



THE SCHOOL BOARD OF MIAMI-DADE COUNTY, FLORIDA  
SCHOOL BOARD ADMINISTRATION BUILDING  
Procurement Management Services  
1450 N.E. 2nd Avenue, Room 650  
Miami, FL 33132

Direct All Inquiries To  
Procurement Management Services

Buyer's Name: \_\_\_\_\_

PHONE: (305) 995-\_\_\_\_\_

Email: \_\_\_\_\_

TDD PHONE: (305) 995-2400

**BID/RFP ADDENDUM**

Date: \_\_\_\_\_

Addendum No. \_\_\_\_\_

BID/RFP No. \_\_\_\_\_ BID/RFP TITLE: \_\_\_\_\_

**This addendum modifies the conditions of the above-referenced BID/RFP as follows:**

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*All information, specifications terms, and conditions for the above-referenced BID/RFP, are included on the document posted on the Procurement Management website at <http://procurement.dadeschools.net>*

*The attached pages containing clarifications, additional information and requirements constitute an integral part of the referenced bid.*

1. If your bid/proposal has not been submitted, substitute the pages marked REVISED and mail your entire bid/proposal package. **REMEMBER TO SIGN THE BIDDER QUALIFICATION FORM.**

OR

2. If your bid/proposal has been submitted, sign and return this addendum form with the revised pages by the time and date indicated on the Bidder Qualification Form. BY SIGNING THIS ADDENDUM, THE VENDOR AGREES TO THE TERMS AND CONDITIONS CONTAINED IN THE BIDDER QUALIFICATION FORM AND ALL RELATED BID DOCUMENTS.

**I acknowledge receipt of Addendum Number \_\_\_\_\_**

PLEASE NOTE: If your firm has forwarded a copy of this bid/proposal to another vendor, it is your responsibility to forward him/her a copy of this addendum.

**(PLEASE TYPE OR PRINT BELOW)**

LEGAL NAME OF BIDDER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL I.D. \_\_\_\_\_ FAX # \_\_\_\_\_

BY: SIGNATURE (Manual): \_\_\_\_\_  
OF AUTHORIZED REPRESENTATIVE

NAME (Typed): \_\_\_\_\_ TITLE: \_\_\_\_\_  
OF AUTHORIZED REPRESENTATIVE

**Addendum # 1 for RFP-15-079-YWP-External Independent Auditing Services of Educational Facilities Impact Fees**

**The following list addresses the questions received regarding this solicitation:**

1. What were the audit fees for each of the last three fiscal years (2015, 2014, and 2013)?

**Answer: \$10,000**

2. Can you provide a copy of the prior year audited financial statements (6/30/2015)?

**Answer: They can be found in the Audit and Budget Advisory Committee tab, at the December 1, 2015, meeting.**

3. Section 1.41 INSURANCE REQUIREMENTS

- a) Part D. Professional Liability – Minimum limits is stated at *\$3,000,000 Each Claim/ Annual Aggregate*; and

**Answer. Insurance requirements have been stricken and replace with revised insurance requirements.**

- b) Part E. Employee Dishonesty (Fidelity) – Minimum limits is stated as *\$10,000,000 Each Occurrence*.

**Answer. Insurance requirements have been stricken and replace with revised insurance requirements.**

4. Please provide the following information:

- a) Prior year audit fees and estimated hours to complete the audit.

**Answer: \$10,000. Do not have the hours**

- b) Prior year audit reports or indicate where to find them.

**Answer: Please see response to question #2.**

- c) Annual budgets.

**Answer: None**

5. Page 8 *Section 1.9 Proposal Submission* states proposals are to be submitted Attn: Yasmin Wong-Peraza and page 29 *Section 4.3 Proposal Labeling Requirements* indicate Attn: Melody Thelwell, MPA. Please confirm that we should submit to Attn: Yasmin Wong-Peraza.

