

## **CLARENDON COUNTY PROCUREMENT**

## REQUEST FOR PROPOSALS **ADDENDUM #1**

Solicitation Number RFP 2024-007 - Feasibility Study for **Developing a Regional Waste Management Plan** 

Jeffrey Hyde, CPPB, NIGP-CPP Procurement Director project@.clarendoncountvgov.org

**September 23, 2024** \*\*Please remember to acknowledge all addendums

## NOTE: OUR NEW PROCUREMENT OFFICE LOCATION - 3 SOUTH CHURCH STREET VOTER REGISTRATION and ELECTIONS BUILDING

**ADDENDUM #1** -The purpose of this **ADDENDUM** is to correct an email address on page #3 of the solicitation and to answer the questions received to date.

On Page #3 – remove the Email Address: proeject@elarendoneountygov.org and replace with project@clarendoncountygov.org - see attached revised page.

Clarification: All submissions shall be sealed proposal sent to the Procurement Department. No emailed or faxed submissions shall be accepted.

## **QUESTION/ ANSWER**

- 1. **Q:** Is there a budget for this RFP? A: Yes, there is a budget – NTE \$100,000.00
- 2. Q: To provide additional time to incorporate responses from questions, would the County amend the due date such to be October 17th?

A: No – currently the County has only received two (2) questions.

All other terms and conditions remain unchanged.

## DEADLINE TO SUBMIT PROPOSALS: REMAINS UNCHANGED

SUBMIT TO: Jeffrey A Hyde, CPPB, NIGP-CPP

Procurement Director, Clarendon County 3 South Church Street Manning, SC 29102 Phone (803) 433-3240



# **Clarendon County Procurement**

REQUEST FOR PROPOSALS

SUBMITTAL FORM Submit this page

Solicitation Number & Project Name:

RFP 2024-007- FEASIBILTY STUDY FOR **DEVELOPING A REGIONAL WASTE MANAGEMENT** PLAN

Procurement Director:

Jeffrey Hyde, CPPB, NIGP-CPP E-Mail project@clarendoncountygov.org

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

## RFP 2024-007- FEASIBILTY STUDY FOR DEVELOPING A REGIONAL WASTE MANAGEMENT **PLAN**

#### \*\*\*\*\*\*\*SIGNIFICANT DATES\*\*\*\*\*\*\*

DEADLINE FOR SUBMITTING TECHNICAL QUESTIONS (in writing): 4:00 P.M., Friday, September 27, 2024 **DEADLINE** TO SUBMIT SEALED PROPOSALS: Must be received by 4:00 P.M., Thursday, October 10, 2024

#### RFP Documents are available on the County's website at:

SUBMIT YOUR SEALED OFFER TO THE FOLLOWING ADDRESS:

**MAILING ADDRESS & PHYSICAL LOCATION:** 

https://clarendoncountyprocurement.sc.gov/solicitations or at www.bidnetdirect.com//clarendoncounty

	CLARENDON COUNTY PROCUREMENT DEPARTMENT							
	3 SOUTH CHURCH STREET							
	MANNI	NG, SC 29102						
	AWARD & The award, this solicitation, and any amendments will be posted on the Clarendon County website <a href="http://procurement.clarendoncountygov.org/">http://procurement.clarendoncountygov.org/</a>							
		ned copy of this form with Y	our Proposal. M	ly signature in	dicates my agreement	t to be bound to the terms and cond	itions contained herein.	
NAME	OF OFF	EROR (Full legal 1	name of business su	·	OFFEROR'S TYPE OF ENTITY: (Check one)			
						□ Sole Proprietorship □ Partnership □ CorporationState of Incorporation □ Government entity (federal, state, or local) □ Other		
						□ CERTIFICATE OF INSURANCE ENCLOSED □ DBE/MBE □ SC RESIDENT VENDOR □ SC CONTRACTOR		
AUTHORIZED SIGNATURE					□ DBE/MBE			
					TAX PAYER	ID DUNS	GC LICENSE #	
(My signature indicates that I am authorized to submit a binding offer to enter contract on behalf of Offeror named above)					nalf	ACKNOWLEDGEMENT OF ADDENDUMS:		
TITLE (Business title of person signing above)					□ ADDENI	□ ADDENDUM #1 □ ADDENDUM #2 □ ADDENDUM #3		
DDINIT	EDNAME	(Print 1	atanta anta a	DATE				
PRINTED NAME (Printed name of person signing above) DATE								
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>i.e.</i> , a separate corporation, partnership, sole proprietorship, etc.								
OFFEROR'S ADDRESS  CITY/STATE						ZIP CODE		
	_							
PHONE		FAX		E-MAIL				
I haraha	nartific that m	u halaw priga ingludas aget	for narmita food	nargannal lal	har matarials and ass	inment required to VIDEOVICITAL	TION /TABLET /INDAATE	
I hereby certify that my below price includes cost for permits, fees, personnel, labor, materials and equipment required to VIDEOVISITATION/TABLET/INMATE INFORMATION SERVICES UPGRADE FOR THE CLARENDON COUNTY DETENTION CENTER LOCATED AT 320 EAST BOYCE STREET, MANNING, SC 29102 and fully								
meets all terms, conditions and requirements as specified herein for the below price(s). My signature verifies that I am fully familiarized with the information contained								
within this entire solicitation, applicable amendments, my proposal and other applicable information included with my submittal. I certify that my offer is made without prior understanding, agreement, or connection with any corporation, firm or person submitting for the same materials, supplies or equipment, and is in all								
respects, fair and without collusion or fraud. I agree to abide by all conditions of this solicitation and certify that I am authorized to sign. This signed document, along								
with an issued PO# will serve as the contract for this project. By submission of a signed agreement, I certify, under penalties of perjury, that my firm complies with section 12-54-1020(B) of the SC Code of Laws 1976, as amended, relating to payment of any applicable taxes.								
PROPOSED LUMP PRICE								
de .						Project Start and Time to Completion:  We will start work days after receipt of the Purchase Order.		
Ψ					Our estimated Time from Start to Completion isdays.			
ACCEPTED BY: PO#								
JEFFREY A HYDE Date PROCUREMENT DIRECTOR								
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