



**Amendment #1**

Solicitation Number	<b>IFB-2347</b>
Date Issued	<b>06/11/2020</b>
Purchasing Officer	<b>Paul MacDonald</b>
Phone	<b>(843) 661-1161</b>
E-Mail Address	<b><a href="mailto:pmacdonald@fmarion.edu">pmacdonald@fmarion.edu</a></b>
Amendment Date	<b>06/11/2020</b>

DESCRIPTION: **Provide Charter Bus Transportation for Francis Marion University Athletic Teams for Fall Semester 2020.**

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

SUBMIT OFFER BY (Opening Date/Time): **07/14/2020 at 12:00 PM EST** See "Deadline For Submission Of Offer" provision

QUESTIONS MUST BE RECEIVED BY: **06/29/2020 at 12:00 PM EST** See "Questions From Offerors" provision

NUMBER OF COPIES TO BE SUBMITTED: **1** [One (1) Original Quotation emailed as an attachment in .pdf format OR One (1) Original copy delivered to the address(es) listed below.]

**SUBMIT YOUR OFFER TO ONE OF THE FOLLOWING ADDRESSES IN A SEALED PACKAGE.**

MAILING ADDRESS: <b>Francis Marion University Purchasing Office P.O. Box 100547 Florence, SC 29502-0547</b>	EXPRESS SHIPPING ADDRESS: <b>Francis Marion University Central Receiving 4822 E. Palmetto Street Florence, SC 29506</b>	HAND-DELIVERY: <b>Francis Marion University Purchasing Office (Room 102) Stokes Administration Building 4822 E. Palmetto Street Florence, SC 29506</b>
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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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AWARD & AMENDMENTS	Award will be posted at the Physical Address stated above on <b>07/14/2020</b> . The award, this solicitation, and any amendments will be posted at the following web address: <a href="http://www.fmarion.edu/about/solicitationsawards">http://www.fmarion.edu/about/solicitationsawards</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)
AUTHORIZED SIGNATURE  (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)	<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 _____
TITLE (Business title of person signing above)	
PRINTED NAME (Printed name of person signing above)      DATE SIGNED	

(See "Signing Your Offer" provision.)

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.)
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TAXPAYER IDENTIFICATION NO. (See "Taxpayer Identification Number" provision)
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**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 <span style="float: right;">Facsimile</span>
	<b>E-mail Address</b>

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)
<input type="checkbox"/> Payment Address same as Home Office Address	<input type="checkbox"/> Order Address same as Home Office Address
<input type="checkbox"/> Payment Address same as Notice Address ( <b>check only one</b> )	<input type="checkbox"/> Order Address same as Notice Address ( <b>check only one</b> )

<b>ACKNOWLEDGMENT OF AMENDMENTS</b> 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 (%)
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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)).

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

# Amendment 1

## IFB-2347 – Provide Charter Bus Transportation for Athletics Teams Fall 2020

### AMENDMENTS TO SOLICITATION

- (a) The Solicitation may be amended at any time prior to opening.
- (b) Offerors shall acknowledge receipt of any amendment to this solicitation (1) by signing and returning the amendment, (2) by identifying the amendment number and date in the space provided for this purpose on Page Two, (3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment.
- (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

### Modifications

The following have been **added** or **changed/removed**:

#### Change to page 30, Section VIII Bidding Schedule / Price Business Proposal:

TRIP	TEAM(S)	DEPART DATE	DEPART TIME	RETURN DATE	RETURNING TIME	OVER-NIGHT	DESTINATION (Include City and University Name)	Number of FMU Passengers
3	Volleyball	Sept. 12	8:00 am	<del>Sept. 26</del> <b>Sep 12</b>	11:00 pm	No	Spartanburg, SC ( Converse College)	16
<b>Bid Amount:</b>			Requesting SC Resident Contractor Preference:	Yes No	<b>Total Bus Seating Capacity Provided by offeror for this trip:</b>			

#### Change to page 30, Section VIII Bidding Schedule / Price Business Proposal:

TRIP	TEAM(S)	DEPART DATE	DEPART TIME	RETURN DATE	RETURNING TIME	OVER-NIGHT	DESTINATION (Include City and University Name)	Number of FMU Passengers
8	Volleyball	<del>Oct. 24</del> <b>Oct 23</b>	8:00 am	<del>Oct. 23</del> <b>Oct 24</b>	11:00 pm	No	Mount Olive, NC (Univ. of Mount Olive)	16
<b>Bid Amount:</b>			Requesting SC Resident Contractor Preference:	Yes No	<b>Total Bus Seating Capacity Provided by offeror for this trip:</b>			

#### Change to page 30, Section VIII Bidding Schedule / Price Business Proposal:

TRIP	TEAM(S)	DEPART DATE	DEPART TIME	RETURN DATE	RETURNING TIME	OVER-NIGHT	DESTINATION (Include City and University Name)	Number of FMU Passengers
17	W. Soccer	Oct. 23	10:00 am	<del>Sept. 24</del> <b>Oct 24</b>	11:00 pm	Yes (1)	Albany, GA (Albany State)	24
<b>Bid Amount:</b>			Requesting SC Resident Contractor Preference:	Yes No	<b>Total Bus Seating Capacity Provided by offeror for this trip:</b>			

Vendor: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_  
(Same signature as individual who signed cover page of the solicitation)

Date: \_\_\_\_\_

**END OF AMENDMENT 1**