



PROCUREMENT DEPARTMENT

Teria G. Sheffield
Procurement Director

ADDENDUM # 1

Date: 8/22/2023

PROPOSAL ID #2892

IFB #2892

Waste Equipment: (12) 4-yard stationary compactors and (6) Octagon receivers

THE FOLLOWING INFORMATION SHALL BE INCORPORATED AS PART OF THE ABOVE MENTIONED SOLICITATION; ALL OTHER TERMS AND CONDITIONS SHALL REMAIN THE SAME.

Change 1: Revised Bid Form (Attached)

Reference: Bid Form

Delete: 6 Power Units

Add: 6 Octagonal Receivers

BID FORM

A. Price

York County is not exempt from paying SC sales tax. Bidders outside of SC should provide sales tax pricing in their Bid. If a firm located outside of SC is the successful Bidder then York County will pay the sales tax directly to the State of South Carolina.

QUANTITY	ITEM	EACH PRICE	PRICE
8 each	New, Unused 4 yd. Stationary Compactors with Full Pit Hoppers Make/Model: <input type="text"/>		
4 each	New, Unused 4 yd. Stationary Compactors without pit hoppers Make/Model: <input type="text"/>		
6 each	New, Unused Remote Power Units 4 yard Stationary Compactors Make/Model: <input type="text"/>		
		SC SALES TAX	
		DELIVERY FEE	
		GRAND TOTAL	

BID FORM

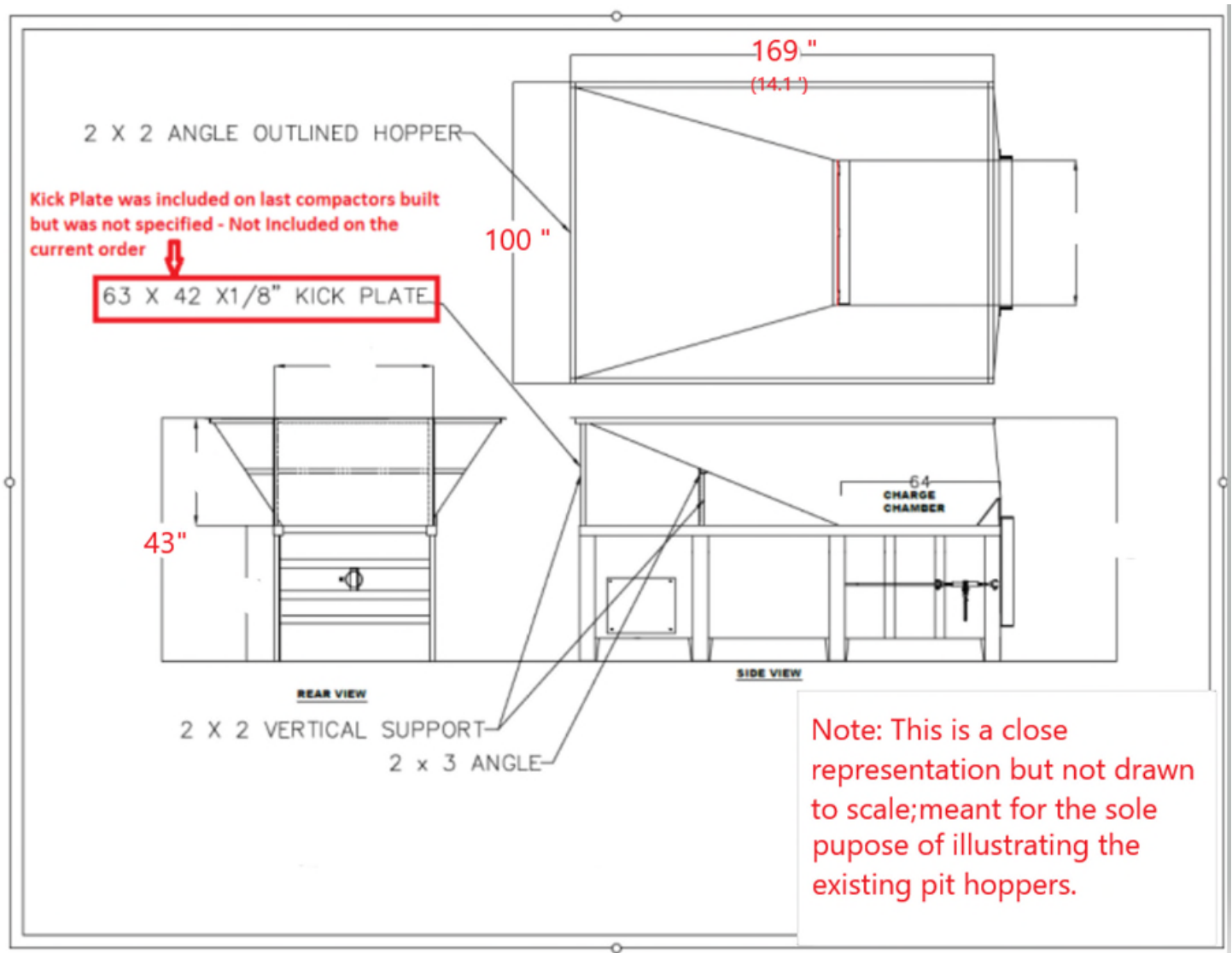
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4 each	New, Unused 4 yd. Stationary Compactors without pit hoppers Make/Model: <input type="text"/>		
6 each	New, Unused 6 X Octagonal Receiver Containers Make/Model: <input type="text"/>		
		SC SALES TAX	
		DELIVERY FEE	
		GRAND TOTAL	

Change 2: Drawing

Reference: This is a Reference Drawing Only; Actual Dimensions are specified in the bid



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6 each	New, Unused 6 X Octagonal Receiver Containers Make/Model: _____		
SC SALES TAX			
DELIVERY FEE			
GRAND TOTAL			

B. Acknowledgement of Addenda

Bidder hereby acknowledges receipt of all Addenda through and including:

Addendum No _____, dated _____.

Addendum No. _____, dated _____.

Addendum No _____, dated _____.

C. Exceptions

D. Questionnaire

1. Name, address and phone number of the manufacturer's service representative(s) for the state.

2. Delivery time: _____ days.

E. Signature Page - OFFERORS MUST COMPLETE AND SIGN THE FORM BELOW
The submittal must be signed by an authorized representative of the Offeror accepting all terms and conditions contained in this document and any addenda. Modifying the terms and conditions of this solicitation may result in your response being rejected.

COMPANY NAME

COMPANY TELEPHONE NUMBER

COMPANY ADDRESS

COMPANY FAX# (IF APPLICABLE)

CITY, STATE, ZIP+4

EMAIL ADDRESS

AUTHORIZED SIGNATURE

FEDERAL ID#

PRINT NAME

DATE

Minority Status

- _____ Not Minority Owned
- _____ African American Male
- _____ Caucasian Female
- _____ African American Female
- _____ Aleut
- _____ Eskimo
- _____ East Indian
- _____ Native American
- _____ Asian
- _____ Other (Please Explain)