

Addendum No. 2

Date: **February 28, 2024**

Re: **Speech Language Pathologist**

FPB No.: **324-63-3-6**

The following information becomes part and parcel of **Fixed Price Bid (FPB) #324-63-3-6** effective this date. Firms must acknowledge receipt of this addendum in their solicitation response.

The listed items add to, modify, or otherwise alter the specifications and become part of the solicitation documents. Where a portion of the original specifications are added to, modified, or also altered, the portion not so affected shall remain. Firms may have the right to protest this addendum.

Bid Form

A revised Bid Form is included with this addendum. Only the **Revised Bid Form 2** is to be used when submitting a bid response.

The enclosed **Revised Bid Form 2** allows vendors to provide pricing for **Single Hourly Rates or Multiple Hourly Rates** as defined below:

- **One (1) Single, Specific Hourly Rate Price for Rate of Compensation for Speech Language Pathologist Services as defined in the solicitation which falls within the parameters of the District's preset Maximum Fixed Price Range**
- **Multiple Hourly Rate Prices based on Years of Experience for Rates of Compensation for Speech Language Pathologist Services as defined in the solicitation which falls within the parameters of the District's preset Maximum Fixed Price Range.**

Additionally, for clarification, a cover letter on the bidder's corporate stationery may be provided with a bid response to include any additional information or services the bidder would like to provide to the District.

All other terms and conditions remain unchanged and in force.

Thank you for your interest in the District.

Tonya A. Stroud

Tonya A. Stroud
Senior Buyer

I. REVISED BID FORM 2
Speech Language Pathologist
FPB 324-63-3-6

Description:	District's Established Hourly Maximum Fixed Cost:	Bidder's Fixed Cost:
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Provide Hourly Rates as defined below:

Single Hourly Rate of Compensation for Speech Language Pathologist Services:

\$78.00 - \$90.00 \$ _____

Multiple Hourly Rates Based on Years of Experience of Compensation for Speech Language Pathologist Services:

\$78.00 - \$90.00

Years of Experience _____ \$ _____

Years of Experience _____ \$ _____

Years of Experience _____ \$ _____

Years of Experience _____ \$ _____

Years of Experience _____ \$ _____

Years of Experience _____ \$ _____

Firm's Name: _____ Date: _____

Authorized Signature: _____

By submission of a response, the Proposer certifies that it has read and understands all of the requirements contained in this solicitation and agrees to be bound by all the terms and conditions of this solicitation without exception. It is understood that no payment will be made until the project is completed in accordance with the specifications set forth within this solicitation. The Proposer has availed itself of every opportunity to understand the requirements of this solicitation.

The District appreciates the proposer's interest in meeting the District's needs.