City of Los Banos
At the Crossroads of California

ADDENDUM NO. 1

April 12, 2024

Americans with Disabilities Act (ADA) Self-Evaluation and Transition Plan

Response to Questions

1. **Question:** Do you happen to know the total sidewalk miles needing to be assessed?

   Response: Approximately 262 miles of sidewalk.

2. **Question:** What level of detail of collection method is preferred:
   - Walking survey that is collected via GIS field survey mapping methods using GPS, photos, and data gathering.
   - Certified Survey data collection methods and precise slope measurements
   - Aerial Imagery and LiDAR scanning collection methods

   Response: Please include in proposal.

3. **Question:** What features on the sidewalk are to be collected?
   - Pedestrian Crossing Curb Ramp diagrams, photos, measurements, slope,
   - Entire width and length of the sidewalk and curbs identifying hazards and obstacles (for wheelchairs or heights for pedestrians/bicycles).
   - Are bike lanes or any neighboring lane data information to be included in the scope?
   - will encroaching vegetation, signs, clacks, roots, and other data to be collected?

   Response: Please include in proposal.

4. **Question:** What attributes are to be collected and is there a specified schema for the GIS data deliverables?

   Response: Attributes not specified. We are not requiring GIS data deliverables.

This Addendum forms a part of the Proposal Documents and will be incorporated into the Proposal Documents, as applicable. All other conditions of the Proposal Documents remain unchanged. The following changes, additions, or deletions as set forth herein shall apply to the Proposal Documents and shall be made a part thereof and shall be subject to all the requirements thereof as through originally shown and/or specified.

Proposals shall be submitted in accordance with this Addendum. All consultants MUST acknowledge receipt of this Addendum by signing and returning this Addendum with your Proposal.

City of Los Banos

Jelene de Melo

By: Jelene de Melo
Administrative Coordinator

Firm Name: _____

By: _____

Title: _____

Date: _____