



# Request For Quote

## Amendment #1

Solicitation Number: **RFQ0020-19**  
Date Issued: **March 27, 2019**  
Procurement Officer: **Dianna Cecala**  
Phone: **843-349-5207**  
E-Mail Address: **Dianna.cecala@hgtc.edu**

DESCRIPTION: **Interior Signage for Educational Building**

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

SUBMIT OFFER BY (Opening Date/Time): **04/04/2019, 2:00 p.m.**

See "Deadline for Submission of Offer" provision

NUMBER OF COPIES TO BE SUBMITTED: **(1) One**

**SUBMIT YOUR OFFER IN A SEALED ENVELOPE WITH THE BID NUMBER WRITTEN ON THE OUTSIDE TO EITHER OF THE FOLLOWING ADDRESSES:** (No electronic copies allowed)

**MAILING ADDRESS:**

Horry Georgetown Technical College  
Procurement Office  
PO Box 261966  
Conway, SC 29528-6066

**PHYSICAL ADDRESS:**

Horry Georgetown Technical College  
Procurement Office  
Bldg. 100, 2<sup>nd</sup> Floor  
2050 Hwy. 501 E, Conway, SC 29526

**ALL MAIL IS PICKED UP FROM THE US POSTAL SERVICE ONCE DAILY AT AROUND 2:00 P.M. (EXCLUDING WEEKENDS AND HOLIDAYS)**

CONFERENCE TYPE: **N/A**

DATE & TIME:

**As appropriate, see "Conferences – Pre-Bid/Proposal" & "Site Visit" provisions**

LOCATION:

**AWARD &  
AMENDMENTS**

The award will be posted on **04/05/2019**. This solicitation, any amendments, and any related notices will be posted at the following web address: <http://www.hgtc.edu/purchasing>.

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)		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.
AUTHORIZED SIGNATURE  (Person must be authorized to submit binding offer to contract on behalf of Offeror.)		
TITLE  (business title of person signing above)		TAXPAYER IDENTIFICATION NO.  (See "Taxpayer Identification Number" provision)
PRINTED NAME  (printed name of person signing above)		STATE VENDOR NO.  (Register to Obtain S.C. Vendor No. at <a href="http://www.procurement.sc.gov">www.procurement.sc.gov</a> )
DATE SIGNED		STATE OF INCORPORATION  (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)

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

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

Award will be posted on April 5, 2019 on our website <https://www.hgtc.edu/purchasing>

Q. Type A - Qty 69

As some classrooms will need two signs, the total needed would be 76.

A. The actual quantity is 77. Please see revised Bidding Schedule

Q. Type D - Rest Room - Qty 4

Exhibit A Message schedule indicates 20 restrooms and 4 stairs, so total needed would be 24.

A. Correct, please see revised Bidding Schedule

Q. Type ELEV - Qty 4

Exhibit A Message schedule indicates 20 utility room signs are needed.

A. Correct, please see revised Bidding Schedule

Q. STANDARD -

Qty 2 - In Case of Fire Use Stairs - this is NOT included on the QUOTATION SCHEDULE.

A. Do not submit a bid for these. They will be purchased separately.

All quantities should be from the revised Bidding Schedule.

All other terms and conditions of this solicitation will remain the same.

## VIII. BIDDING SCHEDULE / PRICE-BUSINESS PROPOSAL

### PRICE PROPOSAL (JAN 2006):

Notwithstanding any other instructions herein, you shall submit the following price information on this Document only: [08-8015-1]

#### QUOTATION SCHEDULE

Item	Quantity	Unit of Measure	Cost	Extended
1.	77	each	\$	\$

**Item Description: Type "A" Sign for Offices and Classrooms**

Resident Vendor Preference \_\_\_\_\_

SC End Product Preference \_\_\_\_\_

US End Product Preference \_\_\_\_\_

Item	Quantity	Unit of Measure	Cost	Extended
2.	42	each	\$	\$

**Item Description: Type "DTM" Sign for Interior Office Names**

Resident Vendor Preference \_\_\_\_\_

SC End Product Preference \_\_\_\_\_

US End Product Preference \_\_\_\_\_

Item	Quantity	Unit of Measure	Cost	Extended
3.	24	each	\$	\$

**Item Description: Type "D" Sign for Rest Rooms**

Resident Vendor Preference \_\_\_\_\_

SC End Product Preference \_\_\_\_\_

US End Product Preference \_\_\_\_\_

Item	Quantity	Unit of Measure	Cost	Extended
4.	20	each	\$	\$

**Item Description: Type "ELEV" Sign for Utility Rooms**

Resident Vendor Preference \_\_\_\_\_

SC End Product Preference \_\_\_\_\_

US End Product Preference \_\_\_\_\_

Item	Quantity	Unit of Measure	Cost	Extended
5.	1	each	\$	\$

**Item Description: Directional Sign – Exhibit B**

Resident Vendor Preference \_\_\_\_\_

SC End Product Preference \_\_\_\_\_

US End Product Preference \_\_\_\_\_

Item	Quantity	Unit of Measure	Cost	Extended
6.	1	each	\$	\$

**Item Description: Directional Sign – Exhibit C**

Resident Vendor Preference \_\_\_\_\_

SC End Product Preference \_\_\_\_\_

US End Product Preference \_\_\_\_\_

Item	Quantity	Unit of Measure	Cost	Extended
7.	1	each	\$	\$

**Item Description: Directional Sign – Exhibit D**

Resident Vendor Preference \_\_\_\_\_

SC End Product Preference \_\_\_\_\_

US End Product Preference \_\_\_\_\_

Item	Quantity	Unit of Measure	Cost	Extended
8.	1	each	\$	\$

**Item Description: Directional Sign – Exhibit E**

Resident Vendor Preference \_\_\_\_\_

SC End Product Preference \_\_\_\_\_

US End Product Preference \_\_\_\_\_

Item	Quantity	Unit of Measure	Cost	Extended
9.	1	each	\$	\$

**Item Description: Shipping Charges**

Item	Quantity	Unit of Measure	Cost	Extended
10.	1	each	\$	\$

**Item Description: Installation Charges**

<b>GRAND TOTAL:</b>		\$
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SC Certified Minority Vendor: Y \_\_\_\_ N \_\_\_\_ S.C. Cert. # \_\_\_\_\_

**NOTE: PRICING MUST BE SUBMITTED ON THIS PAGE WITH A GRAND TOTAL PRICE FILLED IN.**