



# Francis Marion University Amendment #1

Solicitation Number **IFB-2438**  
 Date Issued **1/11/2024**  
 Purchasing Officer **Jennifer D Hester**  
 Phone **(843) 661-1161**  
 E-Mail Address **[jdhester@fmarion.edu](mailto:jdhester@fmarion.edu)**

DESCRIPTION: **Provide Refuse Collection Services for Francis Marion University**

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

SUBMIT OFFER BY (Opening Date/Time): **01/18/2024 2:00 pm EST** See "Deadline For Submission Of Offer" provision

~~QUESTIONS MUST BE RECEIVED BY: 01/10/2024 @ 2:00 pm EST See "Questions From Offerors" provision~~

NUMBER OF COPIES TO BE SUBMITTED: **One (1) Original, hard copy mailed in a sealed package to one of the addresses listed below.**

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

|                                                                                                                            |                                                                                                                                        |                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| MAILING ADDRESS:<br><b>Francis Marion University<br/>Purchasing Office<br/>P.O. Box 100547<br/>Florence, SC 29502-0547</b> | EXPRESS SHIPPING ADDRESS:<br><b>Francis Marion University<br/>Central Receiving<br/>4822 E. Palmetto Street Florence,<br/>SC 29506</b> | HAND-DELIVERY:<br><b>Francis Marion University<br/>Purchasing Office (Room 102)<br/>Stokes Administration Building<br/>4822 E. Palmetto Street<br/>Florence, SC 29506</b> |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

~~CONFERENCE TYPE: A Highly Recommended Site Visit.  
 DATE & TIME: 01/03/2024 10:00 AM Local Time.  
 (As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions)~~

~~LOCATION: Facilities Management/Campus  
 Police Building on the campus of Francis  
 Marion University.~~

|                    |                                                                                                                                                                                                                                                                                                                                       |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AWARD & AMENDMENTS | A Statement of Intent to Award will be posted at the Physical Address stated above on <b>01/18/2024</b> . The award, this solicitation, and any amendments will be posted at the following web address: <a href="http://www.fmarion.edu/procurement/solicitationsawards/">http://www.fmarion.edu/procurement/solicitationsawards/</a> |
|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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<br><br>(Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.) | <input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Partnership<br><input type="checkbox"/> Corporation (tax-exempt)<br><input type="checkbox"/> Corporate entity (not tax-exempt)<br><input type="checkbox"/> Government entity (federal, state, or local)<br><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<br><br>(If Offeror is a corporation, identify the state of Incorporation.) |
| TAXPAYER IDENTIFICATION NO.<br><br>(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) |           |
|                                                                                       | _____<br>Address                                                                                                     |           |
|                                                                                       | Phone #: Area Code-Number-Extension                                                                                  | Facsimile |
|                                                                                       | _____<br>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<br>_____ Payment Address same as Notice Address ( <b>check only one</b> ) | _____ Order Address same as Home Office Address<br>_____ 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 |
|                                                                                                                                                |                      |               |                      |               |                      |               |                      |
|                                                                                                                                                |                      |               |                      |               |                      |               |                      |

|                                                                           |                      |                      |                      |                         |
|---------------------------------------------------------------------------|----------------------|----------------------|----------------------|-------------------------|
| DISCOUNT FOR PROMPT PAYMENT<br>(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)).  
**NOTE: Subcontractors not allowed for this solicitation.**

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

# Amendment 1

## IFB- 2438 – Provide Refuse Collection Services for Francis Marion University

### 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** or **emphasized**:

1) Cover Page, Page 1

~~a) QUESTIONS MUST BE RECEIVED BY: 01/10/2024 @ 2:00 pm EST~~ See "Questions From Offerors" provision

~~b) —~~

|                                                                                                 |                                                     |
|-------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <del>CONFERENCE TYPE: A Highly Recommended Site Visit.</del>                                    | <del>LOCATION: Facilities Management/Campus</del>   |
| <del>DATE &amp; TIME: 01/03/2024 10:00 AM Local Time.</del>                                     | <del>Police Building on the campus of Francis</del> |
| <del>(As appropriate, see "Conferences – Pre-Bid/Proposal" &amp; "Site Visit" provisions)</del> | <del>Marion University.</del>                       |

2) Page 20,

After contract award, the University **Contract Administrator** for this contract will be:

Steve Jackson, Director of Facilities Support Group Services  
[siackson@fmarion.edu](mailto:siackson@fmarion.edu)  
 (843) 661-4640

3) Page 30, changes/updates to the Bidding Schedule

## VIII. Bidding Schedule

**The following Bidding Schedule is required to be completed by the offeror: (do not include sales tax in your offer)**

NOTE: A Highly Recommended Site Visit is scheduled (see cover page for details).

