

**OHIO TURNPIKE AND
INFRASTRUCTURE COMMISSION**
682 Prospect Street
Berea, Ohio 44017

ADDENDUM NO. 2

**REQUEST FOR PROPOSALS
TO PROVIDE SECURITY SERVICES**

RFP Issue Date: December 9, 2013

Inquiry End Date: December 23, 2013

**Proposals from Security Services Firms to be received no later than
2:00 p.m. (E.S.T.), December 30, 2013**

ATTENTION OF RESPONDENTS IS DIRECTED TO:

**ANSWERS TO QUESTIONS RECEIVED THROUGH
THE END OF THE INQUIRY PERIOD**

Issued by the Ohio Turnpike and Infrastructure Commission December 23, 2013. Issuance authorized by Robin Carlin, Deputy Executive Director and Kathleen G. Weiss, General Counsel.


Robin Carlin
Date 12/24/13


Kathleen G. Weiss
Date 12/24/13

ANSWERS TO QUESTIONS RECEIVED THROUGH THE END OF THE INQUIRY PERIOD

Q#2 It is my understanding that our firm would be required to enroll and participate in the Drug Free Workplace Program (ref para. VI (n), pg 10 of the RFP). If this is the case, we must withdraw from participating in this bid. However, if this is not the case, please advise so that we may complete our submission on time.

A#2 Each Responding Security Firm should submit proof of application to the Ohio Bureau of Workers' Compensation ("BWC") Drug Free Safety Program Accordingly, each Responding Security Firm shall present, at a minimum, an implemented company policy for the BWC to review as a "comparable program." For more information, please see. <https://www.bwc.ohio.gov/employer/services/StateContract/StateContractdescriptions.asp>

Q#3 Will all of our employees, regardless of where they work, be required to participate in the Drug Free Safety Program, or will this only apply to employees working in Ohio on this contract ?

A#3 The Drug Free Safety Program must apply to all employees that perform any services in connection with the contract, except those hired in a state other than State of Ohio that will not engage in any work in the State of Ohio.

Receipt of Addendum No. 2 to RFP for Security Services is hereby acknowledged:

(Firm Name)

(Signature)

(Printed Name)

Date: _____