KANSAS CITY AREA TRANSPORTATION AUTHORITY
1350 E. 17th Street
Kansas City, Missouri 64108

Addendum NO. 1

Request for Proposals (RFP) G26-7023-28A
Drug & Alcohol Testing and Medical Health Services

Issue Date: August 19, 2026

This Addendum is hereby made a part of the Request for Proposals and Project Documents to the same extent as if it were originally included therein and is intended to modify and/or interpret the solicitation documents by additions, deletions, clarifications, or corrections. The Proposer shall acknowledge receipt of this Addendum on the "Receipt of Addenda" form (herein attached) and shall include the form in their Proposal Submittal documents.

CLARIFICATION

The revised RFP Pricing Proposal Attachments C-1 through C-6 are attached herein and are available at:

G26-7023-28A – KCATA Drug and Alcohol Testing Services | Kansas City Area Transportation Authority | KCATA

ATTACHMENTS

- Revised Price Proposals – Attachments C-1 through C-6
- Receipt of Addendum Form

END OF ADDENDUM

ATTACHMENT C-1
PRICE PROPOSAL
RFP G26-7023-28A – DRUG & ALCOHOL TESTING AND MEDICAL HEALTH SERVICES

Proposers shall provide total fees to provide the services as detailed in the Scope of Services. The Proposer shall complete the following Pricing Table(s) and provide firm, fixed pricing (inclusive of all labor, overhead, and expenses) to meet the requirements of the RFP. Pricing for all years shall be included. No additional charges will be allowed.

Price Proposals submitted on any other form may be considered non-responsive and therefore rejected. The authorized signer shall initial any erasures, corrections, or other changes appearing on this form.

BASE YEAR ONE PRICE

Collections for Drug Testing DOT 5 Panel *(Includes specimen collection, lab processing fees, and MRO services)*	Cost Per Test:	$_____
Collections for Drug Testing NON-DOT 5 Panel *(Includes specimen collection, lab processing fees, and MRO services)*	Cost Per Test:	$_____
Drug Screen Observed	Cost Per Test:	$_____
Drug Screen Attempt to Collect	Cost Per Test:	$_____
Collections for Alcohol Testing DOT/FTA	Cost Per Test:	$_____
Alcohol Confirm Test DOT/FTA – Positives Only	Cost Per Test:	$_____
Mobile Clinic – After hours 5pm – 8am	Cost Per Test:	$_____
DOT Certifications Physicals	Cost Per Test:	$_____

Please list any additional anticipated costs below. Indicate the frequency of these costs (i.e. one-time, monthly, annually, etc.), if none leave blank or write “none”.

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Company Name (Type/Print) _____ Date _____

Authorized Signature _____ Name (Type/Print) _____

ATTACHMENT C-2
PRICE PROPOSAL
RFP G26-7023-28A – DRUG & ALCOHOL TESTING AND MEDICAL HEALTH SERVICES

Proposers shall provide total fees to provide the services as detailed in the Scope of Services. The Proposer shall complete the following Pricing Table(s) and provide firm, fixed pricing (inclusive of all labor, overhead, and expenses) to meet the requirements of the RFP. Pricing for all years shall be included. No additional charges will be allowed.

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BASE YEAR TWO PRICE

Collections for Drug Testing DOT 5 Panel *(Includes specimen collection, lab processing fees, and MRO services)*	Cost Per Test:	$_____
Collections for Drug Testing NON-DOT 5 Panel *(Includes specimen collection, lab processing fees, and MRO services)*	Cost Per Test:	$_____
Drug Screen Observed	Cost Per Test:	$_____
Drug Screen Attempt to Collect	Cost Per Test:	$_____
Collections for Alcohol Testing DOT/FTA	Cost Per Test:	$_____
Alcohol Confirm Test DOT/FTA – Positives Only	Cost Per Test:	$_____
Mobile Clinic – After hours 5pm – 8am	Cost Per Test:	$_____
DOT Certifications Physicals	Cost Per Test:	$_____

Please list any additional anticipated costs below. Indicate the frequency of these costs (i.e. one-time, monthly, annually, etc.), if none leave blank or write “none”.

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Company Name (Type/Print) _____ Date _____

Authorized Signature _____ Name (Type/Print) _____

ATTACHMENT C-3
PRICE PROPOSAL
RFP G26-7023-28A – DRUG & ALCOHOL TESTING AND MEDICAL HEALTH SERVICES

Proposers shall provide total fees to provide the services as detailed in the Scope of Services. The Proposer shall complete the following Pricing Table(s) and provide firm, fixed pricing (inclusive of all labor, overhead, and expenses) to meet the requirements of the RFP. Pricing for all years shall be included. No additional charges will be allowed.

Price Proposals submitted on any other form may be considered non-responsive and therefore rejected. The authorized signer shall initial any erasures, corrections, or other changes appearing on this form.

OPTION YEAR ONE PRICE

Collections for Drug Testing DOT 5 Panel *(Includes specimen collection, lab processing fees, and MRO services)*	Cost Per Test:	$_____
Collections for Drug Testing NON-DOT 5 Panel *(Includes specimen collection, lab processing fees, and MRO services)*	Cost Per Test:	$_____
Drug Screen Observed	Cost Per Test:	$_____
Drug Screen Attempt to Collect	Cost Per Test:	$_____
Collections for Alcohol Testing DOT/FTA	Cost Per Test:	$_____
Alcohol Confirm Test DOT/FTA – Positives Only	Cost Per Test:	$_____
Mobile Clinic – After hours 5pm – 8am	Cost Per Test:	$_____
DOT Certifications Physicals	Cost Per Test:	$_____

Please list any additional anticipated costs below. Indicate the frequency of these costs (i.e. one-time, monthly, annually, etc.), if none leave blank or write “none”.

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Company Name (Type/Print) _____ Date _____

Authorized Signature _____ Name (Type/Print) _____

ATTACHMENT C-4
PRICE PROPOSAL
RFP G26-7023-28A – DRUG & ALCOHOL TESTING AND MEDICAL HEALTH SERVICES

Proposers shall provide total fees to provide the services as detailed in the Scope of Services. The Proposer shall complete the following Pricing Table(s) and provide firm, fixed pricing (inclusive of all labor, overhead, and expenses) to meet the requirements of the RFP. Pricing for all years shall be included. No additional charges will be allowed.

Price Proposals submitted on any other form may be considered non-responsive and therefore rejected. The authorized signer shall initial any erasures, corrections, or other changes appearing on this form.

OPTION YEAR TWO PRICE

Collections for Drug Testing DOT 5 Panel *(Includes specimen collection, lab processing fees, and MRO services)*	Cost Per Test:	$_____
Collections for Drug Testing NON-DOT 5 Panel *(Includes specimen collection, lab processing fees, and MRO services)*	Cost Per Test:	$_____
Drug Screen Observed	Cost Per Test:	$_____
Drug Screen Attempt to Collect	Cost Per Test:	$_____
Collections for Alcohol Testing DOT/FTA	Cost Per Test:	$_____
Alcohol Confirm Test DOT/FTA – Positives Only	Cost Per Test:	$_____
Mobile Clinic – After hours 5pm – 8am	Cost Per Test:	$_____
DOT Certifications Physicals	Cost Per Test:	$_____

Please list any additional anticipated costs below. Indicate the frequency of these costs (i.e. one-time, monthly, annually, etc.), if none leave blank or write “none”.

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Company Name (Type/Print) _____ Date _____

Authorized Signature _____ Name (Type/Print) _____

ATTACHMENT C-5
PRICE PROPOSAL
RFP G26-7023-28A – DRUG & ALCOHOL TESTING AND MEDICAL HEALTH SERVICES

Proposers shall provide total fees to provide the services as detailed in the Scope of Services. The Proposer shall complete the following Pricing Table(s) and provide firm, fixed pricing (inclusive of all labor, overhead, and expenses) to meet the requirements of the RFP. Pricing for all years shall be included. No additional charges will be allowed.

