



# Request for Quotation Amendment # 1

Solicitation Number	180119-465-09706-02/01/18
Date Printed	01/31/18
Date Issued	01/31/18
Procurement Officer	Wendy Dennis
Phone	(843) 574-6065
E-mail Address	wendy.dennis@tridenttech.edu

DESCRIPTION: **Nursing Sim Lab Equipment**

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

SUBMIT OFFER BY (Opening Date/Time): **02/09/18 @ 2:00 PM EST**      See "Deadline For Submission Of Offer" provision

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

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

SUBMIT YOUR OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:  
 Trident Technical College  
 Procurement Office  
 PO Box 118067  
 Charleston, SC 29423  
**Fax: 843 574-6395**

PHYSICAL ADDRESS  
 Trident Technical College  
 Procurement Office  
 Building 940, Suite G, Room 110  
 2050 Mabeline Rd. N. Chas SC 29406  
**See "Submitting Your Offer" provision**

ALL MAIL IS PICKED UP FROM THE US POSTAL SERVICE ONCE DAILY AT AROUND 8:00 A.M. (EXCLUDING WEEKENDS AND HOLIDAYS).

CONFERENCE TYPE: DATE & TIME: <b>As appropriate, see "Conferences - Pre-Bid/Proposal" &amp; "Site Visit" provisions</b>	LOCATION:
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AWARD & AMENDMENTS	This solicitation, and any amendments will be posted at the following web address: <a href="https://www.tridenttech.edu/about/departments/proc/ttc_solic.htm">https://www.tridenttech.edu/about/departments/proc/ttc_solic.htm</a>
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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.

NAME OF OFFEROR (Full legal name of business submitting the offer)	OFFEROR'S TYPE OF ENTITY: (Check one)
AUTHORIZED SIGNATURE  (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)	<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)
TITLE (Business title of person signing above)	<input type="checkbox"/> Other (See "Signing Your Offer" provision.)
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)**

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)  _____ Address  _____ Area Code – Number – Extension      Facsimile  _____ E-mail Address
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PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)  _____ Payment Address same as Notice Address <b>(check only one)</b> _____ Payment Address same as Home Office Address	ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)  _____ Order Address same as Home Office Address _____ Order Address same as Notice Address <b>(check only one)</b>
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**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

DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause)	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____ Calendar Days (%)
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**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](http://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, (2) by letter, or (3) 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 telegram or letter, provided such telegram or letter 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 amendments.**

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

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.

Title: Nursing Sim Lab Equipment  
Solicitation #: 180119-465-09706-02/01/18

Is hereby amended as follows:

Changes Not Related To Questions:

State's Response: The solicitation is modified as follows:  
~~SUBMIT OFFER BY (Opening Date/Time): 02/01/18 @ 2:00 PM EST~~  
SUBMIT OFFER BY (Opening Date/Time): 02/09/18 @ 2:00 PM EST

States Response: The solicitation is modified as follows:  
On page 11, Item # 1 Delete ~~SUSIE light skin tone adult female simulator~~  
ADD: SUSIE dark skin tone adult female simulator

States Response: The solicitation is modified as follows:  
On page 11, Delete ~~Item #2 Susie Adult Full-Body Nursing Clinical Skills Simulator With Omni 2 And SLE Educational Material – Light Skin Tone~~  
▪ ~~SUSIE light skin tone adult female simulator~~  
ADD: Item #2 Susie Adult Full-Body Nursing Clinical Skills Simulator With Omni 2 And SLE Educational Material – Medium Skin Tone  
• SUSIE medium skin tone adult female simulator

States Response: The solicitation is modified as follows:  
On page 11, Delete ~~Susie Adult Full-Body Nursing Clinical Skills Simulator – Light Skin Tone MFG # S901.PK~~  
ADD: Susie Adult Full-Body Nursing Clinical Skills Simulator – Light Medium Tone MFG # S901.PK