

**THE PORT AUTHORITY OF NY & NJ**

**PROCUREMENT DEPARTMENT  
4 WORLD TRADE CENTER  
150 GREENWICH STREET, 21<sup>ST</sup> FL.  
NEW YORK, NY 10007**

2/8/2016

ADDENDUM # 1

To prospective Bidder(s) on Bid # 45020 for Porter and Handyperson Services Via Work Order at Various Port Authority Facilities in New York-Two Year Contract

Due back on 2/18/2016, no later than 11:00AM

**I. CHANGES/MODIFICATIONS**

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

**Part IV-Pricing Sheets**

Delete pages 8 through 11 of the pricing sheets in its entirety and replace with the attached revised versions dated 2/5/16.

**Part V-Specifications**

Delete page 5 in its entirety and replace with the attached revised version dated 2/5/16.

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

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

THE PORT AUTHORITY OF NY & NJ  
SELENE ORTEGA, MANAGER  
COMMODITIES AND SERVICES DIVISION  
PROCUREMENT DEPARTMENT

BIDDER'S FIRM NAME: \_\_\_\_\_

INITIALED: \_\_\_\_\_

DATE: \_\_\_\_\_

QUESTIONS CONCERNING THIS ADDENDUM MAY BE ADDRESSED TO  
STEVEN JOSEPH, WHO CAN BE REACHED AT (212) 435-4658 or at  
STJOSEPH@panynj.gov.

CONTRACTOR'S NAME: \_\_\_\_\_ BID NUMBER \_\_\_\_\_

**Porter**

**YEAR 1**

MINIMUM WAGE: \$24.43

FULL-TIME EMPLOYEES FORM

ITEM# 1

AVERAGE HOURLY DIRECT WAGES \$ \_\_\_\_\_  
NUMBER OF EMPLOYEES \_\_\_\_\_

ITEM #2

AVERAGE HEALTH BENEFITS  
HEALTH \$ \_\_\_\_\_

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW) NUMBER OF  
DAYS PROVIDED

HOLIDAY ALLOWANCE \$ \_\_\_\_\_  
VACATION ALLOWANCE \$ \_\_\_\_\_  
SICK TIME ALLOWANCE \$ \_\_\_\_\_  
PENSION \$ \_\_\_\_\_  
WELFARE \$ \_\_\_\_\_  
OTHER SUPPLEMENTAL BENEFITS \$ \_\_\_\_\_  
SPECIFY \_\_\_\_\_

SUB TOTAL (ITEMS # 1, 2 & 3) \$ \_\_\_\_\_ sub total 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A. \$ \_\_\_\_\_  
N.Y.S.U.I./ N.J.S.U.I. \$ \_\_\_\_\_  
F.U.I. \$ \_\_\_\_\_  
WORKERS' COMPENSATION \$ \_\_\_\_\_  
GENERAL LIABILITY INSURANCE \$ \_\_\_\_\_  
DISABILITY INSURANCE \$ \_\_\_\_\_  
OTHER TAXES AND INSURANCE \$ \_\_\_\_\_  
SPECIFY \_\_\_\_\_

ITEM #5

AVERAGE ADDITIONAL COMPONENTS  
(IF APPLICABLE)

VEHICLE/MTCE/FUEL \$ \_\_\_\_\_  
UNIFORMS \$ \_\_\_\_\_  
EQUIPMENT \$ \_\_\_\_\_  
MATERIALS \$ \_\_\_\_\_  
SUPPLIES \$ \_\_\_\_\_  
RELIEF \$ \_\_\_\_\_  
ROLL CALL \$ \_\_\_\_\_  
OTHER COMPONENTS NOT SPECIFIED ABOVE\$ \_\_\_\_\_  
SPECIFY \_\_\_\_\_

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD  
AND PROFIT \$ \_\_\_\_\_

