



Maryland Department of Transportation  
Office of Procurement  
CATS+ Task Order J01B3400023  
Office Of Transportation Technology Services  
Offsite Tape Storage Services  
**Amendment # 2**

August 6, 2013, 2013

To all bidders of the CATS+ TORFP # J01B3400023

This Amendment is being issued to amend and clarify certain information contained in the above named TORFP. All information contained herein is binding on all offerors who respond to this TORFP.

## Questions and Responses:

2.5.11 TO Contractor shall provide for one daily special emergency - request outside of the regularly scheduled service date and time, to be picked up and delivered within two (2)hours, 24/7. Any additional emergency requests costs shall be indicated in the Price Proposal (Attachment 1) of this TORFP.

Is this simply a requirement to provide rush service, or are you saying you want one daily rush to be provided without charging the rush fee?

R) This is a requirement and 1 daily emergency return provided without charge.

- 1) Does your response to the question above mean that each day MDOT requires 2 deliveries ; 1 *Regular Daily* and 1 *Special emergency* ? This would mean there are 365 *Regular Daily* and 365 *Special Emergency* trips per year , for an average of 30.4 of each per month. Please provide clarification.





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R) No we do not require an emergency daily return or pickup. This statement **does** means we require, **if necessary**, seven days a week an emergency delivery. Our operation is such that if we have for whatever reason the need for one of our backup volumes to restore some critical data, then we would need to exercise this part of the TO. As a note, in the past we rarely have the need for this service.

2) On the Price Proposal below, the requirement for “Emergency Pickup / Delivery after the single daily fixed cost requirement” does not show a quantity in Column A.

How should we calculate the annual cost in Column B, or are you asking for us only to provide a “unit cost “ per trip in Column A and leave Column B blank?

R) It should be quoted only as a 'UNIT COST' per trip for an emergency. No calculation is necessary just provide the unit price only. For information, we had only one trip all of last year.

**ATTACHMENT 1 - PRICE PROPOSAL (UPDATED)**

PRICE PROPOSAL FOR CATS+ TORFP # J01B3400023

Fixed Price Services (To include services and associated labor costs)	A	B
	Monthly Fully Loaded Rate	Total Proposed CATS+ TORFP Price Monthly Rate x 12
Emergency Pickup / Delivery after the single daily fixed cost requirement	Additional Cost Per Pickup / Delivery \$	N/A evaluation will be done on unit cost only
<b>Term 1 Costs (1/1/14- 4/4/21/14)</b>  (Year 1 Master Contractor rates apply here) To include annual DR pickup and delivery.	\$	\$
<b>TOTAL YEAR 1</b>		\$
Emergency Pickup / Delivery after the single daily fixed cost requirement	Additional Cost Per Pickup / Delivery \$	
<b>Term 2 Costs (4/22/14- 4/22/15)</b> (Year 2 Master Contractor rates apply here) To include annual DR pickup and delivery.	\$	\$





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<b>TOTAL YEAR 2</b>		\$
Emergency Pickup / Delivery after the single daily fixed cost requirement	Additional Cost Per Pickup / Delivery \$	
<b>Term 3 Costs (4/22/15-4/21/16)</b> <b>(Year 3 Master Contractor rates apply here)</b> To include annual DR pickup and delivery.	\$	\$
<b>TOTAL YEAR 3</b>		\$
Emergency Pickup / Delivery after the single daily fixed cost requirement	Additional Cost Per Pickup / Delivery \$	
<b>Term 4 Costs (4/22/16-4/21/17)</b> <b>(Year 4 Master Contractor rates apply here)</b> To include annual DR pickup and delivery.	\$	\$
<b>TOTAL YEAR 4</b>		\$
Emergency Pickup / Delivery after the single daily fixed cost requirement	Additional Cost Per Pickup / Delivery \$	
<b>Term 5 Costs (4/22/17-4/21/18)</b> <b>(Year 5 Master Contractor rates apply here)</b> To include annual DR pickup and delivery.	\$	\$
<b>TOTAL YEAR 5</b>		\$
Emergency Pickup / Delivery after the single daily fixed cost requirement	Additional Cost Per Pickup / Delivery \$	

\_\_\_\_\_  
 Authorized Individual Name

\_\_\_\_\_  
 Company Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Company Tax ID #

SUBMIT WITH THE FINANCIAL RESPONSE

*Quality Transportation Services through Information Technology Excellence*



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\*\*\* Highlighted information in Column B denotes the only change to Attachment #1\*\*\*

End of Amendment # 2



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