



LINCOLN UNIVERSITY PURCHASING
DEPARTMENT REQUEST FOR
PROPOSAL (RFP)

AMENDMENT NO: 003
RFP NO.: B17-1121
TITLE: FURNITURE FOR WELLNESS CENTER
ISSUE DATE: OCTOBER 3, 2016

REQ NO.:
BUYER: DEBRA KIDWELL
PHONE NO.: (573) 681-5415
E-MAIL: kidwelld@lincolnu.edu

RETURN PROPOSAL NO LATER THAN: **OCTOBER 7, 2016 AT 2:00 P.M. CENTRAL TIME**

MAILING INSTRUCTIONS: Print or type IFB Number and Return Due Date on the lower left hand corner of the envelope or package. Delivered sealed bids must be in the Lincoln University Purchasing Department (1002 Chestnut St, Room 101) by the return date and time.

(courier service)

RETURN PROPOSAL TO: LINCOLN UNIVERSITY, 1002 CHESTNUT ST, SHIPPING & RECEIVING BLDG
JEFFERSON CITY MO 65101

CONTRACT PERIOD: not applicable

**RFP B17-1121 IS HEREBY AMENDED WITH THE FOLLOWING CLARIFICATION:
Correction on G7 product: Product number should read: #R36HT Description should read:
Dimension Series Hinge Top Outdoor Receptacle, With Perforated Steel Panels, Order #
FGR36HT500PL, 21" square by 40"h, 29 Gallon Capacity, With Rigid Plastic Liner,
Black/Anthracite Powder Coat Finish**

The bidder hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Invitation for Bids (Dated 04-23-2010). The bidder further agrees that the language of this IFB shall govern in the event of a conflict with his/her bid. The bidder further agrees that upon receipt of an authorized purchase order from Lincoln University or when this IFB is countersigned by an authorized official of Lincoln University, a binding contract shall exist between the bidder and Lincoln University.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE		DATE	
PRINTED NAME		TITLE	
DOING BUSINESS AS (DBA) NAME		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID #	
MAILING ADDRESS		IRS FORM 1099 MAILING ADDRESS	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
VENDOR NO. (IF KNOWN)	TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE) FEIN or SSN	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
Corporation	Individual	State/Local Government	Partnership
CONTACT PERSON		Sole Proprietor	
E-MAIL ADDRESS		Other	
PHONE NUMBER		FAX NUMBER	

NOTICE OF AWARD (LINCOLN UNIVERSITY ONLY)

ACCEPTED BY LINCOLN UNIVERSITY AS FOLLOWS:			
CONTRACT NO.		CONTRACT PERIOD	
BUYER	DATE	PURCHASING DIRECTOR	