

 district five Of Lexington and Richland Counties	District Five of Lexington and Richland Counties Invitation for Bid	Solicitation #	2017-012
		Date Issued	10-13-2016
		Procurement Official	Lynda Robinson
		Phone	(803) 476-8140
		E-Mail Address	D5bids@lexrich5.org

DESCRIPTION	Food Service Equipment for District Schools
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The Term "Offer" Means Your "Bid" or "Proposal"

SUBMIT OFFER BY	10-26-2016
QUESTIONS MUST BE RECEIVED BY	10-19-2016
NUMBER OF COPIES TO BE SUBMITTED	1 original and 1 copy

Offers must be submitted in a sealed package. Solicitation number & Opening Date must appear on package exterior.

SUBMIT YOUR SEALED OFFER TO:

District Five of Lexington and Richland Counties
Purchasing Office
1020 Dutch Fork Road
Irmo, SC 29063



CONFERENCE TYPE: None-Not Applicable DATE & TIME: (EST) As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions	LOCATION: Not Applicable
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AWARD & AMENDMENTS	The award and any amendments will be posted at the following web address: www.lexrich5.org
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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 sixty (60) calendar days after the Opening Date.

NAME OF OFFEROR (Full legal name of business submitting the offer) <i>The General Sales Company</i>	OFFEROR'S TYPE OF ENTITY: (Check one) <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 checked="" type="checkbox"/> Other <u>DBA</u> (See "Signing Your Offer" provision.)
AUTHORIZED SIGNATURE <i>Laura Carlson</i> (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) <i>V.P. + General Manager</i>	
PRINTED NAME (Printed name of person signing above) DATE SIGNED <i>Laura Carlson</i> <i>10-26-16</i>	

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. 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. <i>742328980</i>
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COVER PAGE

PAGE TWO
(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for Offeror's home office / principal place of business) <p style="text-align: center; font-size: 1.2em;">406 Huger Street Columbia, SC 29201</p>	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) <p style="text-align: center; font-size: 1.2em;">406 Huger Street Columbia, SC 29201</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Area Code:</td> <td style="width: 25%;">Number:</td> <td style="width: 15%;">Extension:</td> <td style="width: 45%;">Facsimile:</td> </tr> <tr> <td style="text-align: center;">803</td> <td style="text-align: center;">776-0380</td> <td style="text-align: center;">120</td> <td style="text-align: center;">803-776-3417</td> </tr> </table>		Area Code:	Number:	Extension:	Facsimile:	803	776-0380	120	803-776-3417
Area Code:	Number:	Extension:	Facsimile:						
803	776-0380	120	803-776-3417						
E-Mail Address:									

PAYMENT ADDRESS (Address to which payments will be sent.) <input checked="" type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address (check only one)	ORDER ADDRESS (Address to which purchase orders will be sent) Order E-Mail Address: <input type="checkbox"/> Order Address same as Home Office Address <input checked="" type="checkbox"/> Order Address same as Notice Address (check only one)
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ACKNOWLEDGMENT OF AMENDMENTS: Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue.

Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

DISCOUNT FOR PROMPT PAYMENT	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	_____ Calendar Days (%)

MINORITY PARTICIPATION

Please answer the following question:

1. Are you certified as a MOB/WOB (minority-owned business/woman-owned business) by the State of South Carolina?
 Yes No
 If yes, provide certification number: _____

VIII. BIDDING SCHEDULE

<u>Equipment Type:</u>	<u>Price</u>
<u>PROOFER HOLDING CABINET CVap® Holding Cabinet</u>	\$ <u>4492.00</u>
<u>Winston CVap Thermalizer Oven, Model CAT522 *</u>	\$ <u>8637.00</u>
<u>Hobart Salad Dryer, Model SDPS</u>	\$ <u>2455.00</u>
<u>Delfield 2-section Freezer GBSF2-S(H)</u>	\$ <u>4522.00</u>
<u>Delfield, 2-section Refrigerator GBSR2-S(H)</u>	\$ <u>3387.00</u>
<u>Cleveland Range Model No. 22CGT66.1 Gas</u>	\$ <u>8473.00</u>
<u>Cleveland Range Model No. (2) 22CET66.1 Double Stack 480 3phase</u>	\$ <u>14,530.00</u>
<u>Cleveland Range Model No. (2) 22CET66.1 Double Stack 208 3phase</u>	\$ <u>13,977.00</u>
<u>Cleveland Range Model No. (2) 22CGT66.1 Double Stack Gas</u>	\$ <u>16,039.00</u>
<u>Cleveland Range Combi Oven C4 ET 6.20 ES: 480 -3 Phase -Double</u>	\$ <u>28,677.00</u>
<u>Cleveland Range #CST200B Stands for C-3 Combi's</u>	\$ <u>784.00</u>
<u>Cleveland Range Combi Oven C4 ET 6.20 ES 208- 3 Phase Double</u>	\$ <u>28,117.00</u>
<u>Vulcan VC4E Series Convection Oven 208-3 Phase</u>	\$ <u>3797.00</u>
<u>Vulcan VC4E Series Convection Oven 480-3 Phase</u>	\$ <u>4377.00</u>
<u>Vulcan VC4E Series Convection Oven 480-3 Phase Double Stacked</u>	\$ <u>7800.00</u>
<u>Delfield BLAST CHILLER/FREEZER 220-230v/60/1</u>	\$ <u>8979.00</u>
<u>*Total Price</u>	\$ <u>159,043.00</u> **

*Price includes the equipment being delivered, uncrated, removal of all material, set in place, leveled if applicable, sanitized and ready for final connections by others. Omit sales tax.

*The total price will identify the lowest responsive and responsible bidder.

Signature of Authorized Official: Laura Carlson
 Print name and Title: Laura Carlson VP + General Manager

* Window in door not available * PS 2192-12 Scale Kleen is no longer available *
 ** Sales tax not included.

ATTACHMENT A

MINORITY PARTICIPATION AFFIDAVIT

Is the bidder a South Carolina Certified Minority Business? Yes No

Is the bidder a Minority Business certified by another governmental entity? Yes No

If so, please list the certifying governmental entity: _____

Will any of the work under this contract be performed by a SC certified Minority Business as a subcontractor? Yes No

If so, what percentage of the total value of the contract will be performed by a SC certified Minority Business as a subcontractor? _____

Will any of the work under this contract be performed by a minority business certified by another governmental entity as a subcontractor? Yes No

If so, what percentage of the total value of the contract will be performed by a minority business certified by another governmental entity as a subcontractor? _____

If a certified Minority Business is participating in this contract, please indicate all categories for which the Business is certified:

- Traditional minority
- Traditional minority, but female
- Women (Caucasian females)
- Hispanic minorities
- DOT referral (Traditional minority)
- DOT referral (Caucasian female)
- Temporary certification
- SBA 8 (a) certification referral
- Other minorities (Native American, Asian, etc.)

(If more than one minority contractor will be utilized in the performance of this contract, please provide the information above for each minority business.)

The Department of Administration, Division of Small and Minority Business Contracting and Certification, publishes a list of certified minority firms. The Minority Business Directory is available at the following URL: <http://osmba.sc.gov/directory.html>
[04-4015-3]