



ADDENDUM #1

SUBJECT: THREE-YEAR ARMED SECURITY SERVICE

DATE: APRIL 15, 2025

PROPOSAL NO.: 25-09

PROPOSAL DUE: MAY 21, 2025 **TIME:** 11:00 A.M. C.S.T.

The attached form shall be completed and submitted with the required forms section of your proposal. This form is a new requirement for Disadvantage Business Enterprise (DBE).

For any questions concerning this change, you may contact Ashley Bes, Sr. Contract Administrator at 901-722-7182 or by email at abest@matatransit.com.

MEMPHIS AREA TRANSIT AUTHORITY

BIDDER'S LIST COLLECTION FORM

SUPPLEMENTAL CONTRACTOR and SUBCONTRACTOR INFORMATION

IMPORTANT INFORMATION

- **ALL FIRMS WILL FILL THIS OUT:** All firms bidding on prime contracts and bidding or quoting subcontractors must also complete this form for the identified contract name and number. The prime bidder must copy the form and distribute it to all subcontractors. The Prime Firm will then complete and sign the form in the final section below and submit the information to MATA.
- **SUBMITTAL DUE DATE:** The Procurement Department instructed that this form be submitted with the other bid documents.
- **INSTRUCTIONS:** If you require additional forms or information, don't hesitate to contact the project's Contract Administrator.

A. ENTER PROJECT INFORMATION

Contract Name: _____

Contract Number: _____

B. ENTER CONTRACTOR/SUBCONTRACTOR INFORMATION

Firm Name: _____

Firm's Majority Owner's Name: _____

Race & Gender: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: _____ Email Address: _____

State License # for business _____ Tax ID# or EIN#: _____

C. ENTER DETAILS REGARDING THE CONTRACTOR/SUBCONTRACTOR LISTED ABOVE

Check all that apply: DBE MWBE SBE Veteran Business Enterprise

Age of firm: Less Than 1 year 4-7 years 8-10 years More than 10 years

Annual Gross Receipts: Less than \$500K \$500K to \$1M \$1M to \$2M \$3M or greater

Form completed by (Printed): _____

Form completed by (Signature): _____

Date signed: _____

D. TO BE COMPLETED BY PRIME FIRM (BIDDER)

Was this form selected for a subcontract or purchase for this contract? YES NO

If yes, enter the dollar value of this subcontract or purchase: \$ _____

NAICS Code/Area for Commercially Useful Function for each scope of the work performed by this firm on this contract/project:

PRIVACY STATEMENT
THE INFORMATION COLLECTED ON THIS FORM WILL BE USED SOLELY BY MATA TO MAINTAIN A BIDDERS LIST AS REQUIRED BY 49 CFR PART 26.11(C) FOR THE FEDERAL TRANSIT ADMINISTRATION'S DBE PROGRAM. THIS INFORMATION HELPS MATA ESTABLISH ITS OVERALL DBE GOALS AND IDENTIFY AVAILABLE DBES AND SMALL BUSINESSES. ALL INFORMATION WILL BE KEPT CONFIDENTIAL TO THE EXTENT PERMITTED BY LAW, STORED SECURELY, AND ACCESSED ONLY BY AUTHORIZED PERSONNEL. DATA MAY BE AGGREGATED FOR STATISTICAL REPORTING PURPOSES, BUT INDIVIDUAL FIRM INFORMATION WILL NOT BE PUBLISHED OR SHARED WITH THIRD PARTIES EXCEPT AS REQUIRED BY LAW OR FTA REGULATIONS. FIRMS HAVE THE RIGHT TO REQUEST ACCESS TO THEIR SUBMITTED DATA.