

REQUEST FOR QUOTES

1 of 3

**COUNTY OF ORANGEBURG
LIMITED SOLICITATION FORM**

1437 Amelia Street

Orangeburg, S. C. 29115

Jannella Shuler, Procurement Director
jshuler@orangeburgcounty.org

(803) 533-6121 or (803) 535-2307 fax

Solicitation Number: FY12-0410

Solicitation Title:) HVAC Replacements (Health Department)

Agency Contact: Jannella S. Shuler, Procurement Director or Earl Whalen, Deputy Admin. Public Services (803) 533-6177

Limited Solicitation is an informal procurement method for purchases over \$10,000 and up to \$50,000. This process is authorized by section Article 5-201-2B of Orangeburg County Procurement Code ("Code")

Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Federal Tax ID Number: _____

Responses to this solicitation will be accepted by Orangeburg County Procurement Office 3rd floor 1437 Amelia Street, Orangeburg, S. C. 29115 by or before **11:00 a.m.** **Fax bids will be accepted to (803) 535-2307**(no late bids will be accepted). The following documents are attached to this solicitation and will be applicable to the resultant contract: (none). Please check website www.orangeburgcounty.org – Purchasing/Bids- Solicitations for addendums before you submit your quote.

Request Quotes FY12-0410

SPECIFICATIONS

FOR

3 HAVC Units

- 1. 8.5 ton 208 – 230 volts 3 phase water source heat pump**
- 2. 8.5 ton 208 – 230 volts 3 phase water source heat pump**
- 3. 5 ton 208-230 volts 3 phase water source heat pump**

There will be only one site visit if necessary on Tuesday, March 27, 2012 from 9:00 -10:00 A.M at the Orangeburg County Health Department located at 1550 Carolina Avenue, Orangeburg, S. C. 29115. Wanda Hicks (803) 533-7116 or Richard Pipkins (803) 533-7197 will be the contacts.

Vendor is qualified for and desires to exercise the following preference(s) as vendor has marked, below:

- Preference 1. Vendor is a resident of the State of South Carolina: Yes No
- Preference 2. Vendor is a resident of Orangeburg County, SC: Yes No
- Preference 3. Vendor is an MBE: Yes No

Anticipated Delivery/Start Date _____

Vendor is required to have Certificate of Insurance Liability to include Workmen’s Compensation Insurance (Orangeburg County, P. O. Box 9000, Orangeburg, S. C. as Certificate Holder). Do you have the required insurance _____Yes _____No. Manufacture warranty required on equipment/parts for minimum 5 years unless manufacture warranty exceeds. Minimum 1 year warranty of workmanship and labor unless vendor exceeds.

Price: \$_____Inclusive of all costs to include but not limited to equipment, labor, installation and removal of existing equipment (except sale taxes on labor) By vendor’s signature below, vendor agrees that Article 1-7 of the Code are incorporated by reference as terms of the vendor’s written quote. The undersigned vendor agrees to be bound to the Code regarding all matters arising form the Request for Quotes.

Vendor Authorized Signature: _____(required, if not signed your quote may cause for disqualification)

Please check here if you acknowledge addendum information _____if applicable.
Additional vendor information or exceptions attached: Yes _____ No _____

Attachment or Exception Sheet

