SE-311

INVITATION FOR MINOR CONSTRUCTION QUOTES

| AGENCY/OWNER: SC Department of Mental Health | |
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| PROJECT NAME: Building 29 New Dishwasher Ventilation System | |
| PROJECT NUMBER: N/A CONSTRUC | CTION COST RANGE: \$20,000.00 to \$50,000.00 |
| PROJECT LOCATION: Building 29 7901 Farrow Rd. Colu | |
| DESCRIPTION OF PROJECT: <u>Install ventilation system for new dishwasher per drawings provided by Buford Goff of Associates</u> | |
| QUOTE DUE DATE: 3/7/23 | TIME: 3:00 PM |
| AGENCY PROJECT COORDINATOR: Randy Carver | |
| EMAIL: david.carver@scdmh.org | TELEPHONE: 843-245-6690 |
| DOCUMENTS MAY BE OBTAINED FROM: david.carve | |
| DOCUMENTO WITT BE OBTAIN VED TROM. universal ve | 4 e sedimi.org |
| DOCUMENT DEPOSIT AMOUNT: \$ N/A | IS DEPOSIT REFUNDABLE Yes No No N/A |
| PERFORMANCE BOND REQUIRED? Yes \boxtimes No [| ☐ PAYMENT BOND REQUIRED? Yes ☐ No ☒ |
| Contractors must obtain Documents/Plans from the above lis communications with official plan holders & Contractors subm | sted source(s) to be listed as an official plan holder. All written nitting quotes will be via email or website posting. |
| PUBLIC NOTICES: All notices (Notice of Award) shall be Board 7901 Farrow Rd. Columbia, SC 29203 | e posted at the following location: Building 4 Hallway Bulletin |
| | aggrieved in connection with this solicitation or the intended award e State Engineer in accordance with Section 11-35-4210 at: CPO, |
| All questions & correspondence concerning this Invitation shall be addressed | to the A/E. |
| A/E NAME: Buford Goff & Associates | A/E CONTACT: Dan Reider |
| EMAIL: dan.reider@bgainc.com | TELEPHONE: 803-254-6302 |
| | DATE: 2/28/23 TIME: 2:00 PM |
| PRE-QUOTE PLACE: Building 4 Conference Room 7 | 901 Farrow Rd. Columbia SC 29203 |
| QUOTE DELIVERY ADDRESSES: | MAIL CEDVICE. |
| HAND-DELIVERY: | MAIL SERVICE: |
| Attn: Randy Carver 7901 Farrow Rd. Building 4 Room 106 | Attn: Randy Carver 7901 Farrow Rd. Building 4 |
| Columbia, SC 29203 | Columbia, SC 29203 |
| Columbia, SC 27203 | Columbia, SC 27203 |
| IS PROJECT WITHIN AGENCY CONSTRUCTION CERTIFIC | CATION? (Agency MUST check one) Yes ⊠ No □ |
| APPROVED BY: | DATE: |
| (OSE Project Manager) | |