

## Invitation for Bid Amendment #2

Solicitation Number	190401-545-12606-04/17/19
Date Printed	04/12/19
Date Issued	04/12/19
Procurement Officer	Wendy Dennis
Phone	(843) 574-6065
E-mail Address	wendy.dennis@tridenttech.edu

**DESCRIPTION: Non Destruction Inspection and Testing Equipment for NDI/NDT Program**

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

SUBMIT OFFER BY (Opening Date/Time): **05/01/19 @ 2:30 PM EST**      See "Deadline For Submission Of Offer" provision

QUESTIONS MUST BE RECEIVED BY: **04/17/19 @ 10:00 AM EST**      See "Questions From Offerors" provision

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

SUBMIT YOUR SEALED 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: <b>N/A</b> DATE & TIME: <b>As appropriate, see "Conferences - Pre-Bid/Proposal" &amp; "Site Visit" provisions</b>	LOCATION:
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<b>AWARD &amp; AMENDMENTS</b>	Award will be posted at the Physical Address stated above on <b>05/02/19</b> . The award, 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)  <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)

**PAGE TWO**

**(Return Page Two with Your Offer)**

<p>HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)</p>	<p>NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Area Code – Number – Extension                      Facsimile</p> <p>_____</p> <p>E-mail Address</p>
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<p>PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)</p> <p>_____ Payment Address same as Notice Address <b>(check only one)</b></p> <p>_____ Payment Address same as Home Office Address</p>	<p>ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)</p> <p>_____ Order Address same as Home Office Address</p> <p>_____ Order Address same as Notice Address <b>(check only one)</b></p>
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**ACKNOWLEDGMENT OF AMENDMENTS**  
 Offeror acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)

Amendment No.	Amendment Issue Date						

<p><b>DISCOUNT FOR PROMPT PAYMENT</b>                  (See "Discount for Prompt Payment" clause)</p>	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)).

**\*\*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 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.

**The college will not accept faxed amendments.**

IFB #: **190401-545-12606-04/17/19**

Title: **Non Destruction Inspection and Testing Equipment for NDI/NDT Program**

Is hereby amended as follows:

**Changes not related to questions:**

**SUBMIT OFFER BY (Opening Date/Time): ~~04/18/19 @ 2:00 PM EDT~~**

**SUBMIT OFFER BY (Opening Date/Time): ~~05/01/19 @ 2:30 PM EDT~~**

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

**VIII. Bidding Schedule**

IFB #: 190401-545-12606-04/17/19

**Amended Bidding Schedule**

Unit price shall be shown.

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

Complete the Manufacturer/Authorized Dealer certification at bottom of Quotation Schedule.

Deliveries shall be FOB destination, freight prepaid.

**Lot 1**

Part #	Qty	UOM	Description	Unit Price	Grand Total
1	1	EA	<b>Non-Destructive Testing (NDT) System with Active Thermography</b> <b>Reference: MoviTHERM MT-CCHECKIR-001</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
2	1	YR	Software Renewal, If Any – Year 2	\$	\$
3	1	YR	Software Renewal, If Any – Year 3	\$	\$
4	1	YR	Software Renewal, If Any – Year 4	\$	\$
5	1	YR	Software Renewal, If Any – Year 5	\$	\$
6	1	YR	Annual Maintenance / Support due upon installation for initial 1 year period. Resident Contractor Preference: _____ Resident Subcontractor Preference (2%) _____ Number of subcontractors claimed: _____ Resident Subcontractor Preference (4%) _____ Number of subcontractors claimed: _____	\$ _____	\$ _____
<b>Lot 1 Grand Total</b>					\$

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

QTY	UOM	Description	Unit Price/ Hourly Rate	Extended Total
1	YR	Annual Maintenance/Support Beginning Year 2	\$	\$
1	YR	Annual Equipment Calibration, Recertification or Upgrade Costs	\$	\$
5	Hours	Labor rate – normal business hours of 8:00 AM to 5:00 PM Monday – Friday less holidays and scheduled closings	\$	\$
2	Hours	Labor rate – other than normal business hours (may include evenings or week-ends)	\$	\$

