DESCRIPTION: **Comparative Gaging Systems and CMM Electronic Equipment for Metrology Program**

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

SUBMIT OFFER BY (Opening Date/Time): **05/01/19 @ 2:00 PM EST**

QUESTIONS MUST BE RECEIVED BY: **04/17/19 @ 10:00 AM EST**

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

**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

**AWARD & AMENDMENTS**
Award will be posted at the Physical Address stated above on **05/02/19**. The award, this solicitation, and any amendments will be posted at the following web address: [https://www.tridenttech.edu/about/departments/proc/ttc_solic.htm](https://www.tridenttech.edu/about/departments/proc/ttc_solic.htm)

**NAME OF OFFEROR** (Full legal name of business submitting the offer)

**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)

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

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

**COVER PAGE MMO (JAN. 2006)**
## HOME OFFICE ADDRESS
(Address for offeror’s home office / principal place of business)

<table>
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<tr>
<th>Address</th>
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<th>E-mail Address</th>
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## NOTICE ADDRESS
(Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)

<table>
<thead>
<tr>
<th>Address</th>
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</table>

## PAYMENT ADDRESS
(Address to which payments will be sent.) (See "Payment" clause)

- Payment Address same as Notice Address **(check only one)**
- Payment Address same as Home Office Address

## ORDER ADDRESS
(Address to which purchase orders will be sent)

- Order Address same as Home Office Address
- 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)

<table>
<thead>
<tr>
<th>Amendment No.</th>
<th>Amendment Issue Date</th>
<th>Amendment No.</th>
<th>Amendment Issue Date</th>
<th>Amendment No.</th>
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## DISCOUNT FOR PROMPT PAYMENT
(See "Discount for Prompt Payment" clause)

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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. **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)). **PREFERENCES MAY NOT APPLY TO ALL ITEMS PER SOUTH CAROLINA PROCUREMENT CODE SECTION [§11-35-1524(E)(3)]**

- 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.

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 #: 190329-545-12506-04/15/19
Title: Comparative Gaging Systems and CMM Electronic Equipment for Metrology Program
Is hereby amended as follows:

Changes not related to questions:

Submit offer by (Opening Date/Time): 04/25/19 @ 2:00 PM EDT

Submit offer by (Opening Date/Time): 05/01/19 @ 2:00 PM EDT

Change #1: Page 30, Section VIII. Bidding Schedule. Use the Amended Bidding Schedule attached.
## VIII. Bidding Schedule

**IFB #: 190329-545-12506-04/15/19**

### Amended Bidding Schedule

Unit price shall be shown. Provide Date of Delivery After Receipt of Order (ARO) in space provided on Bidding Schedule. Complete the Manufacturer/Authorized Dealer certification at bottom of Bidding Schedule. Deliveries shall be FOB destination, freight prepaid.

### Lot 1

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Lot 1 Grand Total $  

**For Informational Purposes Only And Not Included In The Evaluation Process:**

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<th>Description</th>
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<tr>
<td>5</td>
<td>Hours</td>
<td>Labor rate – normal business hours of 8:00 AM to 5:00 PM Monday – Friday less holidays and scheduled closings</td>
<td>$</td>
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<tr>
<td>2</td>
<td>Hours</td>
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<tr>
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Lot 2

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Lot 2 Grand Total $ 

**For Informational Purposes Only And Not Included In The Evaluation Process:**

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<td>2</td>
<td>Hours</td>
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<td>2</td>
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<td>TRAVEL TIME/TRUCK CHARGE (To include travel time, and first half hour on-site of service to repair call visit.)</td>
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**Lot 3**

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<td>Resident Subcontractor Preference (2%)</td>
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<td>Number of subcontractors claimed:</td>
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<td>Resident Subcontractor Preference (4%)</td>
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<td>Number of subcontractors claimed:</td>
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</table>

Lot 3 Grand Total $

For Informational Purposes Only And Not Included In The Evaluation Process:

<table>
<thead>
<tr>
<th>QTY</th>
<th>UOM</th>
<th>Description</th>
<th>Unit Price/Hourly Rate</th>
<th>Extended Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>YR</td>
<td>Annual Maintenance/Support Beginning Year 2</td>
<td>$</td>
<td>$</td>
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<tr>
<td>1</td>
<td>YR</td>
<td>Annual Equipment Calibration, Recertification or Upgrade Costs</td>
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<td>$</td>
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<tr>
<td>5</td>
<td>Hours</td>
<td>Labor rate – normal business hours of 8:00 AM to 5:00 PM Monday – Friday less holidays and scheduled closings</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>Hours</td>
<td>Labor rate – other than normal business hours (may include evenings or weekends)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>Each</td>
<td>TRAVEL TIME/TRUCK CHARGE (To include travel time, and first half hour on-site of service to repair call visit.)</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Please Check appropriate line:

I certify that I:  _____ AM a manufacturer or an authorized manufacturer’s dealer for the items listed.

 _____ AM NOT a manufacturer or an authorized manufacturer’s dealer for the items listed.

Signature                                                                                             Printed Name

SC Certified Minority Vendor:  Y □  N □  S.C. Cert #: ________________________________________________