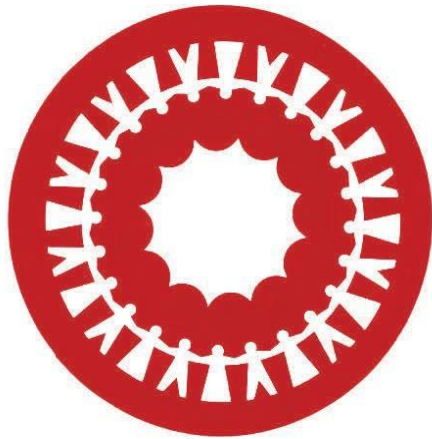


**REQUEST FOR PROPOSAL
FOR
ELECTRONIC LOCK SYSTEM INTEGRATOR**

ADDENDUM 1



**METROPOLITAN DEVELOPMENT AND HOUSING AGENCY
NASHVILLE, TENNESSEE**

JANUARY 26, 2021

Addendum 1
Request for Proposal for Electronic Lock System Integrator

- Q1.** As mentioned in the RFP and pre-bid conference, MDHA has standardized on Allegion products. Do you have to be an Allegion Certified Integration Partner and authorized reseller of Allegion brands? If so, is MDHA going to require documentation from Allegion to prove integrators status with this RFP response?
- A1.** Yes, MDHA does require the proposer to provide certification they have been an Allegion Certified Integration Partner and authorized reseller of Allegion brands for a minimum of five (5) years. The certification shall be included with the documents as part of responding to 4c, Business/Resumes.
- Q2.** The RFP is hard spec's Lenel/S2. Is MDHA going to require documentation from S2 that the integrator is LenelS2 Certified Integrator for S2 Products with this RFP response.
- A2.** Yes, MDHA does require the proposer to provide certification they have been a LenelS2 Certified Integrator for a minimum of five (5) years. The certification shall be included with the documents as part of responding to 4c, Business/Resumes.
- Q3.** How many S2 certified technicians are required for the performance of the contract and will their certification letters be required with the RFP response?
- A3.** Yes, a minimum of two (2) technicians shall have had their Certifications for a minimum of two (2) years to work on the LenelS2 system. Copies of those technicians' certification letters shall be provided with their resumes as part of responding to 4c, Business/Resumes. Also, indicate if those same technicians live within a 50 mile radius of MDHA Central Office located at 701 South Sixth Street, Nashville, TN 37206.
- Q4.** On attachment A- "bid form", can you clarify Section III – Hardware and Software? Do you want us to breakdown the various Hardware Devices (Allegion products, Power Supplies, Control; Boards, misc.) and Software (S2 device license, S2 Portal Expansions)? Do you need to see % discount off MSRP on each item?
- A4.** Yes, that is the overall intent. In the RFP, substitute the following for **4. Proposal Format and Evaluation Factors, d. Cost, i., 2.** , "Section II & III, provide the percentage the items shown will be discounted from the MSRP." A revised Attachment A – Bid Form is included with this addendum for this purpose.
- Q5.** DBE Forms 2001, 2002 and 2003 are required for submittal but were not supplied in the RFP. Could you please provide these forms?
- A5.** Forms included in Addendum.

ADDITIONAL INFORMATION

1. In the RFP under **3. Submission of RFP Proposals, c. Submission Deadline, ii.** update to reflect the below:

Hand deliver one (1) original, **six (6) copies** and an electronic copy in PDF document format on a flash drive of the Proposal in a sealed envelope/ package to the following address:

Brent Grubb, Director of Construction
Metropolitan Development and Housing Agency
712 South Sixth Street
Nashville, TN 37206
615) 252-8423

2. In the RFP under **11. Diversity Business Enterprise Program Requirements** remove f:
Firms submitting proposals are encouraged to consider subcontracting portions of the engagement to small audit firms or audit firms owned or controlled by socially and economically disadvantaged individuals. If this is done, that fact and the name of the proposed subcontracting firms must be clearly identified in the proposal. Following the award of the audit agreement, no additional subcontracting will be allowed without the express prior written consent of MDHA.
3. Attached Pre-Proposal Sign In Document.
4. Acknowledge Addendum 1 in your RFP Proposal submission.