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ \_\_\_\_\_

**PART IV - 8**  
**PART IV - SIGNATURE SHEET, NAME AND RESIDENCE OF PRINCIPALS SHEET AND PRICING SHEET(S)**

CONTRACTOR'S NAME: \_\_\_\_\_ BID NUMBER \_\_\_\_\_

**Handyperson  
YEAR 1**

MINIMUM WAGE: \$26.76

FULL-TIME EMPLOYEES FORM

ITEM # 1

AVERAGE HOURLY DIRECT WAGES \$ \_\_\_\_\_  
NUMBER OF EMPLOYEES \_\_\_\_\_

ITEM #2

AVERAGE HEALTH BENEFITS  
HEALTH \$ \_\_\_\_\_

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW)		NUMBER OF DAYS PROVIDED
HOLIDAY ALLOWANCE	\$ _____	_____
VACATION ALLOWANCE	\$ _____	_____
SICK TIME ALLOWANCE	\$ _____	_____
PENSION	\$ _____	
WELFARE	\$ _____	
OTHER SUPPLEMENTAL BENEFITS	\$ _____	
SPECIFY _____		

SUB TOTAL (ITEMS # 1, 2 & 3) \$ \_\_\_\_\_ sub total 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A.	\$ _____
N.Y.S.U.I./N.J.S.U.I.	\$ _____
F.U.I.	\$ _____
WORKERS' COMPENSATION	\$ _____
GENERAL LIABILITY INSURANCE	\$ _____
DISABILITY INSURANCE	\$ _____
OTHER TAXES AND INSURANCE	\$ _____
SPECIFY _____	

ITEM #5

AVERAGE ADDITIONAL COMPONENTS  
(IF APPLICABLE)

VEHICLE/MTCE/FUEL	\$ _____
UNIFORMS	\$ _____
EQUIPMENT	\$ _____
MATERIALS	\$ _____
SUPPLIES	\$ _____
RELIEF	\$ _____
ROLL CALL	\$ _____
OTHER COMPONENTS NOT SPECIFIED ABOVE\$ _____	
SPECIFY _____	

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD  
AND PROFIT \$ \_\_\_\_\_

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ \_\_\_\_\_

**PART IV - 9**  
**PART IV – SIGNATURE SHEET, NAME AND RESIDENCE OF PRINCIPALS SHEET AND PRICING SHEET(S)**

CONTRACTOR'S NAME: \_\_\_\_\_ BID NUMBER \_\_\_\_\_

**Porter**  
**YEAR 2**  
MINIMUM WAGE: \$24.96

FULL-TIME EMPLOYEES FORM

ITEM# 1

AVERAGE HOURLY DIRECT WAGES \$ \_\_\_\_\_  
NUMBER OF EMPLOYEES \_\_\_\_\_

ITEM #2

AVERAGE HEALTH BENEFITS  
HEALTH \$ \_\_\_\_\_

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW)	NUMBER OF DAYS PROVIDED
HOLIDAY ALLOWANCE	\$ _____
VACATION ALLOWANCE	\$ _____
SICK TIME ALLOWANCE	\$ _____
PENSION	\$ _____
WELFARE	\$ _____
OTHER SUPPLEMENTAL BENEFITS	\$ _____
SPECIFY _____	

SUB TOTAL (ITEMS # 1, 2 & 3) \$ \_\_\_\_\_ sub total 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A.	\$ _____
N.Y.S.U.I./N.J.S.U.I.	\$ _____
F.U.I.	\$ _____
WORKERS' COMPENSATION	\$ _____
GENERAL LIABILITY INSURANCE	\$ _____
DISABILITY INSURANCE	\$ _____
OTHER TAXES AND INSURANCE	\$ _____
SPECIFY _____	

ITEM #5

AVERAGE ADDITIONAL COMPONENTS  
(IF APPLICABLE)

VEHICLE/MTCE/FUEL	\$ _____
UNIFORMS	\$ _____
EQUIPMENT	\$ _____
MATERIALS	\$ _____
SUPPLIES	\$ _____
RELIEF	\$ _____
ROLL CALL	\$ _____
OTHER COMPONENTS NOT SPECIFIED ABOVE\$ _____	
SPECIFY _____	

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD  
AND PROFIT \$ \_\_\_\_\_