NOTE: Completely fill in Table I, Table IIa, Table IIb, and Table IIc below. Table I will serve as the basis for award. In the event of discrepancy in Table I, the individual per month amounts for each container shall govern. Tables IIa, IIb, and IIc provide prices to be used for possible change orders.

NOTE: All Containers are located on the University's main campus with the exception of the container at the Performing Arts Center, the Carter Center for Health Sciences Building, and the Leatherman Educational Complex.

NOTE: The University will not accept bids from offerors who cannot service all the locations found in Table I.

Regardless of estimated contract dates and any Purchase Orders associated with this contract, contract value shall not exceed \$325,000. University shall not be obligated to pay for any service provided if rendered beyond the stated \$325,000 amount.

**Table I Schedule / Cost of Services - (Basis of Award)**

All 6 and/or 8 yd. containers shall have sliding doors

| Location                            | Container Size (cu yd) | Schedule (during semesters) | Cost per Month |
|-------------------------------------|------------------------|-----------------------------|----------------|
| Hope Health Building                | 8                      | W (one day only)            |                |
| Athletic Complex                    | 8                      | T, F                        |                |
| Center for the Child                | 8                      | W (one day only)            |                |
| Facilities Management/Campus Police | 8                      | M, W, F                     |                |
| Ervin Dining Hall #1                | 8                      | M, W, F                     |                |
| Ervin Dining Hall #2                | 8                      | M, W, F                     |                |
| Forest Villas                       | 30                     | T, F                        |                |
| Forest Villas                       | 8                      | M,W,F                       |                |
| Forest Villas II                    | 8                      | M, W, F                     |                |
| Leatherman Educational Complex      | 8                      | M (one day only)            |                |
| The Grille                          | 8                      | M, W, F                     |                |
| Hyman Fine Arts Center              | 8                      | M, W, F                     |                |
| Performing Arts Center              | 8                      | M (one day only)            |                |
| Carter Center for Health Sciences   | 8                      | M (one day only)            |                |
| Residence Halls                     | 30                     | T,F                         |                |
| Smith University Center             | 8                      | M, W, F                     |                |
| Village Apartments, North           | 8                      | M, W, F                     |                |
| Village Apartments, East            | 8                      | M, W, F                     |                |
| Village Apartments, West            | 8                      | M, W, F                     |                |
| Warehouse                           | 8                      | F (one day only)            |                |

| Item | Description                                                                                      | Total Cost Per Month |
|------|--------------------------------------------------------------------------------------------------|----------------------|
| 1    | Monthly charge to provide refuse collection and disposal services for Francis Marion University. |                      |

**Tendering Text:** Sum of Prices provided in Table I (cost per month/per location).

| Question                                                                                                                                                                                                                                                                                                                                   | Mandatory/Optional | Multiple Responses Accepted? | Response                                                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------|-------------------------------------------------------------|
| <b>Are You Requesting The SC Resident Contractor Preference?</b><br>SEE THE SC PROCUREMENT CODE, SECTION 11-35-1524(C)(1)(III) AND SECTION IIB OF THIS SOLICITATION FOR MORE INFORMATION. FOR A FAQ ON THESE PREFERENCES, PLEASE SEE <a href="http://WWW.PROCUREMENT.SC.GOV/preferences..">WWW.PROCUREMENT.SC.GOV/preferences..</a>        | Optional           | No                           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| <b>Are You Requesting The SC Resident Subcontractor Preference - 2%?</b><br>SEE THE SC PROCUREMENT CODE, SECTION 11-35-1524(D) AND SECTION IIB & VIIB OF THIS SOLICITATION FOR MORE INFORMATION. FOR A FAQ ON THESE PREFERENCES, PLEASE SEE <a href="http://WWW.PROCUREMENT.SC.GOV/preferences..">WWW.PROCUREMENT.SC.GOV/preferences..</a> | Optional           | No                           | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

|                                                                                                                                                                                                                                                                                                                                                                      |          |    |  |  |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|--|--|-----------------------|
| <p><b>Are You Requesting The SC Resident Subcontractor Preference - 4%?</b><br/>                 SEE THE SC PROCUREMENT CODE, SECTION 11-35-1524(D) AND SECTION IIB &amp; VIIB OF THIS SOLICITATION FOR MORE INFORMATION. FOR A FAQ ON THESE PREFERENCES, PLEASE SEE <a href="http://WWW.PROCUREMENT.SC.GOV/preferences">WWW.PROCUREMENT.SC.GOV/preferences</a>.</p> | Optional | No |  |  | _____ YES<br>_____ NO |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----|--|--|-----------------------|

