



**ADDENDUM
UNIVERSAL RECYCLING ORDINANCE OUTREACH SERVICES
CITY OF AUSTIN, TEXAS**

Solicitation: RFP SLW512

Addendum No: 4

Date of Addendum: 6/10/2016

This addendum is to incorporate the following changes to the above referenced solicitation:

I. Clarification

- I.1 If a respondent submits a proposal that identifies 2 or more scopes of work, the respondent must meet the assigned goals or document and submit good faith efforts. If only responding to 1 scope of work, the respondent must complete the No Goals Form 0900 attached to this addendum. If a respondent requires additional assistance, please contact the SMBR counselor below:

Cassidy Villegan
512-974-9113
cassidy.villegan@austintexas.gov

II. Changes to the solicitation due dates as follows;

- II.1 The proposal due date is hereby extended until 2:00 PM, Thursday, June 23, 2016**

III. Questions:

Q1: Does the department have an estimate of the number of site visits that will be expected monthly?

A1: The amount of visits per month is dynamic and is contingent upon requests for visits. An estimate would be 5-10 visits per month on average; however, as additional properties are affected by the ordinance, it is anticipated the requests for visits will follow. Assuming 2% of affected properties request visits, the contractor could expect 70 visits for FY16, 140 visits for FY17, 230 visits for FY18, and 350 visits for FY19.

IV. ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

APPROVED BY:


Sandy Wirtanen, Senior Buyer
Purchasing Office, 512-974-7711

Date:

6/10/16

ACKNOWLEDGED BY:

Name

Authorized Signature

Date

RETURN ONE COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH YOUR RESPONSE OR PRIOR TO THE SOLICIATION CLOSING DATE. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION.

Section 0900: Minority- and Women-Owned Business Enterprise (MBE/WBE) Procurement Program No Goals Form

SOLICITATION NUMBER:	RFP 1500 SLW0512
PROJECT NAME:	Universal Recycling Ordinance Outreach Services

The City of Austin has determined that no goals are appropriate for this project. Even though goals were not assigned for this solicitation, the Bidder/Proposer is required to comply with the City's MBE/WBE Procurement Program, if areas of subcontracting are identified.

If any service is needed to perform the Contract and the Bidder/Proposer does not perform the service with its own workforce or if supplies or materials are required and the Bidder/Proposer does not have the supplies or materials in its inventory, the Bidder/Proposer shall contact the Small and Minority Business Resources Department (SMBR) at (512) 974-7600 to obtain a list of MBE and WBE firms available to perform the service or provide the supplies or materials. The Bidder/Proposer must also make a Good Faith Effort to use available MBE and WBE firms. Good Faith Efforts include but are not limited to contacting the listed MBE and WBE firms to solicit their interest in performing on the Contract, using MBE and WBE firms that have shown an interest, meet qualifications, and are competitive in the market; and documenting the results of the contacts.

Will subcontractors or sub-consultants or suppliers be used to perform portions of this Contract?

No _____ **If no, please sign the No Goals Form and submit it with your Bid/Proposal in a sealed envelope**

Yes _____ **If yes, please contact SMBR to obtain further instructions and an availability list and perform Good Faith Efforts. Complete and submit the No Goals Form and the No Goals Utilization Plan with your Bid/Proposal in a sealed envelope.**

After Contract award, if your firm subcontracts any portion of the Contract, it is a requirement to complete Good Faith Efforts and the No Goals Utilization Plan, listing any subcontractor, sub-consultant, or supplier. Return the completed Plan to the Project Manager or the Contract Manager.

I understand that even though goals were not assigned, I must comply with the City's MBE/WBE Procurement Program if subcontracting areas are identified. I agree that this No Goals Form and No Goals Utilization Plan shall become a part of my Contract with the City of Austin.	

Company Name	

Name and Title of Authorized Representative (Print or Type)	

Signature	Date

Minority- and Women-Owned Business Enterprise (MBE/WBE) Procurement Program No Goals Utilization Plan
 (Please duplicate as needed)

SOLICITATION NUMBER:	RFP 1500 SLW0512
PROJECT NAME:	Universal Recycling Ordinance Outreach Services

PRIME CONTRACTOR / CONSULTANT COMPANY INFORMATION

Name of Contractor/Consultant			
Address			
City, State Zip			
Phone Number		Fax Number	
Name of Contact Person			
Is Company City certified? Yes <input type="checkbox"/> No <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture <input type="checkbox"/>			

I certify that the information included in this No Goals Utilization Plan is true and complete to the best of my knowledge and belief. I further understand and agree that the information in this document shall become part of my Contract with the City of Austin.

Name and Title of Authorized Representative (Print or Type)

Signature

Date

Provide a list of all proposed subcontractors / sub-consultants / suppliers that will be used in the performance of this Contract. **Attach Good Faith Effort documentation if non MBE/WBE firms will be used.**

Sub-Contractor / Sub-Consultant			
City of Austin Certified MBE <input type="checkbox"/> WBE <input type="checkbox"/> Ethics / Gender Code: <input type="checkbox"/> Non-Certified			
Vendor ID Code			
Contact Person		Phone Number	
Amount of Subcontract \$			
List commodity codes & description of services			

Sub-Contractor / Sub-Consultant			
City of Austin Certified MBE <input type="checkbox"/> WBE <input type="checkbox"/> Ethics / Gender Code: <input type="checkbox"/> Non-Certified			
Vendor ID Code			
Contact Person		Phone Number	
Amount of Subcontract \$			
List commodity codes & description of services			

FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:			
Having reviewed this plan, I acknowledge that the proposer (HAS) or (HAS NOT) complied with City Code Chapter 2-9A/B/C/D, as amended.			
Reviewing Counselor _____		Date _____	
Director/Deputy Director _____		Date _____	