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|  | **State of South Carolina**  **South Carolina Public Employee Benefit Authority**  **Request For Proposal**  **Amendment Number One (1)** | Solicitation Number:  Date Issued:  Procurement Officer:  Phone:  E-Mail Address: | PEBA0122016  9/27/2016  David H. Quiat, CPPB  803.734.0602  [dquiat@peba.sc.gov](mailto:dquiat@peba.sc.gov) |

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| DESCRIPTION: **Client Services Vendor to Facilitate and Support Program Activities.** |

SUBMIT OFFER BY (Opening Date/Time):   **10/25/2016 3:00 PM**

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| *The Term "Offer" Means Your "Proposal". Your offer must be submitted in a sealed package. The Solicitation Number & Opening Date should appear on the package exterior. See the clause entitled "Submitting Your Offer or Modification."* |

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

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| MAILING ADDRESS:  South Carolina Public Employee Benefit Authority  P.O. Box 11960  Columbia, S.C. 29211-1960  Attention: David H. Quiat | PHYSICAL ADDRESS:  South Carolina Public Employee Benefit Authority  202 Arbor Lake Drive  Columbia, S.C. 29223  Attention: David H. Quiat |

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| AWARD & AMENDMENTS | Award will be posted on **11/28/2016.**  The award, this solicitation, any amendments, and any related notices will be posted at the following web address: <http://www.mmo.sc.gov/PS/PS-eip-solicitations.phtm> |

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| You must submit a signed copy of this form with Your Offer. By submitting a proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of one hundred twenty (120) calendar days after the Opening Date.    (See the clause entitled "Signing Your Offer.") | | |
| NAME OF OFFEROR      (Full legal name of business submitting the offer) | | Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror. The entity named as the offeror must be a single and distinct legal entity. Do not use the name of a branch office or a division of a larger entity if the branch or division is not a separate legal entity, i.e., a separate corporation, partnership, sole proprietorship, etc. |
| AUTHORIZED SIGNATURE    (Person must be authorized to submit binding offer to contract on behalf of Offeror.) | |  |
| TITLE    (Business title of person signing above) | | STATE VENDOR NO.    (Register to obtain S.C. Vendor No. at www.procurement.sc.gov) |
| PRINTED NAME    (Printed name of person signing above) | DATE SIGNED | STATE OF INCORPORATION    (If you are a corporation, identify the state of incorporation.) |

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| OFFEROR'S TYPE OF ENTITY:   (Check one)                                                                   (See "Signing Your Offer" provision.)      \_\_\_ Sole Proprietorship                                  \_\_\_ Partnership                                  \_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_      \_\_\_ Corporate entity (not tax-exempt)          \_\_\_ Corporation (tax-exempt)            \_\_\_ Government entity (federal, state, or local) |

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**(Return Page Two with Your Offer)**

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| HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business) | NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.)          \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area Code  -  Number  -  Extension                    Facsimile    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail Address |

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| PAYMENT ADDRESS (Address to which payments will be sent.)            \_\_\_\_Payment Address same as Home Office Address  \_\_\_\_Payment Address same as Notice Address   **(check only one)** | ORDER ADDRESS (Address to which purchase orders will be sent)            \_\_\_\_Order Address same as Home Office Address  \_\_\_\_Order Address same as Notice Address   **(check only one)** |

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| ACKNOWLEDGMENT OF AMENDMENTS  Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See the clause entitled "Amendments to Solicitation") | | | | | | | |
| Amendment No. | Amendment Issue Date | Amendment No. | Amendment Issue Date | Amendment No. | Amendment Issue Date | Amendment No. | Amendment Issue Date |
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| DISCOUNT FOR PROMPT PAYMENT  (See the clause entitled "Discount for Prompt Payment") | 10 Calendar Days (%) | 20 Calendar Days (%) | 30 Calendar Days (%) | \_\_\_\_\_Calendar Days (%) |

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# Amendment Number One (1)

# Amendments to the Request for Proposal

**Client Services Vendor to Facilitate and Support Program Activities**

**Solicitation Number PEBA0122016**

**The Request for Proposal is amended as follows:**

1. **Amend Part 2, Scope of Proposal, 2.2 Background, page twenty (20), by deleting the 2nd paragraph in its entirety and replacing it with the following:**

An Operational Assessment project was initiated in 2014 to identify needs, opportunities, and develop a plan to address challenges and seize improvement opportunities through the use of modern technology and business process redesign. The Final Assessment Report includes a high level Operational System Modernization Roadmap to all projects and initiatives that must take place to accomplish the successful transition from the current PEBA operational processes and legacy system to vastly improved business processes and integrated benefit administration. The PEBA Operational System Modernization Roadmap, as well as Attachment 1: High Level Scope and Responsibilities and Figure 2: Operational Assessment - Modernization Roadmap, are provided as information and may be found at: <http://www.mmo.sc.gov/PS/PS-eip-solicitations.phtm>

1. **Amend Part 5, Information for Offerors To Submit, page twenty-four (24), by deleting a. through f. in their entirety and replacing with the following:**
2. One (1) original marked “original” and six (6) identical paper copies of your Technical Proposal.
3. One (1) labeled CD containing a copy of the Offeror’s Technical Proposal Response (in MS Word, MS Excel and/or PDF format where appropriate).
4. One (1) original marked “original” and three (3) paper copies of your Business Proposal.
5. One (1) labeled CD containing a copy of the Offeror’s Business Proposal.
6. One (1) CD labeled “original redacted” containing a redacted version of your original Technical Proposal.
7. One (1) CD labeled “original redacted” containing a redacted version of your original Business Proposal.