

CITY OF OAKLAND



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Public Works Agency
Environmental Services Division

FAX (510) 238-7286
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ADDENDUM NO. 10

November 7, 2012

Subject: Request for Proposals for Zero Waste Services
Collection Services – Service Groups 1 and 2

To: All Eligible Proposers

The clarifications, additions and/or deletions contained in this **ADDENDUM** shall be made a part of the Request for Proposals (RFP) for the above-referenced project, and shall be subject to all applicable requirements there-under, as if originally shown and/or specified. RFP is revised as follows:

1. Addition: The attached City Response to Questions Received from Collection Services RFP Eligible Proposers is added to the RFP.
2. Clarification: Replace Mixed Materials and Organics Collection Services RFP Forms 12A, 12B and 12C on the flash drive provided in the RFP binder with the attached revised fill-in forms as referenced in the City response to Question #2, #3, and #4 in the attached City Response to Questions Received from Collection Services RFP Eligible Proposers.
3. Clarification: Replace Mixed Materials and Organics Contract Exhibit 2 (Refuse Rate Index) with the attached revised version, as referenced in the City response to Question #4 in the attached City Response to Questions Received from Collection Services RFP Eligible Proposers.
4. Clarification: Replace the RR Maximum Customer Service Rates Forms on the flash drive provided in the RFP binder with the attached fill-in spreadsheet, which revises RR Collection Services RFP Form 2A, Section B (Ancillary Services) to:
 - Add “MFD Excess Frequency Collection” for carts and bins
 - Correct line numbering

All proposers are required to note this Addendum No. 10, and sign this Addendum No. 10 and submit it with their proposal.

Sincerely,

A handwritten signature in black ink that reads "Susan Kattchee".

Susan Kattchee

Zero Waste Services RFP Project Manager



ADDENDUM NO. 10

DATED: 11-7-12

COMPANY / AGENCY NAME: _____.

COMPANY ADDRESS: _____.

REPRESENTATIVE'S NAME: _____.

SIGNATURE: _____.

DATE: _____.