**Answer: Proposals are to be submitted to Yasmin Wong-Peraza**

6. One (1) unbound original proposal with all attachments and original signatures.

**Answer: Yes.**

7. Ten (10) bound copies of the original proposal.

**Answer: Yes**

8. One (1) unbound original price proposal

**Answer: As stated in Section 3.0 Price Proposal, will be sealed in a separate envelope and submitted with the original proposal response.**

9. Ten (10) bound copies of the original price proposal

**Answer: Please see response to question # 8**

10. Ten (10) electronic versions on CD or USB Drive in Microsoft Word, Excel or PDF format of the proposal and the price proposal together.

**Answer: Yes**

11. Can you provide a copy of the audit for the period September 30, 2015?

**Answer: Please see response to question #2.**

12. What were the audit fees for the 2015-2012 audits?

**Answer: \$10,000**

**The information below notes changes to the solicitation as noted:**

1. Page 18, Section 1.41 Insurance Requirements has been deleted in its entirety and replaced with the following:

**1.41 Insurance Requirements**

Prior to commencement of work under the agreement, the Bidder shall obtain and maintain without interruption the insurance as outlined below. The Bidder agrees to furnish a fully completed certificate of insurance naming the School Board of Miami-Dade County, Florida as additional insured, signed by an authorized representative of the insurer providing such insurance coverages. The insurance coverages and limits shall meet, at a minimum, the following requirements:

**A. Workers' Compensation/Employer's Liability Insurance.**

Such insurance shall be no more restrictive than that provided by the Standard Workers' Compensation Policy, as filed for use in Florida by the National Board on Compensation Insurance, without restrictive endorsements. The minimum amount of coverage (inclusive of any amount provided by an umbrella or excess policy) shall be:

Part One: "Statutory"

Part Two: \$500,000 Each Accident

\$500,000 Disease - Policy Limit

\$500,000 Disease - Each Employee

#### B. General Liability Insurance

Such insurance shall be no more restrictive than that provided by the most recent version of standard Commercial General Liability Form (ISO Form CG 00 01) without any restrictive endorsements. The minimum limits (inclusive of amounts provided by an umbrella or excess policy) shall be:

\$1,000,000 General Aggregate

\$1,000,000 Products/Completed Operations Aggregate

\$ 1,000,000 Personal and Advertising Injury

\$ 1,000,000 Each Occurrence

Company shall name the Board as an additional insured on a form no more restrictive than the CG 2010.

#### C. Automobile Liability Insurance

Such insurance shall be no more restrictive than that provided by Section II (Liability Coverage) of the most recent version of standard Business Auto Policy (ISO Form CA 00 01) without any restrictive endorsements, including coverage for liability contractually assumed, and shall cover all owned, non-owned, and hired autos used in connection with the performance of the Contract. The minimum limits (inclusive of any amounts provided by an umbrella or excess policy) shall be:

\$ 1,000,000 Each Occurrence - Bodily Injury and Property

#### D. Professional Liability

Such insurance shall be on a form acceptable to the Board and shall cover Company for those sources of liability arising out of the rendering or failure to render professional services in the performance of the services required in the Agreement including any hold harmless and/or indemnification agreement. Coverage must either be on an occurrence basis; or, if on a claims-made basis, the coverage must respond to all claims reported within three years following the period for which coverage is required and which would have been covered had the coverage been on an occurrence basis. The minimum limits (inclusive of any amounts provided by an umbrella or excess policy) shall be:

\$ 3 1,000,000 Each Claim/Annual Aggregate

The Professional Liability Insurance required under this Section D. may be subject to a deductible not to exceed \$25,000 per claim.

Compliance with these insurance requirements shall not limit the liability of the Company. Any remedy provided to the Board by the insurance provided by the Board shall be in addition to and not in lieu of any other remedy (including, but not limited to, as an indemnitee of the Company) available to the Board under this Contract or otherwise.

Neither approval nor failure to disapprove insurance furnished by the Company shall relieve the Company from responsibility to provide insurance as required by this Contract.

M-DCPS and its members, officers, employees, and agent shall be named an additional insured on all liability coverages except Workers' Compensation Insurance and Professional Liability Insurance.