



State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

ADDENDUM #1

RFP#7594608

**TITLE: ON CALL STATEWIDE BRIDGE INSPECTION/LOAD RATING
SERVICES MPA-359**

SUBMISSION DEADLINE: 07/23/2018 at 11:30AM

- Form BI-001 is required by the Department of Transportation to be submitted with the technical proposal.
- Answer to Question from Steere Engineering: it will NOT be acceptable to submit as both a Prime and a Sub-Consultant for these services.

Alyssa Ward

Alyssa Ward
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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
RIDOT Addendum Notification

RFP# 7594608 – ON CALL STATEWIDE
BRIDGE INSPECTION/LOAD RATING SERVICES MPA-359

ADDENDUM #1

SUBMISSION DEADLINE: MONDAY JULY 23, 2018 @ 11:30am

Per the issuance of the Rhode Island Department of Transportation ADDENDUM # 7594608A1 the following changes are noted:

1. Required form BI-001 form was inadvertently omitted from the RFP and is included herein. This is to be submitted with the technical proposal for each required category.
2. Correction to the answer posted in response to the question asked on 6/27/18 by Steere Engineering via the Q&A portal regarding firms submitting both as a Prime and Sub-consultant, it will NOT be acceptable to submit as both a Prime and a Sub-consultant for these services.

APPROVED:

Georgette Chahine
Managing Engineer
Infrastructure Development / Bridge Engineering

7-10-18

DATE

**RHODE ISLAND DEPARTMENT OF TRANSPORTATION
BRIDGE ENGINEERING-BRIDGE INSPECTION UNIT**

**BRIDGE INSPECTION QUALIFICATIONS RECORD
(Form BI-001)**

Footnotes:

- 1. Experience in NBIS bridge safety inspection, bridge design, bridge construction inspection, bridge maintenance, or bridge construction may be used to provide the required experience. However, to qualify as a Team Leader at least 50% of experience must be from NBIS bridge safety inspection experience.*
- 2. Enter the most recent completion date for the courses above. Also, attach applicable documentation and/or certifications for the above courses. If necessary, attach additional sheet(s) as required to list all applicable training.*

I, the undersigned, affirm that all information contained in Parts I & II is true and accurate.

(Applicant Signature)

(Date)

COMMENTS: