



**ADDENDUM #1**  
**ISSUE DATE: February 8, 2023**  
**RFP #23-4100-0000**  
**SOLID WASTE COLLECTION & DISPOSAL FRANCHISE**

**Department of Budget & Finance**  
**17090 Monument Circle, Suite 137**  
**Isle of Wight, VA 23397**  
<http://www.isleofwightus.net>

Note the following question(s) and answer(s) below:

From Republic Services:

1. Example Franchise Agreement (Attachment A) is not included in the RFP. Can you provide?  
**Response:** See attached proposed Franchise Agreement.
2. Who is the incumbent?  
**Response:** Bay Disposal and Recycling.
3. What are the current rates?  
**Response:** See attached franchise agreement dated 4/1/2013.
4. Can you please provide the current administration fee paid to the County?  
**Response:** See attached franchise agreement dated 4/1/2013.
5. Copy of the current franchise agreement?  
**Response:** See attached franchise agreement dated 4/1/2013.
6. On page 1, you state “one electronic copy is requested for bid submission”. Section 4 says there must be multiple copies and Section 6 states that the bid must be delivered via mail or hand delivered. Can you please clarify the expectations for bid submission?  
**Response:** Proposals may be mailed or hand-delivered to the Isle of Wight County Dept. of Budget and Finance, address above, until the time and date shown (Eastern Standard Time). Offers shall include original and four (4) copies of proposal and a complete .pdf digital copy of the proposal via USB flash drive, with the RFP number in the file name.
7. You state it is approximately 3,000 homes but then state it is an opt-in service. Can you please provide a most recent house count? Will there be a guaranteed number of homes to be serviced?  
**Response:** The County does not maintain a customer list. It is estimated that there is an average of 3,000 monthly customers. As this is an opt-in service, there is no guarantee as to the number of customers.

8. Can you provide a listing of all the homes in the program? We are trying to determine density of the routes/homes.

**Response:** The County does not possess this information.

9. Section 9.2.1 states that the Award will be to the lowest responsive, responsible bidder(s). But Section 5.0 lays out evaluation & award criteria. Can you please clarify which will be used?

**Response:** Section 5.0 is the award criteria. Section 9.2.1 is hereby deleted.

10. You state in Section 3.0 that this would be a five-year term with extensions but do not provide the length of the extensions. Can you please provide.

**Response:** One (1) 5-year extension. See proposed franchise agreement.

From GFL:

1. What is the current rate:

**Response:** See franchise agreement dated 4/1/2013.

2. Can you submit a bid for just the MSW collection:

**Response:** The franchise agreement is for residential solid waste collection service.

3. Could we get a route schedule and GIS mapping of the current customers who partake in the service? How many residents are eligible to use the service?

**Response:** The County does not monitor that information. All residents in all areas within the County, except for any area within an incorporated Town located in the County, are eligible to use the service.

4. What is the anticipated start date?

**Response:** July 1, 2023.

5. Is the hauler responsible for billing and collecting from the residents?

**Response:** Yes

*Erin Wishall*

**Contract Officer:**

Erin Wishall, Purchasing Agent, [ewishall@isleofwightus.net](mailto:ewishall@isleofwightus.net)

***The Purchasing Agent, Erin Wishall, is the contract officer for Isle of Wight County with respect to this RFP. All questions and/or comments should be directed to her at [ewishall@isleofwightus.net](mailto:ewishall@isleofwightus.net). . The respondents to this RFP shall not contact, either directly or indirectly, any other employee or agent of the County regarding this RFP. Any such unauthorized contact may disqualify the offeror from the procurement.***

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

