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|  | **State of South Carolina**  **South Carolina Public Employee Benefit Authority**  **Request For Proposal**  **Amendment Number Two (2)** | Solicitation Number:  Date Issued:  Procurement Officer:  Phone:  E-Mail Address: | PEBA0122016  10/4/2016  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 Two (2)

# Amendments to the Request for Proposal

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

**Solicitation Number PEBA0122016**

**Due to potentially dangerous weather conditions from the approaching hurricane, government offices in Richland County will be closed October 5 – 7, 2016. This includes PEBA’s office. We will re-open Monday, October 10, 2016, at 8:30 a.m.**

**As such, the Pre-Proposal Conference scheduled for Wednesday, October 5, 2016 at 10:00 am has been cancelled. Another amendment will be issued with a new date for the pre-proposal conference.**