**Table IIa Adjustments to Services (for information only)**

State the per pickup cost for an additional pickup or credit for a missed or skipped pickup:

**Additional Pickup**

|                    |    |
|--------------------|----|
| <b>6 CY size:</b>  | \$ |
| <b>8 CY size:</b>  | \$ |
| <b>30 CY size:</b> | \$ |

**Missed/Skipped Pickup Credit**

|                    |    |
|--------------------|----|
| <b>6 CY size:</b>  | \$ |
| <b>8 CY size:</b>  | \$ |
| <b>30 CY size:</b> | \$ |

State the per trip cost of an additional trip to the University, exclusive of the per pick up cost cited above, to make an extra trip or credit for not making a trip to the University when scheduled service is not required and this is coordinated beforehand: \$\_\_\_\_\_ Note: No extra payment will be made for an extra trip required because of a missed pickup. This fee should only apply on days when no other normally scheduled pick-ups occur.

State the per exchange cost, including any travel expense applicable, to exchange an empty 30 CY container for a full one: \$\_\_\_\_\_

**Table IIb Costs per container of changes in number of pickups weekly (for information only)**

The pickup schedule in Table 1 represents anticipated pickups needed during the Fall and Spring semesters. A reduction in frequency of pickups will be requested during the summer months when there are less students and less activity on campus. Show the cost / credit to increase or decrease the number of weekly pickups for containers then in place for each container size:

**Changes in the Number of Pickups Weekly**

| Container Size | Increase or Reduce by 1 | Increase or Reduce by 2 | Increase or Reduce by 3 | Increase or Reduce by 4 |
|----------------|-------------------------|-------------------------|-------------------------|-------------------------|
| <b>6 CY</b>    | \$                      | \$                      | \$                      | \$                      |

|              |    |    |    |    |
|--------------|----|----|----|----|
| <b>8 CY</b>  | \$ | \$ | \$ | \$ |
| <b>30 CY</b> | \$ | \$ | \$ | \$ |

**Table IIc    Costs to rent container  
(for information only)**

|                                                                                   |    |                       |  |
|-----------------------------------------------------------------------------------|----|-----------------------|--|
| 30 CY Bulk waste container, provide cost of rent exclusive of charges to exchange | 30 | On demand (rent only) |  |
|-----------------------------------------------------------------------------------|----|-----------------------|--|

**VENDOR:** \_\_\_\_\_

**AUTHORIZED SIGNATURE:**

\_\_\_\_\_  
(must match signature on cover page)

**DATE:** \_\_\_\_\_

**Questions Asked**

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Question 1</b> | <p>Page 15 section E<br/>Containers shall be of a color approved by the University.<br/>Is our color approved? See attached picture.</p> <p><b>(FMU has attached the picture after the questions asked forum).</b></p>                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Answer</b>     | <b>Yes, your container color is acceptable.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Question 2</b> | <p>Page 16 section H<br/>Clean, deodorize and spray with an insecticide all containers used in providing service in accordance with this specification to maintain them in a sanitary condition and to eliminate breeding of vermin, insects, objectionable odors and unsightly outward appearance. In cleaning give special attention to seams and rolled edges of containers and covers. The cleaning and disinfecting of containers shall be subject to approval of the South Carolina Department of Health and Environmental Control and the using University.<br/>How often do they have to be cleaned?</p> |
| <b>Answer</b>     | <b>Cleaning would be conducted once a month or as needed (requests will be made by the FMU liaison only).</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Question 3</b> | Page 30 Table 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

|                   |                                                                                                                                                                               |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Village Apartments, North 6 or 8 M, W, F<br>Village Apartments, East 6 or 8 M, W, F<br>Village Apartments, West 6 or 8 M, W, F<br>Why is it 6 or 8 yard? Which do you prefer? |
| <b>Answer</b>     | 8 Yard (the bidding schedule has been changed and added to this amendment).                                                                                                   |
| <b>Question 4</b> | Page 32<br>State the per exchange cost, including any travel expense applicable, to exchange an empty 20 CY container for a full one: \$_____                                 |
| <b>Answer</b>     | An all-inclusive cost is required (any cost that you foresee, already have included in the amount that you provide.)                                                          |
| <b>Question 5</b> | During the site visit it was said that the 20 yard at the maintenance shop was going to be a 30 yard not a 20.<br>Do you have the updated paperwork?                          |
| <b>Answer</b>     | 30 yard (the bidding schedule has been changed and added to this amendment).                                                                                                  |
| <b>Question 6</b> | Do service days change when students aren't in school?                                                                                                                        |
| <b>Answer</b>     | No, service days listed are the days required for services.                                                                                                                   |

Attachment 1: Picture provided in Question 1:

