goal of ~~44.7~~ **8.42**%) is committed to a minimum of _____% DBE utilization on this contract and submits documentation demonstrating good faith efforts.

Print Name/Title of Person Completing this Form: _____

Signature: _____

Offerors must acknowledge receipt of this amendment by returning a signed original with the Proposal package prior to the hour and date specified in the solicitation. Failure to acknowledge receipt of this document may be grounds to declare your Proposal non-responsive.

Company _____

Address _____

City _____ State _____ Zip Code _____

Name of Person Authorized to Sign _____
Print

Signature _____ Date _____