

To: All Prospective Bidders

From: Jasmine Quattlebaum Director of Purchasing

Date: August 17, 2017

Subject: RFP 105-2017- Rigging Services: Amendment #2

MODIFICATIONS:

The following sections have been modified in RFP 105-2017 – Rigging Services for Music City Center:

- 1. Section II: SCOPE OF SERVICES
 - A. Scope Detail and Function Requirements

The following paragraph has changed to the following:

Fees shall be the published rate in the Contractor's brochure. These prices shall be competitive individually and jointly within the rigging services market of Nashville and our competitors. The Contractor and MCC management will determine pricing jointly. No changes will be made without the consent of the President/CEO or his/her designee.

2. Section III: DIVERSITY PLAN

Added Sample DBE Reports

- Attachment B Sample Monthly DBE Payment Form
- Attachment C Sample Monthly Non-DBE Payment Form



ATTACHMENT B SAMPLE MONTHLY DBE PAYMENT FORM



MUSIC CITY CENTER DIVERSITY BUSINESS ENTERPRISE MONTHLY UTILIZATION REPORT RECORD OF PAYMENTS TO DIVERSITY BUSINESS ENTERPRISE FIRMS

**PLEASE NOTE: THIS DOCUMENT MUST BE SUBMITTED BY THE 15TH OF EACH MONTH ALONG WITH SUPPORTING DOCUM							MENTATION		
							CHANGE OF VENDOR ADDRESS/TELEPHONE/EMAIL:		
							-		
AMOUT BILLED TO MCC BY VENDOR:							1		
REPORTING MONTH:							4		
DBE NAME	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	CHECK NUMBER	CHECK DATE	CHECK AMOUNT	COMMENTS/NOTES		
	ļ	\square				ļ			
	 								
	L					ļ			
	TOTAL INVOICE PAID		TOTAL PAID TO DBE						
The undersigned swears that the foregoin and for initiating actions under Federal or				rect and that ea	ach of the repres	sentations herin set	forth is true. "Any misrepresentation will be grounds for termination of contract		
Signature of Company Representative: REVISED 8-2012	ŝ	Printed Name c	of Company Repres	sentative:	-	Title:	Date: Telephone:		



ATTACHMENT C SAMPLE MONTHLY NON-DBE PAYMENT FORM

MUSIC CITY CENTER DIVERSITY BUSINESS ENTERPRISE MONTHLY UTILIZATION REPORT RECORD OF PAYMENTS TO NON-DBE FIRMS **PLEASE NOTE: THIS DOCUMENT MUST BE SUBMITTED BY THE 15TH OF EACH MONTH ALONG WITH SUPPORTING DOCUMENTATION										
Invoice Date	Invoice No.	Vendor Name	Amount Paid To Vendor	Date of Payment						
	1									
Total Non-DBE Amount \$0.00										

Signature of Company Representative:

Printed Name of Company Representative:

Date: