



Francis Marion University Amendment #1

Solicitation Number	RFQ- 2454
Date Issued	06/12/2024
Purchasing Officer	Jennifer D Hester
Phone	(843) 661-1161
E-Mail Address	jdhester@fmarion.edu

DESCRIPTION: **Provide, deliver, and install Occupational Therapy Sensory Room Equipment for Francis Marion University**

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

SUBMIT OFFER BY (Opening Date/Time): **06/19/2024 2:00 pm EST** See "Deadline For Submission Of Offer" provision

~~QUESTIONS MUST BE RECEIVED BY: 06/12/2024 @ 2:00 pm EST~~ See "Questions From Offerors" provision

NUMBER OF COPIES TO BE SUBMITTED: **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: Francis Marion University Purchasing Office P.O. Box 100547 Florence, SC 29502-0547	EXPRESS SHIPPING ADDRESS: Francis Marion University Central Receiving 4822 E. Palmetto Street Florence, SC 29506	HAND-DELIVERY: Francis Marion University Purchasing Office (Room 102) Stokes Administration Building 4822 E. Palmetto Street Florence, SC 29506
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CONFERENCE TYPE: NA Date & Time: N/A As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions	LOCATION: N/A
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AWARD & AMENDMENTS	A Statement of Award will be posted at the Physical Address stated above on 06/19/2024 . The award, this solicitation, and any amendments will be posted at the following web address: http://www.fmarion.edu/procurement/solicitationsawards/
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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
TITLE (Business title of person signing above)	<input type="checkbox"/> Partnership
PRINTED NAME (Printed name of person signing above)	<input type="checkbox"/> Corporation (tax-exempt)
DATE SIGNED	<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.)

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	
	Phone #: 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 _____ Payment Address same as Notice Address (check only one)	_____ Order 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 (%)
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Amendment 1

RFQ- 2454- Provide, deliver, and install Occupational Therapy Sensory Room Equipment 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- Questions

~~QUESTIONS MUST BE RECEIVED BY: 06/12/2024 @ 2:00 pm EST See "Questions From Offerors" provision~~

Questions Asked

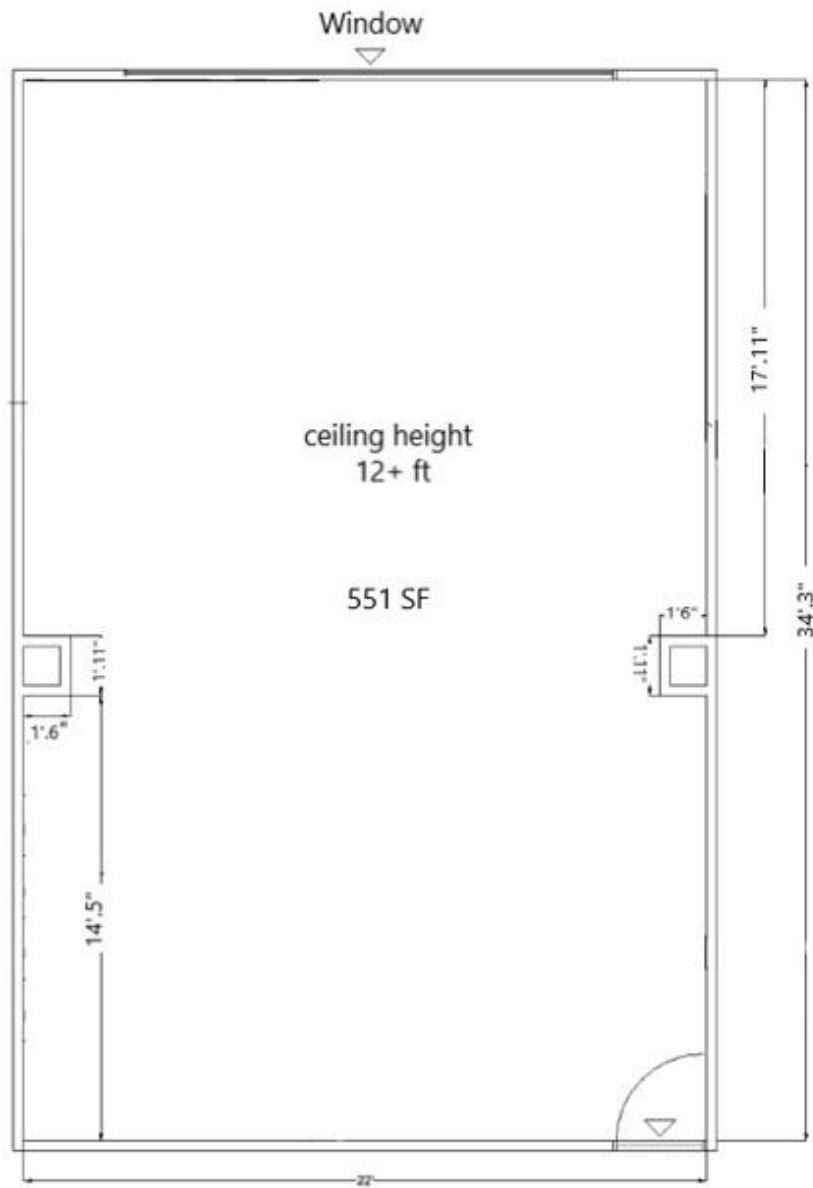
Question 1	You have 1 suspension and height adjuster kit- these are perfect for the structure. However the height adjuster and rope will not connect to the structure without a safety snap-- the Suspension and Height adjuster kits DO come with the safety snaps. Should I add 3 suspension/height adjuster kits and remove the rope and height adjusters, or add safety snaps to the order---(or will you order these separately?)
Answer	All items needed for the kits to work properly and be successfully installed are required (all items needed must be included in the bid).
Question 2	The Room: In order to direct the installer, I will need to understand where you want things in the room. Can you please advise on where you want the items OR I am happy to place them.
Answer	Please see the below pictures for the room rendering for the Pediatric Motor Skills Lab.
Question 3	If awarded this bid, I will need to know what color you want your custom support structure mat.
Answer	Royal Blue is the required color for the support structure mat.

