

# Administrative Office of the Courts Operations Division

#### Amendment # 2

### COURIER SERVICES FOR DISTRICT COURT OF MARYLAND HARFORD COUNTY

**Project K19-0036-74** 

This Amendment is being issued to amend and clarify certain information contained in the above named RFP. All information contained herein is binding on all Offerors who respond to this RFP. Specific parts of the RFP have been amended. The following changes/additions are listed below; new language has been <u>underlined</u> and language deleted has been marked with a strikeout (ex. <u>language deleted</u>)

## <u>Circuit Court for Harford County, 20 W. Courtland Street, Bel Air, and Maryland 21014</u> <u>Modification:</u> 2.1 Purpose & Summary & 2.4 Contractor's Responsibility& Attachment D

• This courier is to be a uniformed, **armed courier**, armored car is not needed.

Issued by: Karen Hoang Procurement Officer September 26, 2018

#### ATTACHMENT D - PRICE PROPOSAL FORM -K19-0036-74

### COURIER SERVICES FOR CIRCUIT COURT OF MARYLAND, HARFORD COUNTY ARMED COURIER SERVICES FOR CIRCUIT COURT OF MARYLAND, HARFORD COUNTY

Daily Rates shall be all inclusive.

*Year 1 – Daily Rate	\$	x 260 days =	\$	
*Year 2 – Daily Rate	\$	x 260 days =	\$	
*Year 3 – Daily Rate	\$	x 260 days =	\$	
*Extension Option 1 (Year 4) Daily Rate	\$	x 260 days =	\$	
*Extension Option 2 (Year 5) Daily Rate	\$	x 260 days =	\$	
Grand total (years 1 throu	igh 5)	\$		
The average number of work days per year only, and do not constitute billing basis.	is 260.	Estimated days are for ev	valuation purpose	
*Fully loaded fixed price that includes all of to perform. Indirect costs shall include all of administrative costs and/or travel costs, or against direct labor hours as a means of cal directly attributable to the Contract. The Fu State will pay for services and must be reco	costs the which i culating ally Loa	at would normally be cons n any way are allocated by g profit or recouping costs aded Hourly Labor Rate is	idered general and the Contractor which cannot be	
SUBMITTED BY:	_	COMPANY NAME	COMPANY NAME	
AUTHORIZED SIGNATURE DATE		COMPANY ADDRESS		
PRINTED NAME AND TITLE		TELEPHONE NUMBER		
FEIN NUMBER				

**TOTAL**