END OF ADDENDUM 1

ATTACHMENT A - BID FORM

Section I: Qualified Technician for all Installation, repairs and maintenance Services

Item #	Labor	Unit of Measure	Unit Cost
1	Labor hourly rate - MDHA business days 7:30 - 4:00 Monday thru Friday	Hourly Rate	
2	Labor hourly rate outside normal MDHA business working hours - before 7:30 - 4:00 Monday thru Friday including weekends and MDHA Observed Holidays	Hourly Rate	
3	Labor Emergency hourly rate within two (2) hours of when the call was placed during normal hours	Hourly Rate	
4	Labor Emergency hourly rate within four (4) hours of when the call was placed outside normal working hours	Hourly Rate	
5	Labor hourly rate for new developments-work days and hours determined by General Contractor/ Construction Manager awarded overall construction project	Hourly Rate	
6	Security design	Hourly Rate	
7	Project management	Hourly Rate	

Section II: License and Maintenance Support

Item #	Product Name	% Discount off MSRP
8	2 Year SUSP	
9	3 Year SUSP	

Section III: Hardware and Software

Item #	Product Name	% Discount off MSRP
10	Allegion (Schlage) Wireless Lock with LenelS2 Integration License	
11	LenelS2 Panel Hardware and Appliances	
12	LenelS2 Software and Licensing	
13	Allegion (Schlage) Card/Fob Readers, Fobs, and Gateways	
14	Power Supplies, Mercury Intelligent Boards	
15	Miscellaneous Materials, i.e. Raceways, Firecaulking, Plenum/Non-plenum Cabling, Etc.	

Cost Schedule Notes:

- Note 1:** Upon Award- Contractor shall submit to MDHA Catalog list price with the applied discount rates based on the discounts listed above. Contractor's catalog list Price will be annexed to the contract.
- Note 2:** Contractor(s) will not perform any work until MDHA approves a Purchase Order (PO).
- Note 3:** Hourly rates will be applicable upon Contractor(s) personnel/ equipment arrival at the work site.
- Note 4:** Hourly rates shall be inclusive of labor, travel and any administrative fees of services. Trip charges are not permitted under this contract.
- Note 5:** Contractor shall Furnish all material, labor, installation, any necessary equipment/ tools for installation. Cost of equipment rentals shall be reimbursed to the contractor on as needed basis.
- Note 6:** MDHA does not guarantee a minimum amount of goods/ services to be purchased off this contract.
- Note 7:** All line items (Yellow Cells) must be priced on this form to be qualified in the evaluation to award.
- Note 8:** Failure to follow these instructions could deem your bid nonresponsive.

FORM 2001

**METROPOLITAN DEVELOPMENT AND HOUSING AGENCY
DIVERSITY BUSINESS ENTERPRISE EQUAL OPPORTUNITY SOLICITATION CERTIFICATION**

COMPANY NAME:	ADDRESS/TELEPHONE:
PROJECT NAME:	DATE FORM SUBMITTED:

IMPORTANT - THIS FORM MUST BE COMPLETELY FILLED OUT AND SUBMITTED WITH BID OR PROPOSAL

Please list the name(s) of Minority (M) Women (W) and Small (S) Business Enterprise Firms contacted, and their responses to the above procurement package. If additional space is required, this form may be duplicated.

Name/Address	Type of Business M/W/S	Type of Work/Service(s) Solicited	Indicate How Businesses Were Contacted (i.e. letter, phone, fax)	Response to Solicitation (i.e. interested, not interested, no response)	Company Representative	Telephone/Fax Number

It is hereby certified that the following Diversity Business Enterprise firms were contacted and offered an opportunity to bid or propose on the above procurement. We further certify that the above statements are a true account of Diversity Business Enterprise firm's response to our solicitation.

