

	<b>Invitation for Bid AMMENDMENT I</b>	Solicitation Number: Date Issued: Procurement Officer: Phone: E-Mail Address:	IFB0115-16 06/20/2016 Dyan Todd 843-349-7830 Dyan.todd@hgtc.edu
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**DESCRIPTION: Landscape Bedding Plants**

**USING GOVERNMENTAL UNIT: Horry Georgetown Technical College, 3-Campus Locations**

*The Term "Offer" Means Your "Bid" or "Proposal". Your offer must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior. See "Submitting Your Offer" provision.*

**SUBMIT YOUR OFFER TO EITHER OF THE FOLLOWING ADDRESSES:**

<b>MAILING ADDRESS:</b> Dyan Todd, Procurement Office Horry Georgetown Technical College PO Box 261966 Conway, SC 29528-6066	<b>PHYSICAL ADDRESS:</b> Dyan Todd, Procurement Office Horry Georgetown Technical College 2050 Hwy 501 E., Bldg 100, 2 <sup>nd</sup> Floor Conway, SC 29526
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**SUBMIT OFFER BY (Opening Date/Time): 06/29/2016 4:00 PM**

(See "Deadline For Submission Of Offer" provision)

**QUESTIONS MUST BE RECEIVED BY 06/21/2016 5:00 PM**

(See "Questions From Offerors" provision)

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

<b>CONFERENCE TYPE</b> N/A <b>DATE &amp; TIME:</b>  (As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions)	<b>LOCATION:</b>
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<b>AWARD &amp; AMENDMENTS</b>	Intent to Award Statement will be posted on the HGTC website on June 30, 2016, 2016. The Intent to Award, this solicitation, any amendments, and any related notices will be posted at the following web address: <a href="http://www.hgtc.edu/purchasing">http://www.hgtc.edu/purchasing</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 sixty (60) calendar days after the Opening Date.  
 (See "Signing Your Offer" and "Electronic Signature" provisions.)

<b>NAME OF OFFEROR</b>  (full legal name of business submitting the offer)		Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. 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.
<b>AUTHORIZED SIGNATURE</b>  (Person must be authorized to submit binding offer to contract on behalf of Offeror.)		<b>TAXPAYER IDENTIFICATION NO.</b>  (See "Taxpayer Identification Number" provision)
<b>TITLE</b> (business title of person signing above)		<b>STATE VENDOR NO.</b> (Register to Obtain S.C. Vendor No. at <a href="http://www.procurement.sc.gov">www.procurement.sc.gov</a> )
<b>PRINTED NAME</b> (printed name of person signing above)	<b>DATE SIGNED</b>	<b>STATE OF INCORPORATION</b> (If you are a corporation, identify the state of incorporation.)

**OFFEROR'S TYPE OF ENTITY: (Check one)**

(See "Signing Your Offer" provision.)

☐ Sole Proprietorship     
 ☐ Partnership     
 ☐ Other \_\_\_\_\_  
☐ Corporate entity (not tax-exempt)     
 ☐ Corporation (tax-exempt)     
 ☐ Government entity (federal, state, or local)

**PAGE TWO**

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

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

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

**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

<b>DISCOUNT FOR PROMPT PAYMENT</b> (See "Discount for Prompt Payment" clause)	10Calendar Days (%)	20Calendar Days (%)	30Calendar 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***

<p><b>PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE:</b> 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)&amp;(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)).</p> <p>_____ In-State Office Address same as Home Office Address</p> <p>_____ In-State Office Address same as Notice Address    <b>(check only one)</b></p> <p>_____ In-State Office Address same as Home Office Address</p> <p>_____ In-State Office Address same as Notice Address    <b>(check only one)</b></p>
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## **AMENDMENT I**

**A. The pot size for the Sun-patients pked 8/tray is 1-quart.**

**PLEASE SIGN BELOW AND RETURN THIS PAGE WITH YOUR BID DOCUMENTS OR ACKNOWLEDGE RECEIPT OF THE AMMENDMENT ON PAGE ONE OF THE ORIGINAL SOLICITATION (IN THE BLOCK LABELED "AWARD & AMMENDMENTS"). FAILURE TO ACKNOWLEDGE THIS AMMENDMENT WILL DEEM YOUR OFFER NON-RESPONSIVE.**

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**Company Name**

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**Signature**

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**Date**