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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, CPPB803.734.0602dquiat@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 AuthorityP.O. Box 11960Columbia, S.C. 29211-1960Attention: David H. Quiat  | PHYSICAL ADDRESS:South Carolina Public Employee Benefit Authority202 Arbor Lake DriveColumbia, S.C. 29223Attention: 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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| 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 AMENDMENTSOfferors 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.**