Room Rendering for the Pediatric Motor Skills Lab
(Continuation of Answer to Question 2)



OCCUPATIONAL THERAPY
Francis Marion University

Motor Skills Lab
LMEC rm 115



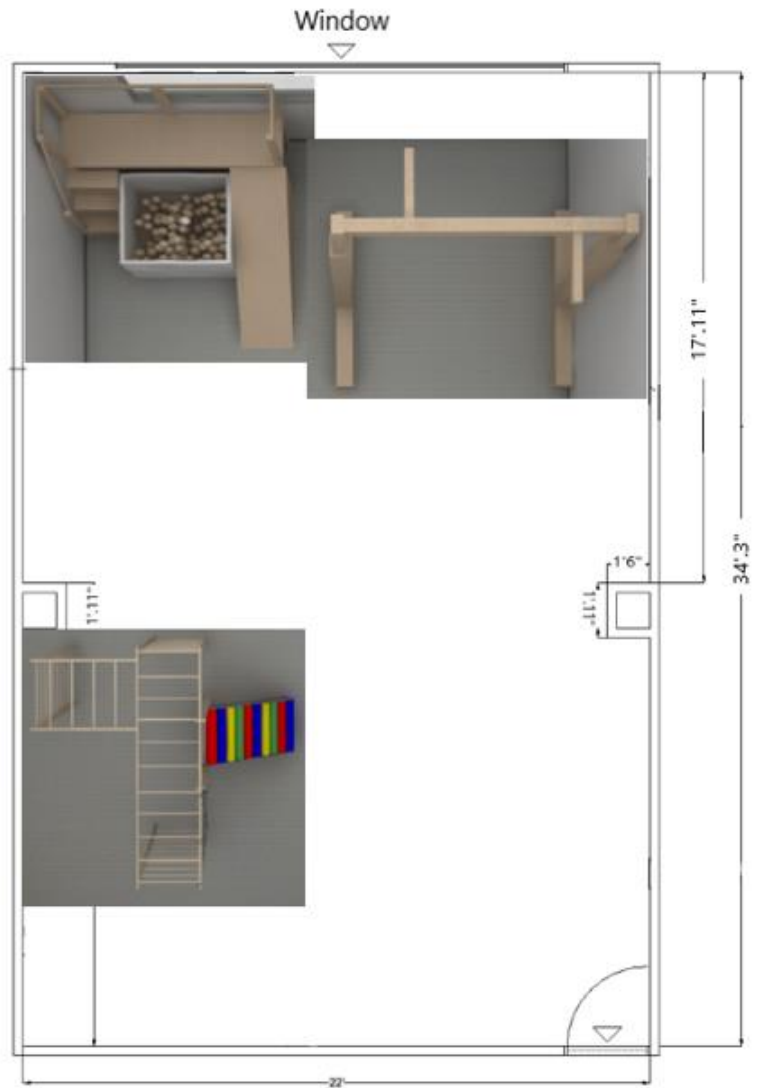
Room Rendering for the Pediatric Motor Skills Lab
(Continuation of Answer to Question 2 Continued)



Motor Skills Lab
LMEC rm 115

ceiling height
12+ ft

551 SF



Vendor: _____

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

Date: _____

END OF AMENDMENT 1