



Request for Quotation Amendment 2

Solicitation Number 090925-208-90502-09/18/25
Date Printed 09/15/25
Date Issued 09/15/25
Procurement Officer Jeff O'Dell
Phone (843) 574-6205
E-mail Address Jeff.odell@tridenttech.edu

DESCRIPTION: Faronics Deep Freeze Software Subscription

The Term "Offer" Means Your "Bid" or "Proposal".

SUBMIT OFFER BY (Opening Date/Time): **09/22/25 2:00 PM EST**

See "Deadline For Submission Of Offer" provision

QUESTIONS MUST BE RECEIVED BY: **Deadline Expired**

See "Questions From Offerors" provision

NUMBER OF COPIES TO BE SUBMITTED: **1**

Initial here if NO redacted copy is necessary _____

SUBMIT YOUR OFFER TO:

Email: Procurement.Quotes@tridenttech.edu

CONFERENCE TYPE: **NA**

DATE & TIME:

As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions

LOCATION: **NA**

AMENDMENTS

This solicitation, and any amendments will be posted at the following web address:

https://www.tridenttech.edu/about/departments/proc/ttc_solic.htm

AWARD

Awards will be posted at the following web address:

https://www.tridenttech.edu/about/departments/proc/ttc_awapost.htm

You must submit a signed copy of this form with Your Offer. By signing, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of ninety (90) calendar days after the Opening Date. (See "Signing Your Offer" provision.)

NAME OF OFFEROR

(full legal name of business submitting the offer)

Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc.

AUTHORIZED SIGNATURE

(Person must be authorized to submit binding offer to contract on behalf of Offeror.)

DATE SIGNED

TITLE

(business title of person signing above)

STATE VENDOR NO.

(Register to Obtain S.C. Vendor No. at www.procurement.sc.gov)

PRINTED NAME

(printed name of person signing above)

STATE OF INCORPORATION

(If you are a corporation, identify the state of incorporation.)

OFFEROR'S TYPE OF ENTITY:

(See "Signing Your Offer" provision.)

____ Sole Proprietorship

____ Partnership

____ Other _____

____ Corporate entity (not tax-exempt)

____ Corporation (tax-exempt)

____ Government entity (federal, state, or local)

(Return Page Two with Your Offer)

PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE: Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C)(1)(i)&(ii)) or the Resident Contractor Preference (11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)).

_____ In-State Office Address same as Home Office Address

_____ In-State Office Address same as Notice Address **(check only one)**

Bidders shall acknowledge receipt of this Amendment by the date and time specified in the solicitation, or as amended, by submitting an offer that indicates in some way that the bidder received the amendment. Failure of your acknowledgement to be received at the issuing office prior to date and time specified may result in rejection of your offer. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by requesting removal of your original submission and providing a revised submission prior to the opening time and date specified.

The college will only accept responses to this solicitation and amendment by email.

THE SOLICITATION IS AMENDED AS PROVIDED HEREIN. INFORMATION OR CHANGES RESULTING FROM QUESTIONS WILL BE SHOWN IN A QUESTION-AND-ANSWER FORMAT. ALL QUESTIONS RECEIVED HAVE BEEN REPRINTED BELOW. THE “STATE’S RESPONSE” SHOULD BE READ WITHOUT REFERENCE TO THE QUESTIONS. THE QUESTIONS ARE INCLUDED SOLELY TO PROVIDE A CROSS-REFERENCE TO THE POTENTIAL OFFEROR THAT SUBMITTED THE QUESTION. QUESTIONS DO NOT FORM A PART OF THE CONTRACT; THE “STATE’S RESPONSE” DOES. ANY RESTATEMENT OF PART OR ALL OF AN EXISTING PROVISION OF THE SOLICITATION IN AN ANSWER DOES NOT MODIFY THE ORIGINAL PROVISION EXCEPT AS FOLLOWS: UNDERLINED TEXT IS ADDED TO THE ORIGINAL PROVISION. STRICKEN TEXT IS DELETED.

Except as provided herein all terms and conditions of the document referenced as heretofore changed remain unchanged and in full force and effect.

Solicitation No. 090905-208-90502-09/18/25

Modifications

The following modification has been issued:

Quotation Schedule Item 3 Subscription period is incorrect and has been corrected. See amended Quotation Schedule titled, “Quotation Schedule – Amendment 2” attached.

VIII. Quotation Schedule

RFQ#: 090925-208-90502-09/18/25

Quotation Schedule – Amendment 2

Unit price shall be shown.

Complete the Manufacturer/Authorized Dealer certification (Attachment 1).

Provide Date of Delivery After Receipt of Order (ARO) in space provided on Quotation Schedule.

Deliveries shall be FOB destination, freight prepaid.

Item #	Qty / UOM	Description	Unit Price	Total
1	1,000 Each	Deep Freeze Cloud Basic Subscription EDU 1 yr Manf: Faronics Manf. P/N: DFC0.NA2LA.SL1.G01.SN Manf. (vendor confirm): _____ Manf. P/N: (vendor confirm): _____ Subscription Period: 09/30/25 – 09/29/26 Resident Contractor Preference: _____ Resident Subcontractor Preference (2%): _____ Number of subcontractors claimed: _____ Resident Subcontractor Preference (4%): _____ Number of subcontractors claimed: _____		

2	110 Each	Faronics Deep Freeze Mac Cloud Subscription EDU Manf: Faronics Manf. P/N: DMC0.NA2LA.SL1.G01.SN Manf. (vendor confirm): _____ Manf. P/N: (vendor confirm): _____ Subscription Period: 09/30/25 – 09/29/26 Resident Contractor Preference: _____ Resident Subcontractor Preference (2%): _____ Number of subcontractors claimed: _____ Resident Subcontractor Preference (4%): _____ Number of subcontractors claimed: _____		
3	1,000 Each	Faronics Remote Basic Subscription EDU 1YR Manf: Faronics Manf. P/N: FRB0.NA2LA.SL1.G01.SN Manf. (vendor confirm): _____ Manf. P/N: (vendor confirm): _____ Subscription Period: 09/30/25 – 09/29/26 Resident Contractor Preference: _____ Resident Subcontractor Preference (2%): _____ Number of subcontractors claimed: _____ Resident Subcontractor Preference (4%): _____ Number of subcontractors claimed: _____		
Grand Total				\$

End of Amendment 2