

	District Five of Lexington and Richland Counties Request for Qualifications Professional Services Amendment One	Solicitation #	2023-026
		Date Amendment Issued	01/18/2023
		Procurement Official	Lynda Robinson
		Phone	(803) 476-8140
		E-Mail Address	D5bids@lexrich5.org

DESCRIPTION	Professional Services – Facility Needs Assessment
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The Term "Offer" Means Your "Bid" or "Proposal"

SUBMIT OFFER BY	January 26, 2023 at 11:00 AM
QUESTIONS MUST BE RECEIVED BY	January 18, 2023 at 12:00 PM
NUMBER OF COPIES TO BE SUBMITTED	1 original and 5 copies printed, 1 electronic

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: Not Applicable DATE & TIME: As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions	LOCATION: Not applicable
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AWARD & AMENDMENTS	The award, this solicitation, and any amendments will be posted at the following web address: https://www.lexrich5.org/Page/29433
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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)	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 type="checkbox"/> Other _____ (See "Signing Your Offer" provision.)
AUTHORIZED SIGNATURE (Person signing must be authorized to submit a binding offer to enter into a 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. 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.
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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)	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.)								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Area Code:</td> <td style="width: 25%;">Number:</td> <td style="width: 25%;">Extension:</td> <td style="width: 25%;">Facsimile:</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> <td></td> </tr> </table>	Area Code:	Number:	Extension:	Facsimile:				
Area Code:	Number:	Extension:	Facsimile:						
	E-Mail Address:								
PAYMENT ADDRESS (Address to which payments will be sent.)	ORDER ADDRESS (Address to which purchase orders will be sent)								
<input type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address (check only one)	Order E-Mail Address:								
	<input type="checkbox"/> Order Address same as Home Office Address <input type="checkbox"/> Order Address same as Notice Address (check only one)								

ACKNOWLEDGMENT OF AMENDMENTS: Offerors acknowledge 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 (%)
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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: _____.

**AMENDMENT #1
PROFESSIONAL SERVICES-FACILITY NEEDS ASSESSMENT
SOLICITATION # 2023-026**

ACKNOWLEDGE RECEIPT

Submitters 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 of the original solicitation (3) by letter, or (4) by submitting a response that indicates in some way that the firm received the amendment.

The solicitation is amended as provided herein. Information or changes resulting from questions will be show in a question-and answer format. All questions received have been reprinted below. The District'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. 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 solicitation and stricken text is deleted. All sections of the original solicitation not appearing in this amendment shall remain unchanged.**

CHANGES TO THE SOLICITATION

1. Reference page #2 of the solicitation. The title, ~~Submittals of Qualification Statements to Provide Architectural/ Engineering Services for the Irmo High School East Wing Replacement~~, is corrected as follows:
Submittals of Qualification Statements for Professional Services Facility Needs Assessment.
2. Reference Section 2.2.3 Selection, Item # a2. ~~Federal Standard Form 255, Architect-Engineer and Related Services Questionnaire for Specific Project~~ is deleted.

SOLICITATION QUESTIONS AND DISTRICT RESPONSES ARE DETAILED BELOW (QUESTIONS ARE PRESENTED IN THE FORMAT RECEIVED):

Question 1: How many schools will be in this comprehensive facility needs assessment and a five-year prioritized, phased master facilities plan?

The District's Response: All District facilities, including all schools, are included in the assessment.

Question 2: Section 2.2 of the RFQ indicates that both SF 330 and SF 255 will be required. Can you confirm, are both forms required in their entirety, or is SF 330 alone required in the appendix?

The District's Response: Federal Standard Form 255 is **not** required. Only Federal Standard Form 330 in its entirety is required.

Question 3: Page 10, Section 3.3.4: Do the audited financial statements count toward the 40-page limit? I see that any signed statements called for may be included in an appendix, but would like to confirm since this was noted to be included in Section 3.3.4. If it does count toward the page limit, are we able to summarize the financial stability and make note that the full audited statements are included in an appendix?

The District's Response: Audited financial statements do not count toward the 40-page limit and may be included in the appendix.

Question 4: Much of the information requested in the 40 pages would be included in the SF 330. Is it the District's preference to have information repeated in both the 40-page limit and the SF 330 or are we able to reference certain sections back to the SF 330?

The District's Response: When responding to the requests provided elsewhere in the submittal, submitters may insert reference information at the specific location where the answer is to be provided.

Question 5: Page 7, Section 2.2.3: The RFQ lists both a completed SF 330 and SF 255. Does the District want both of these forms completed or are we able to complete just the SF 330 along with the information requested in the 40- page limit?

The District's Response: Federal Standard Form 255 is **not** required. Only Federal Standard Form 330 in its entirety is required.