Price Proposals submitted on any other form may be considered non-responsive and therefore rejected. The authorized signer shall initial any erasures, corrections, or other changes appearing on this form.

OPTION YEAR THREE

Collections for Drug Testing DOT 5 Panel *(Includes specimen collection, lab processing fees, and MRO services)*	Cost Per Test:	$_____
Collections for Drug Testing NON-DOT 5 Panel *(Includes specimen collection, lab processing fees, and MRO services)*	Cost Per Test:	$_____
Drug Screen Observed	Cost Per Test:	$_____
Drug Screen Attempt to Collect	Cost Per Test:	$_____
Collections for Alcohol Testing DOT/FTA	Cost Per Test:	$_____
Alcohol Confirm Test DOT/FTA – Positives Only	Cost Per Test:	$_____
Mobile Clinic – After hours 5pm – 8am	Cost Per Test:	$_____
DOT Certifications Physicals	Cost Per Test:	$_____

Please list any additional anticipated costs below. Indicate the frequency of these costs (i.e. one-time, monthly, annually, etc.), if none leave blank or write “none”.

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Company Name (Type/Print) _____ Date _____

Authorized Signature _____ Name (Type/Print) _____

ATTACHMENT C-6

PRICE PROPOSAL SUMMARY (FOR C-1 THROUGH C-5)

RFP G26-7023-28A – DRUG & ALCOHOL TESTING AND MEDICAL HEALTH SERVICES

RFP G26-7023-28A Drug & Alcohol Testing and Medical Health Services **Attachment C6 - Price Proposal Summary**						
		Base Contract Term		**Option Years**		
Description	**Estimated # of Tests per Year**	**Year 1**	**Year 2**	**Option Year 1**	**Option Year Two**	**Option Year Three**
Collections for Drug Testing DOT 5 Panel (Includes specimen collection, lab processing fees, and MRO services)	**425**	$	$	$	$	$
Collections for Drug Testing NON-DOT 5 Panel (Includes specimen collection, lab processing fees, and MRO services)	**350**	$	$	$	$	$
Drug Screen Observed	**5**	$	$	$	$	$
Drug Screen Attempt to Collect	**50**	$	$	$	$	$
Collections for Alcohol Testing DOT/FTA	**150**	$	$	$	$	$
Alcohol Confirm Test DOT/FTA – Positives Only	**10**	$	$	$	$	$
Mobile Clinic – After hours 5pm – 8am	**6**	$	$	$	$	$
DOT Certifications Physicals	**750**	$	$	$	$	$
Annual Totals		$	$	$	$	$
Base Contract TOTAL (Year 1 & Year 2)			$			
Total for ALL FIVE YEARS						$

The undersigned, acting as an authorized agent or officer for the Offeror, does hereby agree to the following:

1. The offer submitted is complete and accurate, including all forms required for submission in accordance with the terms and conditions listed in this Request for Proposals and any subsequent Addenda. The offeror shall immediately notify KCATA in the event of any change.

2. We hereby agree to provide the services on which prices are listed above and in accordance with the terms and conditions listed in the KCATA RFP.

Company Name (Type/Print) _____ Date _____

Authorized Signature _____ Title _____ Email Address _____

Name (Type/Print) _____ Telephone _____ Fax # _____

Receipt of Addendum

Request for Proposal (RFP) G26-7023-28A
Drug & Alcohol Testing and Medical Health Services

Proposers shall return this form with their proposal. The form shall be signed and dated by an authorized representative of the firm. Failure to submit this form may deem the Proposer non-responsive. As additional addenda are issued, please notate date received below.

We hereby acknowledge that the Addendum noted below has received all information has been incorporated into the Proposal as required.

Addendum #1 dated August 19, 2026, Date Received _____

Company Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

Printed Name: _____

Authorized Signature: _____

Email Address: _____