THE PORT AUTHORITY OF NY & NJ

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

4/13/2016

ADDENDUM # 5

To prospective Proposer(s) on RFP # 45171 for **Taxi Dispatch Services at John F. Kennedy International Airport, Newark Liberty International Airport, LaGuardia Airport and the Port Authority Bus Terminal**:

- Proposals now due on 4/20/2016, no later than 2:00 PM
- Proposals originally due on 3/10/2016, no later than 2:00 PM

I. CHANGES/MODIFICATIONS

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

1. In Attachment B, Part III (B), "Calculation of Hourly Rate Form", add at the end the attached forms.

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
Selene Ortega, Manager
Commodities & Services Division

PROPOSER'S FIRM NAME: _____
INITIALED: _____
DATE: _____

QUESTIONS CONCERNING THIS ADDENDUM MAY BE ADDRESSED TO RICHARD GREHL, WHO CAN BE REACHED AT (212) 435 - 4633 or at rgrehl@panynj.gov.

Addendum #5

PROPOSER NAME: _____ PROPOSAL NUMBER _____45171_____

TAXI DISPATCH SERVICES AT JFK, EWR, LGA & PABT

ASSISTANT TAXI DISPATCHER - YEAR 1

MINIMUM WAGE: **$_____**

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) **$_____subtotal 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) **$_____**

Addendum #5

PROPOSER NAME: _____ PROPOSAL NUMBER _____45171_____

TAXI DISPATCH SERVICES AT JFK, EWR, LGA & PABT

ASSISTANT TAXI DISPATCHER - YEAR 2

MINIMUM WAGE: **$_____**

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) **$_____subtotal 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) **$_____**

Addendum #5

PROPOSER NAME: _____ PROPOSAL NUMBER _____45171_____

TAXI DISPATCH SERVICES AT JFK, EWR, LGA & PABT

ASSISTANT TAXI DISPATCHER - YEAR 3

MINIMUM WAGE: **$_____**

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) **$_____subtotal 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) **$_____**

Addendum #5

PROPOSER NAME: _____ PROPOSAL NUMBER _____45171_____

TAXI DISPATCH SERVICES AT JFK, EWR, LGA & PABT

TAXI DISPATCHER - YEAR 1

MINIMUM WAGE: **$_____**

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) **$_____subtotal 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) **$_____**

Addendum #5

PROPOSER NAME: _____ PROPOSAL NUMBER _____45171_____

TAXI DISPATCH SERVICES AT JFK, EWR, LGA & PABT

TAXI DISPATCHER - YEAR 2

MINIMUM WAGE: $_____

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) $_____subtotal 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) $_____

Addendum #5

PROPOSER NAME: _____ PROPOSAL NUMBER _____45171_____

TAXI DISPATCH SERVICES AT JFK, EWR, LGA & PABT

TAXI DISPATCHER - YEAR 3

MINIMUM WAGE: $_____

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) $_____subtotal 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) $_____