TRIDENT TECHNICAL COLLEGE **Request for Quotation** **Amendment 1**	Solicitation Number **101525-938-00413- 10/29/25** Date Printed 10/23/25 Date Issued 10/23/25 Procurement Officer Carlene Peters Phone (843) 574-6279 E-mail Address Carlene.peters@tridenttech.edu

DESCRIPTION: **Physical Therapy Equipment Inspection & Maintenance for Trident Technical College (TTC)**

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

SUBMIT OFFER BY (Opening Date/Time): **11/05/25 @ 2:00 PM EST** See "Deadline For Submission Of Offer" provision

QUESTIONS MUST BE RECEIVED BY: **Expired** See "Questions From Offerors" provision

NUMBER OF COPIES TO BE SUBMITTED: **1**

SUBMIT YOUR OFFER TO:

Email: Procurement.Quotes@tridenttech.edu

CONFERENCE TYPE: **N/A** DATE & TIME: **As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions**	LOCATION: **Not Applicable**

AWARD & AMENDMENTS	This solicitation, and any amendments will be posted at the following web address: https://www.tridenttech.edu/about/departments/proc/ttc_solic.htm. Awards will be posted at the following web address: https://www.tridenttech.edu/about/departments/proc/ttc_awapost.htm

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 sixty (60) calendar days after the Opening Date.

NAME OF OFFEROR(Full legal name of business submitting the offer)	OFFEROR'S TYPE OF ENTITY: (Check one) ☐ Sole Proprietorship ☐ Partnership ☐ Corporation (tax-exempt) ☐ Corporate entity (not tax-exempt) ☐ Government entity (federal, state, or local) ☐ Other (See "Signing Your Offer" provision.)
AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)	
TITLE (Business title of person signing above)	

PRINTED NAME (Printed name of person signing above)	DATE SIGNED	

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 _____ 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 Notice Address **(check only one)** ___ Payment Address same as Home Office Address	____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 (%)

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. ***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)**

Bidders shall acknowledge receipt of this Amendment by the date and time specified in the solicitation, or as amended, by submitting an offer that indicates in some way that the bidder received the amendment. Failure of your acknowledgement to be received at the issuing office prior to date and time specified may result in rejection of your offer. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by requesting removal of your original submission and providing a revised submission prior to the opening time and date specified.

The college will only accept responses to this solicitation and amendment by email.

THE SOLICITATION IS AMENDED AS PROVIDED HEREIN. INFORMATION OR CHANGES RESULTING FROM QUESTIONS WILL BE SHOWN IN A QUESTION-AND-ANSWER FORMAT. ALL QUESTIONS RECEIVED HAVE BEEN REPRINTED BELOW. THE "STATE'S RESPONSE" SHOULD BE READ WITHOUT REFERENCE TO THE QUESTIONS. THE QUESTIONS ARE INCLUDED SOLELY TO PROVIDE A CROSS-REFERENCE TO THE POTENTIAL OFFEROR THAT SUBMITTED THE QUESTION. QUESTIONS DO NOT FORM A PART OF THE CONTRACT; THE "STATE'S RESPONSE" DOES. ANY RESTATEMENT OF PART OR ALL OF AN EXISTING PROVISION OF THE SOLICITATION IN AN ANSWER DOES NOT MODIFY THE ORIGINAL PROVISION EXCEPT AS FOLLOWS: UNDERLINED TEXT IS ADDED TO THE ORIGINAL PROVISON. STRICKEN TEXT IS DELETED.

Except as provided herein all terms and conditions of the document referenced as heretofore changed remain unchanged and in full force and effect.

Solicitation No. 101525-938-00413- 11/29/25

The Submit Offer by Date and Time has been amended from 10/29/25 2:00 PM EST to 11/05/25 2:00 PM EST

Question 1: Can you confirm the quantity of HOSPITAL ELECTRIC BED MODEL FL28EX1 ; MFG: STRYKER.

