



*Tradition. Excellence. Innovation.*

## **Request for Quotes**

**RFQ # 23-24-02**

**Dated August 23<sup>rd</sup>, 2023**

**Project:** Olympus II Porte Cachee Air Screen Display Case

**Deadline for Quotes:** **September 6<sup>th</sup>, 2023 @ 10:00 am**

**Scope:** Spartanburg School District Seven, hereafter referred to as the “District”, is accepting quotes for two (2) open display merchandiser coolers with the option to purchase a third cooler at a later date. This is a brand specific quote with the following specs:

Olympus II Porte Cachee Air Screen Display Case (model SCAS48R-II-PD)  
48” W x 78” H  
2 front sliding-hinged pocket doors  
Self-contained base mounted refrigeration  
Digital control & temperature display  
Defrost termination  
Square top canopy with LED lighting  
Adjustable stainless-steel shelves with LED lights  
Removable stainless-steel deck  
Casters  
1-year parts & labor warranty  
5-year compressor warranty  
Must conform to NSF STD 7 type II refrigeration  
Environmentally safe refrigerant

The total quote price shall include a 7% S.C. sales tax and any freight fees. The tax & freight will be added at the end of the quote sheet.

### **Quote as Offer to Contract & Purchase Order as Award:**

By submitting your Quote, you are offering to enter into a contract with the District. Without further action by either party, a binding contract shall result upon final award. Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. Any offer may be submitted by one legal entity; joint bids are not allowed. The Offeror agrees to be governed by the terms and

conditions as set forth in this document and the District issued Purchase Order. Any quote containing variations from the terms and conditions set forth herein may, at the sole discretion of the District, render such quote non-responsive. Award under this RFQ will be evidenced by the issuance of a Purchase Order.

**Minimum Service Requirements:**

1. The District will accept email quotes. All quotes must be sent to Donna Wiggs, Procurement officer, @ [DBWiggs@spart7.org](mailto:DBWiggs@spart7.org). It is the bidder's responsibility to be sure the email is received. You may call to verify at 864-594-6167.
2. All quotes must be received no later than the deadline specified. Any quotes received after the scheduled deadline will be disqualified immediately in accordance with the District's policy.

**Award:**

Award will be to one vendor for base bid total. Award shall be made to the bidder that the District determines to be most advantageous. If the need arises for additional items this RFQ awarded vendor will be used during the District Calendar years 23-24 and 24-25. The contract resulting from this request shall be awarded to the most responsive and responsible offeror whose bid is determined to be the most advantageous to the District. However, the right is reserved to reject any and all, or portions of bids received, and in all cases, the District will be the sole judge as to whether an Offeror's bid has or has not satisfactorily met the requirements of the RFQ. The District is not required to furnish a statement of the reason(s) why a bid was not deemed to be the most advantageous nor will it be required to furnish any information regarding the RFQ. The award to the successful proposer regarding this solicitation will be posted at 610 Dupre Drive, Spartanburg, SC 29307.

**Quote Form: Olympus II Porte Cachee Air Screen Display Case  
RFQ #23-24-02**

<u>Quantity</u>	<u>Description</u>	<u>Bid Price per unit</u>
3	Olympus II Porte Cachee Aire Screen Display Case (see specifications above).	\$
	SUBTOTAL	
	SHIPPING/FREIGHT	
	Tax 7%	
	<b><u>Bid Total</u></b>	

Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Printed Name from Above: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_



NEW VENDOR FORM

Vendor/Company/Entity Legal Name (Must match TIN below) \_\_\_\_\_

DBA: \_\_\_\_\_ (EIN): \_\_\_\_\_ or \_\_\_\_\_  
Employer I.D. Number Social Security Number

Business Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Street \_\_\_\_\_ Zip Code \_\_\_\_\_ PO Box \_\_\_\_\_

Billing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Street \_\_\_\_\_ Zip Code \_\_\_\_\_ PO Box \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Federal Tax Classifications (Please select one)

- Individual/Sole-Proprietor/Single Member LLC  Corporation – C or S: \_\_\_\_\_  Partnership
- Limited liability company (C, S, or P): \_\_\_\_\_  Non-Profit

Indicate number of years firm has been in business under the present name: \_\_\_\_\_

Principal Activity (Please select one)  Labor  Material  Other: \_\_\_\_\_

List the principal type of service(s) or product(s) that are being provided: \_\_\_\_\_

The company’s status is a:  Minority Owned Business (MBE)  Woman Owned Business (WBE)

Minority Status of Owner(s)

- African American  Asian  Aleut  Caucasian Female
- East Indian  Eskimo  Native American  Other: \_\_\_\_\_

Citizenship Status of Minority Owner(s):  United States  Other: \_\_\_\_\_

Certified 8(a) by US Small Business Administration  Yes  No

Are you licensed to do business in South Carolina, as well as locally, including all business licenses?  
 Yes  No

I certify that all information provided as part of this certification is true and accurate.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_