



**Request for Quotation
Amentment #1**

Solicitation Number 012623-410-23106-02/06/23
 Date Printed 02/03/23
 Date Issued 02/03/23
 Procurement Officer Wendy Dennis
 Phone (843) 574-6065
 E-mail Address wendy.dennis@tridenttech.edu

DESCRIPTION: **Refurbished Hospital Bed and Accessories**

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

SUBMIT OFFER BY (Opening Date/Time): **02/06/23 @ 2:00 PM EST** See "Deadline For Submission Of Offer" provision

QUESTIONS MUST BE RECEIVED BY: **Deadline Has Passed** See "Questions From Offerors" provision

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

SUBMIT YOUR OFFER TO:

Email: Procurement.Quotes@tridenttech.edu

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|--|-----------|
| CONFERENCE TYPE: N/A DATE & TIME: As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions | LOCATION: |
|--|-----------|

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| AWARD & AMENDMENTS | This solicitation, and any amendments will be posted at the following web address: https://www.tridenttech.edu/about/departments/proc/ttc_solic.htm . |
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You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date.

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|---|-------------|---|
| NAME OF OFFEROR (Full legal name of business submitting the offer) | | OFFEROR'S TYPE OF ENTITY: (Check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Government entity (federal, state, or local) <input type="checkbox"/> Other (See "Signing Your Offer" provision.) |
| AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.) | | |
| TITLE (Business title of person signing above) | | |
| PRINTED NAME (Printed name of person signing above) | DATE SIGNED | |

Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the offeror above. An offer may be submitted by only one legal entity. 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.

STATE OF INCORPORATION (If Offeror is a corporation, identify the state of Incorporation.)

TAXPAYER IDENTIFICATION NO. (See "Taxpayer Identification Number" provision)

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(Return Page Two with Your Offer)

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| HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business) | NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause) |
| | <hr/> Address |
| | <hr/> Area Code – Number – Extension Facsimile |
| | <hr/> E-mail Address |

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| PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause) | ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses) |
| <input type="checkbox"/> Payment Address same as Notice Address (check only one) | <input type="checkbox"/> Order Address same as Home Office Address |
| <input type="checkbox"/> Payment Address same as Home Office Address | <input type="checkbox"/> Order Address same as Notice Address (check only one) |

ACKNOWLEDGMENT OF AMENDMENTS
Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)

| Amendment No. | Amendment Issue Date | Amendment No. | Amendment Issue Date | Amendment No. | Amendment Issue Date | Amendment No. | Amendment Issue Date |
|---------------|----------------------|---------------|----------------------|---------------|----------------------|---------------|----------------------|
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| DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause) | 10 Calendar Days (%) | 20 Calendar Days (%) | 30 Calendar Days (%) | _____ Calendar Days (%) |
|---|----------------------|----------------------|----------------------|-------------------------|

PREFERENCES - A NOTICE TO VENDORS (SEP. 2009): On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at www.procurement.sc.gov/preferences. **ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS CONSEQUENCES.** [11-35-1524(E)(4)&(6)]

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 prior to date and time specified in the solicitation, or as amended, by one of the following methods: (1) by signing and returning the Amendment, or (2) by submitting a bid 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 email, provided such email makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

The college will not accept faxed, emailed, or printed amendments.

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 #: **012623-410-23106-02/06/23**

Title: **Refurbished Hospital Bed and Accessories**

Is hereby amended as follows:

This amendment is issued to answer questions received and make changes to the specifications. Specification changes will be made as follows: Removals are shown by striking through and insertions / additions are highlighted in yellow.

Changes to Specifications:

Section III. SCOPE OF WORK / SPECIFICATIONS; DELIVERY / PERFORMANCE LOCATION – SPECIFIED (JAN 2006): After award, all deliveries shall be made and all services provided to the following address, unless otherwise specified:

Trident Technical College
Thornley Campus / ~~B970~~ **B600**
7000 Rivers Avenue
North Charleston, SC 29406

Changes related to questions:

Q-1: Which color option do you want for the Overbed Table and Bedside cabinet? The Stryker Starter Suite comes in the following colors; Maple, Solar Oak, Wild Cherry, or Montana Walnut?

A-1: States Response. No Change. TTC would like the Overbed Table and Bedside cabinet color to be Solar Oak or equivalent.

Q-2: Will these be delivered to a location on the first floor??

A-2: States Response. No Change. Delivery will be made to the Receiving Department, Building 600 which is located on a ground floor with a loading dock.

Q-3: What type of delivery will be recommended: dock-to-dock, lift gate, or white glove?

A-3: States Response. No Change. The delivery will be a dock-to-dock.

Q-4: Will vendor need to install each bed or just deliver?

A-4: States Response. No Change. See page 15, Section III. Scope of Work/Specifications for delivery/installation information. TTC requests delivery only.