

**Office of Procurement Services**

P.O. Box 7800 • 315 W. Main St., Suite 416 • Tavares, FL 32778

**SOLICTATION:** Supplemental Employment 3/5/2024

Vendors are responsible for the receipt and acknowledgement of all addenda to a solicitation. Confirm acknowledgement by including an electronically completed copy of this addendum with submittal. Failure to acknowledge each addendum may prevent the submittal from being considered for award.

THIS ADDENDUM DOES NOT CHANGE THE DATE FOR RECEIPT OF PROPOSALS.

**QUESTIONS/RESPONSES**

Q1. Requesting that Item 2.1.6 under Section 2 of the Exhibit A – Scope of Work be removed.

**R1.** No, this item shall not be removed as it states, “as required” and this item will be required for any person operating heavy equipment and/or truck driving of County property.

Q2. Requesting that the following be removed from Item 2.2.1 from Section 2: “*If there is anything found on the background check, the Contractor shall provide a copy of the background check to the County’s Office of Human Resources and Risk Management for review and approval”*. Also, to add the following to 2.2.1 to read as follows: The *pass or fail results* of the background check must be approved in writing before the individual start work with the County.

**R2. This change has approved. See Exhibit A -Scope of Work REVISED 03.01.24 on the County website.**

Q3.Requesting that Item 2.2.3 under Section 2 of the Exhibit A – Scope of Work be removed.

**R4. No, this item shall not be removed as there are positions requested that are required.**

Q5. Requesting that the following be removed from Exhibit B – Insurance Requirements: Fire Damage $50,000 and Medical Expense $5,000

**R5. Fire Damage for $50,000 will not be removed. The Medical Expense for $5,000 has been removed. Please see Exhibit B – Insurance Requirements 24-505 REVISED 03.05.24.**

Q6**.** Requesting that the following be updated on Exhibit B – Insurance Requirements, Section B: “Lake County, a Political Subdivision of the State of Florida, and the Board of County Commissioners, will be *included* as *an* additional insured *party on Contractor’s Commercial General Liability policy, but only to the extent of Contractor’s indemnity obligations.* Certificates of Insurance must identify the RFP or ITB number in the Description of Operations section on the Certificate.

**R7. This will not be removed.**

Q8. Requesting the following change to Exhibit B – Insurance Requirements, Section D: “Certificates of insurance must evidence a waiver of subrogation in favor of the COUNTY, that coverage must be primary and noncontributory, *with respect to the Commercial General Liability and Workers Compensation policies and* includes a Cross Liability or Severability of Interest provision, with no requirement of premium by the COUNTY.

**R8. This will not be removed.**

Q9. Requesting that the following be removed from Exhibit B – Insurance Requirements, Section E: “*Contracts cannot be completed without this required insurance documentation*”.

**R9. This will not be removed.**

Q10. Is this a re-compete RFP?

**R10. No.**

Q11. Could you please share the name of the current suppliers? Who is currently providing services to the County?

**R11. This contract for new services.**

Q12. Refer to Attachment 3 References, it is mentioned to list no more than two Lake County Government Projects. Please specify whether it is mandatory to provide the Lake County government projects or not.

**R12. Follow bid document direction.**

Q13. Refer to the RFP document, “Point 5: Completed Pricing Sheet”, it is mentioned that the vendor needs to provide “Completed Attachment 2 – Pricing Sheet” and “Supporting documentation for proposed pricing”. Please specify, whether the “Supporting documentation for proposed pricing” is mandatory to submit with the proposal. Also, specify what information is needed to cover in it.

**R13. Follow bid document directions.**

Q14. Referring to the RFP document, “Point 3: Proposed Solution”, it is mentioned that “Limit Page County”. Please specify the maximum page limit for this section.

**R14. Be concise.**

Q15. Is it possible for the County to provide a proposal evaluation and evaluating points?

**R15. Refer to section 5.0 Method of Award.**

Q16. Does the County have an incumbent?

**R16. This is a new direction for the County to fill an anticipated need.**

Q17. How many awards does the County plan to make?

**R18. Unknown at this time.**

Q19. What is the estimated budget for this RFP?

**R19. Budget is dependent on County need so it cannot be determined at this time.**

Q20. What is the estimated usage per job title?

**R20. See Question 16.**

Q21. Do we have to bid on all job titles, or can we submit pricing for certain positions?

**R21. Submit pricing for the positions you provide.**

**ADDITIONAL INFORMATION**

Please refer to Exhibit A – Scope of Work REVISED 03.01.24 and Exhibit B – Insurance Requirements 24-505 REVISED 03.05.24 with the changes outlined in this addendum.

**ACKNOWLEDGEMENT**

Firm Name: Click or tap here to enter text.

I hereby certify that my electronic signature has the same legal effect as if made under oath; that I am an authorized representative of this vendor and/or empowered to execute this submittal on behalf of the vendor.

Signature of Legal Representative Submitting this Bid: Click or tap here to enter text.

Date: Click or tap to enter a date.

Print Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Primary E-mail Address: Click or tap here to enter text.

Secondary E-mail Address: Click or tap here to enter text.