Company Representative (Name/Title/Signature)	Date
---	------

FORM 2002

**METROPOLITAN DEVELOPMENT AND HOUSING AGENCY
DIVERSITY BUSINESS ENTERPRISE PROGRAM JOINT VENTURE AGREEMENT
IMPORTANT - THIS DOCUMENT MUST BE SUBMITTED WITH BID OR PROPOSAL**

COMPANY NAME:	COMPLETE ADDRESS/TELEPHONE:
PROJECT NAME:	DATE FORM SUBMITTED:

*Please note: Completion of this form is only required when the Bidder/Proposer enters into a joint venture agreement with a Diversity Business Enterprise Firm.
Please indicate N/A if the Bidder/Proposer is not a Joint Venture.*

A. PRIMARY PARTY OF JOINT VENTURE:

Company Name, Complete Address and Phone Number Percentage of Joint Venture <input style="width: 50px; height: 20px;" type="text"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Diversity Business Enterprise Status: (Check appropriate block)</td> </tr> <tr> <td style="width:60%;">Minority Owned</td> <td style="width:40%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>African American</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Native American</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Asian</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hispanic American</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hasidic Jewish American</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Woman Owned Business</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Small Owned Business</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Diversity Business Enterprise Status: (Check appropriate block)		Minority Owned	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Hispanic American	<input type="checkbox"/>	Hasidic Jewish American	<input type="checkbox"/>	Woman Owned Business	<input type="checkbox"/>	Small Owned Business	<input type="checkbox"/>
Diversity Business Enterprise Status: (Check appropriate block)																			
Minority Owned	<input type="checkbox"/>																		
African American	<input type="checkbox"/>																		
Native American	<input type="checkbox"/>																		
Asian	<input type="checkbox"/>																		
Hispanic American	<input type="checkbox"/>																		
Hasidic Jewish American	<input type="checkbox"/>																		
Woman Owned Business	<input type="checkbox"/>																		
Small Owned Business	<input type="checkbox"/>																		

PRIMARY PARTY'S TOTAL CONTRIBUTIONS

Total Cash: \$	Bond Percentage:	
Equipment	Total Cost	Cost

B. SECONDARY PARTY OF JOINT VENTURE:

Company Name, Complete Address and Phone Number Percentage of Joint Venture <input style="width: 50px; height: 20px;" type="text"/>	<table style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">Diversity Business Enterprise Status: (Check appropriate block)</td> </tr> <tr> <td style="width:60%;">Minority Owned</td> <td style="width:40%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>African American</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Native American</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Asian</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hispanic American</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Hasidic Jewish American</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Woman Owned Business</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Small Owned Business</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Diversity Business Enterprise Status: (Check appropriate block)		Minority Owned	<input type="checkbox"/>	African American	<input type="checkbox"/>	Native American	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Hispanic American	<input type="checkbox"/>	Hasidic Jewish American	<input type="checkbox"/>	Woman Owned Business	<input type="checkbox"/>	Small Owned Business	<input type="checkbox"/>
Diversity Business Enterprise Status: (Check appropriate block)																			
Minority Owned	<input type="checkbox"/>																		
African American	<input type="checkbox"/>																		
Native American	<input type="checkbox"/>																		
Asian	<input type="checkbox"/>																		
Hispanic American	<input type="checkbox"/>																		
Hasidic Jewish American	<input type="checkbox"/>																		
Woman Owned Business	<input type="checkbox"/>																		
Small Owned Business	<input type="checkbox"/>																		

SECONDARY PARTY'S TOTAL CONTRIBUTIONS

Total Cash: \$	Bond Percentage:	
Equipment	Total Cost	Cost

Please attach copy of Joint Venture Agreement and all pertinent information.

FORM 2003

**METROPOLITAN DEVELOPMENT AND HOUSING AGENCY DIVERSITY BUSINESS
ENTERPRISE (DBE) PROPOSED UTILIZATION PLAN IMPORTANT - THIS DOCUMENT
MUST BE SUBMITTED WITH THE BID OR PROPOSAL**

COMPANY NAME:	COMPLETE ADDRESS AND PHONE NUMBER:
PROJECT NAME:	DATE FORM SUBMITTED:

The above named company proposes to use the services of the following listed DBE firms. This form may be duplicated if additional space is needed.