State's Response: Change. This question was submitted as the quantity was not specified for Item 10. The quantity for Item 10 has been specified. See attached amended quotation schedule titled, "Quotation Schedule – Amendment 1".

VIII. BIDDING SCHEDULE

RFQ # 101325-938-00413- 10/29/25

Quotation Schedule – Amendment 1

Complete the following according to the listed Scope of Work / Specifications and Terms and Conditions written in this solicitation. It is the vendor's responsibility to verify that the part numbers/descriptions listed match the specifications listed. Unit price shall be shown for each item.

Complete the contractor certification signature at bottom of Bidding Schedule.

	Description				
	ON SITE ANNUAL PREVENTATIVE MAINTENANCE SERVICE FOR THE FOLLOWING EQUIPMENT:				
	Item#	**QTY UOM**	**Description**	**Unit Price**	**Extended Price**
	1	**1 EA**	**COMBINATION THERAPHY UNIT** **MODEL ME920** **MFR: METTLER ELECTRONICS** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	2	**1 EA**	**COMBO UNIT** **MODEL Intelect Legend XT** **MFR: CHATTANOOGA** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	3	**1 EA**	**DIATHERMY UNIT** **MODEL 390** **MFR: METTLER ELECTRONICS** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	4	**1 EA**	**E STIM** **MODEL ME13** **MFR: METTLER ELECTRONICS** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	5	**1 EA**	**FLUIDOTHERAPY UNIT** **MODEL FLU110D** **MFR: CHATTANOOGA GROUP** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	6	**1 EA**	**FREEZER** **MODEL LCH0501PW** **MFR: HOLIDAY** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	7	**1 EA**	**GAME READY** **MODEL GRPRO 2.1** **MFR: GAMER READY** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	8	**1 EA**	**HEAT GUN** **MODEL EP3** **MFR: EDDY PRODUCT** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	9	**1 EA**	**HOSPITAL ELECTRIC BED** **MODEL CARE ASSIST** **MFG: HILL ROM** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	10	**1 EA**	**HOSPITAL ELECTRIC BED** **MODEL FL28EX1** **MFG: STRYKER** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	11	**1 EA**	**HYDROCOLLATOR** **MODEL M2** **MFR: CHATTANOOGA GROUP** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	12	**1 EA**	**ICE MAKER** **MODEL MIM50P** **MFR: ASBURT FOOD SERVICE** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	13	**1 EA**	**INTERFERENTIAL STIMULATOR** **MODEL CARE IFC SPOR** **MFR: CARE REHAB** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	14	**1 EA**	**INTERMITTENT COMPRESSION UNIT MODEL 4331** **MFR: CHATTANOOGA GROUP** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	15	**1 EA**	**Iontophoresis Unit** **MODEL ActivaDoseII** **MFR: Activatek** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	16	**1 EA**	**Paraffin Bath** **MODEL 24050** **MFR: HYGENIC CORP.** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	17	**1 EA**	**PATIENT LIFT** **MODEL RELIANT** **MFR: INVACARE** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	18	**1 EA**	**PATIENT LIFT** **MODEL SARA 3000** **MGR: ARJO** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	19	**1 EA**	**PNEUMATIC COMPRESSION UNIT** **MODEL: PRESSSION GRADIENT 3** **MFR: CHATTANOOGA GROUP** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	20	**3 EA**	**SPLINT PAN** **MODEL SPLINTFORM 1000** **MFR: NORTH COAST MEDICAL** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	21	**2 EA**	**TABLE PHYSICAL THERAPY -HI/LO** **MODEL: 253** **MFR: CLINTON INDUSTRIES** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	22	**1 EA**	**TENS CARE UNIT** **MODEL CARE SIM** **MFR: CARE REHAB** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	23	**1 EA**	**TENS CARE UNIT** **MODEL DUAL COMBO** **MFR: LG-TEC** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	24	**1 EA**	**TENS CARE UNIT** **MODEL TENS 3000** **MFR: CURRENT SOLLUTIONS** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	25	**1 EA**	**TENS CARE UNIT** **MODEL COMBO** **MFR: MULTIMA** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	26	**1 EA**	**TENS CARE UNIT** **MODEL FOCUS** **MFR: EMPI** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	27	**1 EA**	**TENS CARE UNIT** **MODEL GF-3** **MFR: GRAHAM-FIELD** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	28	**1 EA**	**TENS CARE UNIT** **MODEL MAXTENS 1000** **MFR: BIO PROTECH INC** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	29	**1 EA**	**TENS CARE UNIT** **MODEL MYOTRAC** **MFR: THOUGHT TECHONOLOGY INC** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	30	**1 EA**	**TENS CARE UNIT** **MODEL TENS UNIT** **MFR: DUPEL IONTOPHORESISEMPI** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	31	**1 EA**	**TENS CARE UNIT** **MODEL TENS3000** **MFR: CURRENT SOLLUTIONS** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	32	**1 EA**	**TENS CARE UNIT** **MODEL TWINSTIM III** **MFR: ROSCOE MEDICAL** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	33	**1 EA**	**TENS CARE UNIT** **MODEL ULTIMA COMBO** **MFR: EASYMED INSTRUMENTS** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	34	**2 EA**	**THERAPEUTIC ULTRASOUND UNIT** **MODEL: SONICATOR 730** **MFR: METTLER** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	35	**1 EA**	**THERAPEUTIC LASER** **MODEL LCS205** **MFG: MEDX HEALTH CORP.** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	36	**1 EA**	**THERAPEUTIC ULTRASOUND UNIT** **MODEL: ME740** **MFR: METTLER ELECTRONIC** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	37	**1 EA**	**TRACTION UNIT** **MODEL 73000** **MFR: THE SAUNDERS GROUP** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	38	**1 EA**	**WHEELCHAIR** **MODEL QUICKIE LXI** **MFR: SUNRISE MEDICAL** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	39	**1 EA**	**WHEELCHAIR** **MODEL STYLUS** **MFR: PRIDE MOBILITY** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	40	**1 EA**	**WHEELCHAIR** **MODEL QUICKIE QXI (RED)** **MFR: SUNRISE MEDICAL** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	41	**1 EA**	**WHEELCHAIR** **MODEL QUICKIE (PURPLE)** **MFR: SUNRISE MEDICAL** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	42	**1 EA**	**WHEELCHAIR** **MODEL QUICKIE(YELLOW)** **MFR: SUNRISE MEDICAL** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	43	**1 EA**	**WHEELCHAIR** **MODEL QUICKIE 2 (GREEN)** **MFR: SUNRISE MEDICAL** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	44	**1 EA**	**WHEELCHAIR MODEL** **QUICKIE 2 (PURPLE)** **MFR: SUNRISE MEDICAL** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	45	**1 EA**	**WHEELCHAIR** **MODEL TRACER SX5** **MFR: INVACARE** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	46	**1 EA**	**WHEELCHAIR** **MODEL TRACER SX5 (RECLINER)** **MFR: INVACARE** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	47	**1 EA**	**WHEELCHAIR** **MODEL TRAVELER L3** **MFR: EVEREST AND JENNINGS** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	48	**1 EA**	**WHEELCHAIR** **MODEL CRUISER III** **MFR: DRIVE MEDICAL DEPOT** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
	49	**1 EA**	**WHEELCHAIR** **MODEL SILVERSPORT II** **MFR: DRIVE MEDICAL DEPOT** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		

	50	**1 EA**	**WHEELCHAIR** **MODEL CRUISER III** **MFR: DRIVE MEDICAL DEPOT** Resident Contractor Preference: Resident Subcontractor Preference (2%) Number of subcontractors claimed: Resident Subcontractor Preference (4%) Number of subcontractors claimed:		
			TOTAL ANNUAL CONTRACT		**$**

End of Amendment 1