2	Each	TRAVEL TIME/TRUCK CHARGE (To include travel time, and first half hour on-site of service to repair call visit.)	\$	\$
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**Lot 2**

Part #	Qty	UOM	Description	Unit Price	Grand Total
1	1	EA	<b>X-Ray System – Cabinet, X-Ray Tube, Portable Digital Radiographic Detector, and Accessories</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
2	1	YR	Annual Maintenance / Support due upon installation for initial 1 year period. Resident Contractor Preference: _____ Resident Subcontractor Preference (2%): _____ Number of subcontractors claimed: _____ Resident Subcontractor Preference (4%): _____ Number of subcontractors claimed: _____	\$ _____	\$ _____
<b>Lot 2 Grand Total</b>					\$ _____

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

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

**Lot 3**

Part #	Qty	UOM	Description	Unit Price	Grand Total
1	1	EA	<b>Customized Dye Penetrant Bench With Filtration System &amp; Water Drainage System Reference: Magnaflux ZA-1227 Method A Item # 621792</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
2	1	YR	Annual Maintenance / Support due upon installation for initial 1 year period. Resident Contractor Preference: _____ Resident Subcontractor Preference (2%): _____ Number of subcontractors claimed: _____ Resident Subcontractor Preference (4%): _____ Number of subcontractors claimed: _____	\$ _____	\$ _____
<b>Lot 3 Grand Total</b>					\$ _____

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

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

**Lot 4**

Part #	Qty	UOM	Description	Unit Price	Grand Total
1	1	EA	<b>Dye Penetrant Testing Consumables – Level III</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
2	1	EA	<b>Miscellaneous Penetrant Equipment</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
3	2	EA	<b>Ultraviolet and White Light Meter Reference: Spectoline XRP-3000</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
4	4	EA	<b>General Purpose Dye Penetrant Kits Reference: Magnaflux SK-816 # 01-5920-48</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____

5	1 EA	<b>Bench Mounted UV A Inspection Light with Hood</b> <b>Mount Reference: Magnaflux ST700 # 628243</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
6	4 EA	<b>Handheld LED UV-A Inspection Light</b> <b>Reference: C4 Nomad-Go # UV-3400</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
7	1 EA	<b>Magnetic Wet Bench with AC and DC Magnetization, Oil Bath Startup Kit and 20 Inch Coil</b> <b>Reference: Magnaflux AD-2045 with option 621452</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
8	1 EA	<b>Magnetic Particle Inspection Accessories and Consumables</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____

9	4 EA	<b>Handheld Magnetic Particle Inspection Yoke Test Kit</b> <b>Reference: Magnaflux Y-7 MV Kit # 43509</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
10	4 EA	<b>Portable Eddy Current Testers</b> <b>Reference: UniWest EddyViewProBasic # 100002B</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
11	4 EA	<b>Eddy Current Startup Kits</b> <b>Reference: Part # 100871</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____
12	4 EA	<b>UT / PA Ultrasonic Testers</b> <b>Reference: Prisma UT Plus PA 16/16 # UT/PAL</b> Mfg: _____ Model #: _____ SC End Product Preference: _____ U.S. End Product Preference: _____ Resident Vender Preference: _____ Delivery ARO: _____	\$ _____	\$ _____

13	4	EA	<b>Conventional and Phased Array / PA Ultrasonic Tester Transducers &amp; Wedges</b>	\$ _____	\$ _____
			Mfg: _____		
			Model #: _____		
			SC End Product Preference: _____		
			U.S. End Product Preference: _____		
Resident Vender Preference: _____					
			Delivery ARO: _____		
<b>Lot 4 Grand Total</b>				\$ _____	

**Lot 3 Item 7 Informational Purposes Only And Not Included In The Evaluation Process:**

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

**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 #: \_\_\_\_\_