Fill in below if above named company is a certified DBE company and will be self-performing on the project

DBE NAME/ADDRESS/TELEPHONE	<i>(Please Indicate Status)</i>			Certifying Agency	Type of Work	DBE DOLLARS	DBE %
	MBE	WBE	SBE				
MBE Dollars/Percentage:	\$						%
WBE Dollars/Percentage:	\$						%
SBE Dollars/Percentage:	\$						%
Total DBE Dollars/Percentage							
Signature/Title:							

Session Detail Report

Session detail for **'Pre-Proposal meeting for RFP for Electronic Lock System Integrator'**:

All sessions in Eastern Standard Time (Indiana, GMT-05:00)

Participant 1

Name:	Rita	Email:	rjames@nashville-MDHA.org
Invited:	Yes	Registered:	N/A
Date:	1/19/21	Start time:	3:03 pm
End time:	3:05 pm	Duration:	3 mins
Company:		Title:	
Phone Number:		Address 1:	
Address 2:		City:	
State/Province:		Country/region:	
ZIP/Postal Code:		Network joined from:	External

Participant 2

Name:	Joey	Email:	jedenfield@eyeintheskycams.com
Invited:	No	Registered:	N/A
Date:	1/19/21	Start time:	2:58 pm
End time:	3:23 pm	Duration:	26 mins
Company:		Title:	
Phone Number:		Address 1:	
Address 2:		City:	
State/Province:		Country/region:	
ZIP/Postal Code:		Network joined from:	External

Participant 3

Name:	dbaseheart	Email:	dbaseheart@nashville-mdha.org
Invited:	Yes	Registered:	N/A
Date:	1/19/21	Start time:	2:54 pm
End time:	3:23 pm	Duration:	29 mins
Company:		Title:	
Phone Number:		Address 1:	
Address 2:		City:	
State/Province:		Country/region:	
ZIP/Postal Code:		Network joined from:	External

Participant 4

Name:	Sandi Scott	Email:	sscott@actsecurity.net
Invited:	No	Registered:	N/A
Date:	1/19/21	Start time:	2:57 pm
End time:	3:23 pm	Duration:	26 mins
Company:		Title:	
Phone Number:		Address 1:	
Address 2:		City:	
State/Province:		Country/region:	
ZIP/Postal Code:		Network joined from:	External

Participant 5

Name:	Sandi Scott	Email:	sscott@actsecurity.net
Invited:	No	Registered:	N/A
Date:	1/19/21	Start time:	2:54 pm
End time:	3:23 pm	Duration:	29 mins
Company:		Title:	
Phone Number:		Address 1:	
Address 2:		City:	
State/Province:		Country/region:	
ZIP/Postal Code:		Network joined from:	External

Participant 6

Name:	bgrubb	Email:	bgrubb@nashville-mdha.org
Invited:	Yes	Registered:	N/A
Date:	1/19/21	Start time:	3:05 pm
End time:	3:23 pm	Duration:	19 mins
Company:		Title:	
Phone Number:		Address 1:	
Address 2:		City:	
State/Province:		Country/region:	
ZIP/Postal Code:		Network joined from:	External

Participant 7

Name:	Darryl Davis	Email:	darryl.1.davis@jci.com
Invited:	No	Registered:	N/A
Date:	1/19/21	Start time:	2:58 pm
End time:	3:23 pm	Duration:	26 mins
Company:		Title:	
Phone Number:		Address 1:	
Address 2:		City:	
State/Province:		Country/region:	
ZIP/Postal Code:		Network joined from:	External

Participant 8

Name:	rjames	Email:	rjames@nashville-mdha.org
Invited:	Yes	Registered:	N/A
Date:	1/19/21	Start time:	2:56 pm
End time:	3:23 pm	Duration:	27 mins
Company:		Title:	
Phone Number:		Address 1:	
Address 2:		City:	
State/Province:		Country/region:	
ZIP/Postal Code:		Network joined from:	External

Participant 9

Name:	Lynn Lassiter	Email:	llassiter@Nashville-MDHA.org
Invited:	No	Registered:	N/A
Date:	1/19/21	Start time:	3:09 pm

1/22/2021

Webex

End time: 3:23 pm
Company:
Phone Number:
Address 2:
State/Province:
ZIP/Postal Code:

Duration: 15 mins
Title:
Address 1:
City:
Country/region:
Network joined from: External

Participant 10

Name: Lynn Lassiter
Invited: No
Date: 1/19/21
End time: 3:23 pm
Company:
Phone Number:
Address 2:
State/Province:
ZIP/Postal Code:

Email: llassiter@Nashville-MDHA.org
Registered: N/A
Start time: 2:54 pm
Duration: 30 mins
Title:
Address 1:
City:
Country/region:
Network joined from: External

For more detailed information, contact your site administrator.