

THE PORT AUTHORITY OF NY & NJ

**PROCUREMENT DEPARTMENT
4 WORLD TRADE CENTER,
150 GREENWICH STREET, 21ST FLOOR
NEW YORK, NY 10007**

6/5/2015

ADDENDUM # 5

To prospective Proposer(s) on RFP # 42396 for Development and Facilitation of Emergency Response Exercises, Operational Exercises Support and Development and Development and Facilitation of Regional Incident Management Training Courses.

Due back on 6/9/2015, no later than 2:00PM

Originally due on 5/29/2015, no later than 2:00PM

I. CHANGES/MODIFICATIONS

The following changes/modifications are hereby made to the solicitation documents:

ATTACHMENT E - M/WBE PARTICIPATION PLAN:

“(AN M/WBE PARTICIPATION PLAN SHALL BE SUBMITTED AND WILL BE EVALUATED AS PART OF THE MANAGEMENT APPROACH. PLEASE INCLUDE FORM [PA 3749B](#), TO BE COMPLETED BY THE PROPOSER FOR THE M/WBE PARTICIPATION PLAN SUBMISSION REQUIREMENT. IN THE EVENT OF AN M/WBE PLAN MODIFICATION, PLEASE USE FORM [PA 3749C](#).)”

PA3749B and PA 3749C were not included in the solicitation. See the attached documents.

This communication should be initialed by you and annexed to your Proposal upon submission.

In case any Proposer fails to conform to these instructions, its Proposal will nevertheless be construed as though this communication had been so physically annexed and initialed.

THE PORT AUTHORITY OF NY & NJ

KATHY LESLIE WHELAN
ASSISTANT DIRECTOR
COMMODITIES AND SERVICES ASSIGNMENTS

PROPOSER'S FIRM NAME: _____

INITIALED: _____

DATE: _____

QUESTIONS CONCERNING THIS ADDENDUM MAY BE ADDRESSED TO LESLEY BROWN, WHO CAN BE REACHED AT (212) 435-4648 or at lbrown@panynj.gov.

PROCUREMENT M/WBE PARTICIPATION PLAN

PA 3749B / 12-11

Office of Business Diversity and Civil Rights

PAGE: _____ OF _____

NOTE: The Proposer/Bidder shall submit to the Manager, Line/Facility Dept. Form PA 3749C - MODIFIED PLAN for any changes to the original plan: i.e.; subcontractor, dollar amount or work performed. If more than 1 page is used, complete totals on last page.

Purchase Order #: _____
Proposer/Bidder Name: _____

Contract Description: _____

Mailing Address: _____

Contract Amount: _____

Telephone Number: _____

Contract Goals: MBE _____ WBE _____

Name, Address, Phone Number of PA Certified M/WBE subcontractor (including name of contact person)	Indicate MBE or WBE	Description of Work, Services to be provided. Where applicable, specify, "supply" or "install" or both "supply" and "install."	Anticipated date work will start and finish	Approximate \$ amount of M/WBE Subcontract	M/WBE % of Total Contract Amount
TOTAL:					

Signature of Contractor: _____

Print Name: _____

Title: _____ Date _____

FOR OBDCR USE ONLY	
Contract Goals: <input type="checkbox"/> Approved <input type="checkbox"/> Waived <input type="checkbox"/> Rejected	
Reviewed by: _____	
OBDCR Business Development Representative	
Print Name: _____	Date _____

INSTRUCTIONS

PROPOSER INSTRUCTIONS: In accordance with Section 6. M/WBE Subcontracting Provisions, the proposer shall submit this form as the M/WBE Participation Plan and/or good faith documentation as part of Section 8. Proposal Submission Requirements.

BIDDER INSTRUCTIONS: In accordance with Part 1, Section 17 of the contract book, the bidder shall submit this form as the M/WBE Participation Plan and/or best efforts documentation with their bid to the Procurement Department.

MANAGER/DESIGNEE INSTRUCTIONS: After a review of the submitted M/WBE Participation plan, forward to the Office of Business Diversity and Civil Rights via fax at (212) 435-7828 or PAD to 233PAS 4th Floor for review and approval. Approved/waived/rejected plan will be returned within 5 business days of receipt of this document. Manager/Designee will advise vendor of the results of the M/WBE Participation Plan review.

Office of Business and Job Opportunity

PAGE: _____ OF _____

Purchase Order #: _____

Contract Description: _____

Contractor Name: _____

Mailing Address: _____

Contract Amount: _____

Telephone Number: _____

Contract Goals: **MBE** _____ **WBE** _____

Name, Address, _Phone Number of PA Certified MBE/WBE subcontractor (including name of contact person)	Indicate MBE or WBE	Description of Work, Services to be provided. Where applicable, specify "supply" or "install" or both "supply" and "install."	Anticipated date work will start and finish	Approximate \$ amount of M/WBE Subcontract	M/WBE % of Total Contract Amount
TOTAL:					

Signature of Contractor: _____

Print Name: _____

Title: _____ Date _____

FOR OBJO USE ONLY	
Contract Goals: <input type="checkbox"/> Approved <input type="checkbox"/> Waived <input type="checkbox"/> Rejected	
Reviewed by: _____	OBJO Business Development Representative

Print Name: _____ Date _____

Distribution: Original – OBJO; Copy 2 –Manager, Line/Facility Department; Copy 3 – Contractor, Copy 4 – Procurement Dept – Award File

INSTRUCTIONS

CONTRATOR INSTRUCTIONS FOR RFP's: In accordance with Section 6. M/WBE Subcontracting Provisions, the proposer shall submit this form as the M/WBE Participation Plan and/or good faith documentation as part of Section 7. Proposal Submission Requirements.

CONTRATOR INSTRUCTIONS FOR BIDS: In accordance with Part IV of the contract book, the contractor shall submit a M/WBE Participation Plan and/or best efforts documentation to the Manager or designee identified in the contract book within 10 days of contract award.

MANAGER/DESIGNEE INSTRUCTIONS: After a review of the submitted MBE/WBE Participation plan, forward to the Office of Business and Job Opportunity via fax at (212) 435-7828 or PAD to 233PAS 4th Floor for review and approval. Approved/waived/rejected plan will be returned within 5 business days of receipt of this document. Manager/Designee will advise vendor of the results of the MBE/WBE Participation Plan review.

In the event that modification to the M/WBE Participation Plan is made after award, this form shall be submitted to the Manager or Designee within 10 days of the modification.