DATE: March 15, 2019

TO: All Prospective Proposers

FROM: Tom Sanford
Senior Buyer, Office of Procurement
301-546-0644

RE: Addendum 2
RFP 19-13 – Event Ticketing Software and Services

The following amends the above referenced RFP documents. Receipt of this addendum is to be acknowledged by completing the enclosed "Acknowledgement of Receipt of Addenda Form" and including it in the Technical Proposal.

Questions and Responses:

1) With regard to question #1 in the Security/PCI Requirements section, it states “See statement at above of this requirements list.” Could you clarify this statement? 
   Disregard the following verbiage “See Statement at above of this requirement list.”

2) With regard to the 2nd question, it states “TouchNet Ready Partner.” We do not have an integration with TouchNet. Will this be a deal breaker? 
   Proposers that do not have TouchNet integration will be considered and are to provide the payment processing systems/options that integrate with your software.

3) Question # 15 states, “describe internet interaction between internet site and customer.” Could you confirm that this is asking about the website integration capabilities? If not, could you clarify what is being asked? 
   Potential Proposers are to describe the website integration capabilities and user/customer interfacing.

End of Addendum 2 dated 03-15-2019
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM

RFP NO.: 19-13

TECHNICAL AND FEE PROPOSAL DUE DATE:
March 26, 2019, 10:00 AM ET

RFP FOR: Event Ticketing Software and Services

NAME OF PROPOSER: ________________________________

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned, hereby acknowledges the receipt of the following addenda:

Addendum No. 01 dated 03-13-2019
Addendum No. 02 dated 03-15-2019
Addendum No. _____ dated _____
Addendum No. _____ dated _____
Addendum No. _____ dated _____

As stated in the RFP documents, this form is included in our Technical Proposal.

______________________________
Signature

______________________________
Name Printed

______________________________
Title

______________________________
Date

END OF FORM