

 <p>TRIDENT TECHNICAL COLLEGE</p> <p>Invitation for Bid</p> <p>Amendment #1</p>	Solicitation Number	042921-785-18706-05/27/21
	Date Printed	05/12/21
	Date Issued	05/12/21
	Procurement Officer	Wendy Dennis
	Phone	(843) 574-6065
	E-mail Address	wendy.dennis@tridenttech.edu

DESCRIPTION: **Provide Fleet Support Services for Commercial Truck Driving Training Program**

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

SUBMIT OFFER BY (Opening Date/Time): **06/01/21 @ 2:30 PM EDT** 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 THROUGH THE FOLLOWING WEBSITE:

<https://tridenttech.bonfirehub.com/opportunities/private/85acfb5e412533f5817025e32dc67b8>

CONFERENCE TYPE: N/A DATE & TIME:	LOCATION:
--	------------------

AMENDMENTS	This solicitation, and any amendments will be posted at the following web address: https://tridenttech.bonfirehub.com/opportunities/private/85acfb5e412533f5817025e32dc67b8
AWARD	Award will be posted at the Physical Address stated above on 06/03/21 . 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 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 (60) 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)

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

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)
_____ Payment Address same as Notice Address (check only one)	_____ Order Address same as Home Office Address
_____ Payment 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)

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 (%)
--	----------------------	----------------------	----------------------	-------------------------

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 uploading the Amendment into Bonfire, 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 removing your original submission and uploading a revised submission 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.

Title: **Provide Fleet Support Services for Commercial Truck Driving Training Program**

Solicitation #: **042921-785-18706-05/27/21**

Is hereby amended as follows:

Changes related to questions:

~~SUBMIT OFFER BY (Opening Date/Time): 05/27/21 @ 2:00 PM EDT~~

SUBMIT OFFER BY (Opening Date/Time): 06/01/21 @ 2:30 PM EDT

Following is a question received and the College’s answer to the question received:

Question 1: Could you clarify the make and model of the tractors being purchased? (i.e. Kenworth T800)

State’s Response: No Change. The make and model of the tractors being purchased are Kenworth T680 with Cummins X15 450 Engines.

Question 2: At this time the State of South Carolina, nor the FMCSA, offers a certification course for individuals to become certified to perform DOT inspections. Our employees are allowed to perform DOT inspections under the Federal Regulations Code at the following link: [Electronic Code of Federal Regulations \(eCFR\)](#). CFR Title 49 Part 396.19 provides

guidance as to the qualifications required for individuals to perform DOT inspections. These are the guidelines we follow. Would following these guideline be sufficient to meet the qualifications of a “DOT certified inspector”?

State’s Response: No Change. Yes, the self-certification form will qualify. Upon request TTC may request verification of information submitted on the form. (i.e. copies of training certification)

Question 3: CFR Title 49 Part 396.25 outlines the qualification of brake inspectors, is Trident requiring these certifications?

State’s Response: Change. Yes. On page 19, Section III. Scope of work add the following information.

Lot 1 Scheduled Preventative Maintenance (PM)

- Item # 1:** **PM Level A** to be performed Annually
- Start Date To Be Determined - At the end of the first 6 month period
 - See PM Form A, Attachment 1 for an example of services to be performed
 - All brake inspectors must meet CFR Title 49 Part 396.25 qualifications. (See Attachment 8) Upon request TTC may request verification of information submitted on the form.
- Item # 2:** **PM Level B with DOT Inspection** - Must meet all current DOT Requirements
- Start Date To Be Determined - At the end of the second 6 month period
 - See PM Form B, Attachment 2 for an example of services to be performed
 - All inspections must be completed by a DOT certified inspector
 - All brake inspectors must meet CFR Title 49 Part 396.25 qualifications. (See Attachment 8) Upon request TTC may request verification of information submitted on the form.
- Item # 3:** **PM Level C with DOT Inspection** - Must meet all current DOT Requirements
- Start Date To Be Determined
 - See PM Form C, Attachment 3 for an example of services to be performed
 - All inspections must be completed by a DOT certified inspector
 - All brake inspectors must meet CFR Title 49 Part 396.25 qualifications. (See Attachment 8) Upon request TTC may request verification of information submitted on the form.
- Item # 4:** **PM Level T with DOT Inspection** - Must meet all current DOT Requirements
- Start Date To Be Determined
 - See PM Form T, Attachment 4 for an example of services to be performed
 - All inspections must be completed by a DOT certified inspector
 - All brake inspectors must meet CFR Title 49 Part 396.25 qualifications. (See Attachment 8) Upon request TTC may request verification of information submitted on the form.
- Item # 5:** **In-Shop Repairs, scheduled as needed.**
- All repairs must be performed by an ASE certified technician
 - All invoices for parts will show manufacturer’s list less discount.

Insert Attachment 8 on page 44 of the solicitation.

BRAKE INSPECTOR QUALIFICATIONS

“Brake Inspector” means any employee of a motor carrier who is responsible for ensuring all brake inspections, maintenance, service, or repairs to any commercial motor vehicle, subject to the motor carrier’s control, meet the applicable Federal standards. No motor carrier shall require or permit any employee who does not meet minimum brake inspector qualifications to be responsible for the inspection, maintenance, service or repairs of any brakes on its commercial motor vehicles.

Minimum Qualifications:

- ☐ Understands and can perform brake service and inspection
- ☐ Is knowledgeable of and has mastered the methods, procedures, tools and equipment necessary to perform brake service and inspection
- ☐ Is capable of performing brake service or inspection by reason of experience, training, or both, and qualifies in one of the following categories (check all that apply):

- I. ☐ Has successfully completed an apprenticeship program sponsored or approved by a State, Canadian Province, a Federal agency or labor union, or has a certificate from a State or Canadian Province which qualifies the person to perform brake service or inspections.

Specify: _____

Or

- II. ☐ Has brake-related training or experience or a combination thereof totaling at least one year as follows (check all that apply):

- A. ☐ Participation in a brake maintenance or inspection training program sponsored by a brake or vehicle manufacturer or similar commercial training program. Where and Date:

- B. ☐ ____ (years) experience performing brake maintenance or inspection in a motor carrier maintenance program. Name and Date:

- C. ☐ ____ (years) experience performing brake maintenance or inspection at a commercial garage, fleet leasing company, or similar facility. Name of Facility and Dates:

I certify the above information is true and accurate to the best of my knowledge.

Employee: _____
Signature of Mechanic/Inspector

Date

Motor Carrier/Company: _____
Signature of Employer/Supervisor

Date

Evidence of Inspector Qualifications are on file at: _____