



**Francis Marion University Amendment #2**

Solicitation Number	<b>IFB-2446</b>
Date Issued	<b>05/30/2024</b>
Purchasing Officer	<b>Jennifer D Hester</b>
Phone	<b>(843) 661-1161</b>
E-Mail Address	<b><a href="mailto:jdhester@fmarion.edu">jdhester@fmarion.edu</a></b>

DESCRIPTION: **Furnish, deliver, and assemble an Optically Stimulated Luminescence Dosimetry (OSL) System for Francis Marion University**

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

~~SUBMIT OFFER BY (Opening Date/Time): 05/27/2024 2:00 pm EST 05/28/2024 2:00pm EST~~ See "Deadline For Submission Of Offer" provision

~~QUESTIONS MUST BE RECEIVED BY: 05/13/2024 @ 2:00 pm EST~~ See "Questions From Offerors" provision

NUMBER OF COPIES TO BE SUBMITTED: **One (1) Original, hard copy mailed with one (1) flash drive or other USB device as Specified 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: <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: 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 <b>05/30/2024 06/10/2024</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>
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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 <small>(Full legal name of business submitting the offer)</small>	OFFEROR'S TYPE OF ENTITY: <small>(Check one)</small>
AUTHORIZED SIGNATURE  <small>(Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)</small>	<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 <small>(Business title of person signing above)</small>	
PRINTED NAME <small>(Printed name of person signing above)</small>	DATE SIGNED  <small>(See "Signing Your Offer" provision.)</small>

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  <small>(If Offeror is a corporation, identify the state of Incorporation.)</small>
TAXPAYER IDENTIFICATION NO.  <small>(See "Taxpayer Identification Number" provision)</small>

**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 <span style="float: right;">Facsimile</span>
	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)
<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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## Amendment 2

### IFB- 2446 – Furnish, deliver, and assemble an Optically Stimulated Luminescence Dosimetry (OSL) System 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- New Statement of Award date.

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

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

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

**END OF AMENDMENT 2**