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ \_\_\_\_\_

CONTRACTOR'S NAME: \_\_\_\_\_ BID NUMBER \_\_\_\_\_

**Handyperson  
YEAR 2  
MINIMUM WAGE: \$27.33**

FULL-TIME EMPLOYEES FORM

ITEM# 1

AVERAGE HOURLY DIRECT WAGES \$ \_\_\_\_\_  
NUMBER OF EMPLOYEES \_\_\_\_\_

ITEM #2

AVERAGE HEALTH BENEFITS  
HEALTH \$ \_\_\_\_\_

ITEM #3

AVERAGE SUPPLEMENTAL BENEFITS (ITEMS NOT REQUIRED BY LAW)	NUMBER OF DAYS PROVIDED
HOLIDAY ALLOWANCE	\$ _____
VACATION ALLOWANCE	\$ _____
SICK TIME ALLOWANCE	\$ _____
PENSION	\$ _____
WELFARE	\$ _____
OTHER SUPPLEMENTAL BENEFITS	\$ _____
SPECIFY _____	

SUB TOTAL (ITEMS # 1, 2 & 3) \$ \_\_\_\_\_ sub total 1, 2 & 3

ITEM #4

AVERAGE TAXES AND INSURANCE (ITEM REQUIRED BY LAW)

F.I.C.A.	\$ _____
N.Y.S.U.I./ N.J.S.U.I.	\$ _____
F.U.I.	\$ _____
WORKERS' COMPENSATION	\$ _____
GENERAL LIABILITY INSURANCE	\$ _____
DISABILITY INSURANCE	\$ _____
OTHER TAXES AND INSURANCE	\$ _____
SPECIFY _____	

ITEM #5

AVERAGE ADDITIONAL COMPONENTS  
(IF APPLICABLE)

VEHICLE/MTCE/FUEL	\$ _____
UNIFORMS	\$ _____
EQUIPMENT	\$ _____
MATERIALS	\$ _____
SUPPLIES	\$ _____
RELIEF	\$ _____
ROLL CALL	\$ _____
OTHER COMPONENTS NOT SPECIFIED ABOVE\$ _____	
SPECIFY _____	

AVERAGE GENERAL ADMINISTRATIVE COSTS, OVERHEAD  
AND PROFIT \$ \_\_\_\_\_

TOTAL (ITEMS # 1, 2, 3, 4 & 5) \$ \_\_\_\_\_

**PART IV - 11**

**PART IV – SIGNATURE SHEET, NAME AND RESIDENCE OF PRINCIPALS SHEET AND PRICING SHEET(S)**

vacation time that are accrued in one year but not paid until the following year are not allowed to be included in the computation of benefits until they are paid.

For example: Assume an employee begins working for the Contractor on January 1, 2015. Although the employee accrues 10 vacation days, he/she cannot take them until he/she has worked for the Contractor for one year. The employee finally takes his/her vacation in February 2016. The employee's vacation benefits accrued in 2015 but were never paid. Therefore, the Contractor may not include the employee's vacation benefits in the computation of Supplemental Benefits until it is actually paid. At that time, the vacation time will be credited retroactively and applied in the computation of benefits for the year 2015.

C. Contractor in the performance of the Services herein, shall pay or provide (and shall cause any subcontractor to pay or provide) not less than the Minimum Hourly Wages for each Employee in each category as set forth below and the Average Direct Hourly Wage, as set forth in the Calculation of Average Hourly Rate Form and accepted by the Port Authority.

Minimum Hourly Wages

Porter- \$24.43 per hour

Handyperson- \$26.76 per hour

D. Contractor in the performance of the Services herein, shall pay or provide (and shall cause any subcontractor to pay or provide) not less than Health Benefits accepted by the Port Authority for each Employee in each category, and the Health Benefits shall be subject to the requirements as set forth below.

- 1) Health Benefits shall be provided to Employees and their families.
- 2) Health Benefits shall include a health insurance program addressing the following list of recommended acceptable components:
  - i. up to and including family coverage, as applicable
  - ii. inpatient hospital services
  - iii. outpatient surgical facility
  - iv. emergency room services
  - v. prenatal services
  - vi. well visits/immunizations/routine visits for illness
  - vii. prescription drug benefit
- 3) The Cost of Health Benefits shall be as set forth in the Calculation of Average Hourly Rate Form and accepted by the Port Authority at the inception of the Contract, with an exact numerical (dollar) requirement for Health Benefits.
- 4) The Contractor shall demonstrate to the satisfaction of the Port Authority that Health Benefits are furnished by the Contractor and all subcontractors through one of the following, with no employee contribution to health coverage premiums:
  - i. The Contractor's and subcontractors' Employees and their families are