



2027-IFB-21 Addendum 1

Fire Nozzles

Issue Date: 9/17/2026

Questions Deadline: 10/5/2026 12:00 PM (ET)

Response Deadline: 10/14/2026 03:00 PM (ET)

Contact Information

Contact: Shannon Sharpe - Procurement Manager

Address: Ste 503 - 5th Floor
212 South Lake Drive
Ste 503 - 5th Floor
Lexington, SC 29072

Phone: (803) 785-8175

Email: snsharpe@lexingtoncounty.sc.gov

Event Information

Number: 2027-IFB-21 Addendum 1
Title: Fire Nozzles
Type: Invitation for Bid
Issue Date: 9/17/2026
Question Deadline: 10/5/2026 12:00 PM (ET)
Response Deadline: 10/14/2026 03:00 PM (ET)
Notes:

**ALL QUESTIONS REGARDING THIS SOLICITATION MUST BE SUBMITTED
IN IONWAVE**

**ANY TECHNICAL QUESTIONS RELATED TO IONWAVE PLEASE CONTACT
THE PROCUREMENT DEPARTMENT DIRECTLY**

Ship To Information

Contact: Jo Lynn Hinz, Central Stores Manager
Address: Central Stores Warehouse
415 Ball Park Road
Lexington, SC 29072

Billing Information

Contact: Accounts Payable
Address: Procurement
5th Floor
212 South Lake Drive
Ste 503 - 5th Floor
Lexington, SC 29072
Phone: (803) 785-8107

Bid Activities

Non Mandatory Bid Opening

10/14/2026 3:00:00 PM (ET)

TEAMS ONLY:

DIAL: 1-312-763-9891
ID #: 787 681 218#

Bid Attachments

CERTIFICATE OF FAMILIARITY - REVISED.docx.pdf

[Download](#)

A blank form can be found under the " Attachments" tab. Certificate of Familiarity ONLY

NON-COLLUSION AFFIDAVIT - 2026.pdf

[Download](#)

NON-COLLUSION AFFIDAVIT - 2026

Contract Sample 4.18.23.doc.pdf

[Download](#)

Contract Sample

Terms_and_Conditions_Services_and_Supplies_3_and_2 (2) updated 2.5.26.pdf

[Download](#)

3 & 2 Terms & Conditions 2.5.26

Vendor_Application.pdf

[Download](#)

Vendor Application

Copy of W9.pdf

W9 Form

Download

Addendum One.pdf

Addendum One - Fire Nozzles

Download

Fire Nozzle Specs Revised 9.25.26.pdf

Fire Nozzle Specifications Revised 9.25.26

Download

Requested Attachments

Certificate of Familiarity

(Attachment required)

A blank form can be found under the "Attachments" tab. Certificate of Familiarity ONLY

Certificate of Insurance

(Attachment required)

The Certificate of Insurance submitted must be current and include all statutory requirements, per the specifications. Certificates of Insurance that are out of date or not in compliance with the requirements will not be accepted and could result in the proposal being deemed non-responsive or non-responsible.

Non-Collusion Affidavit

(Attachment required)

A blank form can be found under the "Attachments" tab. Non-Collusion Affidavit ONLY

Vendor Application and W9 Form

If your Company has not done business with the County by receipt of a purchase order in the last five (5) years, please upload a completed Vendor Application here. A blank Vendor Application can be found in the Attachments tab. Vendor Application and W9 Form ONLY

Bid Attributes

1

Award to a Sole Vendor

By checking this box, I acknowledge that the County will award this solicitation to a sole vendor.

☐ Checkbox

(Required: Check if applicable)

2

Acknowledgement Regarding Contract Modifications

By checking this box, you acknowledge that there will be no modifications to the boiler plate language in the County's Contract.

☐ Acknowledgement

(Required: Check if applicable)

3

Reference #1 Name

(Required: Maximum 1000 characters allowed)

4

Reference #1 Phone

(____) ____ - ____

ext: _____

(Required)

5 Reference #1 Email

(Required: Email address)

6 Reference #2 Name

(Required: Maximum 1000 characters allowed)

7 Reference #2 Phone

 (____) ____ - ____ ext:

(Required)

8 Reference #2 Email

(Required: Email address)

9 Reference #3 Name

(Required: Maximum 1000 characters allowed)

10 Reference #3 Email

(Required: Email address)

11 Delinquent Taxes

By checking the box you certify that your Company does not owe delinquent taxes to the County of Lexington at the time solicitation opening.

☐ Delinquent Taxes

(Required: Check if applicable)

12 What is your company's estimated time of delivery in calendar days after receipt of a purchase order?

(Required: Maximum 1000 characters allowed)

13 South Carolina Sales Tax and Shipping/Freight

By checking this box, you confirm that all pricing submitted includes applicable SC sales tax and shipping/freight.
Vendors who do NOT collect SC sales tax still must submit pricing that includes the 7% SC sales tax in their bid.

☐ SC Sales Tax & Shipping

(Required: Check if applicable)

1
4

Addendum 1

By checking this box, I have read and acknowledge Addendum one. Note the change in Project dates.

☐ 0

(Required: Check if applicable)

Bid Lines

1

Cost PER NOZZLE per the specifications.

Quantity: 1

UOM: EA

Price:

\$

Total:

\$

Item Notes:

MUST INCLUDE 7% SC sales tax & shipping/freight

Supplier Notes:

☐ No bid

☐ Additional notes
(Attach separate sheet)

Supplier Information

Company Name: _____

Contact Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Supplier Notes

By submitting, I agree that having fully familiarized myself with the information contained within this entire solicitation and applicable amendments, submits the attached response and other applicable information to the County, which I verify to be true and correct to the best of my knowledge. I certify that this submission is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a response for the same materials, supplies or equipment, and is in all respects, fair and without collusion or fraud. I agree to abide by all conditions of this solicitation and certify that I am authorized to sign this response. I further certify that this response is good for a period of ninety (90) days, unless otherwise stated.

Print Name _____

Signature _____