|  |  |  |  |
| --- | --- | --- | --- |
|   |  **State of South Carolina** **South Carolina Public Employee Benefit Authority****Request For Proposal****Amendment Number Three (3)** |  Solicitation Number: Date Issued: Procurement Officer: Phone: E-Mail Address: | PEBA0122016 10/18/2016 David H. Quiat, CPPB803.734.0602dquiat@peba.sc.gov |

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

 SUBMIT OFFER BY (Opening Date/Time):   **11/16/2016 3:00 PM**

|  |
| --- |
| *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:

|  |  |
| --- | --- |
| 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  |

|  |  |
| --- | --- |
|  AWARD & AMENDMENTS | Award will be posted on **12/12/2016.**  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> |

|  |
| --- |
| 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.) |

|  |
| --- |
|  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) |

COVER PAGE (NOV. 2007)

SAP

SAP

 **PAGE TWO**

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

|  |  |
| --- | --- |
| 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 |

|  |  |
| --- | --- |
| 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)** |

|  |
| --- |
| 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 |
|   |   |   |   |   |   |   |   |
|   |   |   |   |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DISCOUNT FOR PROMPT PAYMENT(See the clause entitled "Discount for Prompt Payment") | 10 Calendar Days (%) | 20 Calendar Days (%) | 30 Calendar Days (%) | \_\_\_\_\_Calendar Days (%) |

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  PAGE TWO (SEP 2009) |  |  End of PAGE TWO |  |    |  |

# Amendment Number Three (3)

# 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 the Schedule of Key Dates in The Proposal Process, page 6, by deleting it in its entirety and replacing it with the following:

**SCHEDULE OF KEY DATES IN THE PROPOSAL PROCESS**

**All dates subject to change**

|  |  |
| --- | --- |
| 1. Distribution of the RFP  | 9/16/2016 |
| 2. Questions on the RFP   | 9/30/2016 |
|  3. (a) Pre-Proposal Conference (b) Final Deadline for Submission of All Questions  | 10/27/2016 |
| 4. State’s Written Responses to Questions (tentative) | 11/3/2016 |
| 5. Submission and Opening of Proposals (3:00 p.m.) | 11/16/2016 |
| 6. Oral Presentations (tentative) | Week of 12/5/2016 |
| 1. Intent to Award Posting Date (tentative)
 | 12/12/2016 |
| 1. Intent to Award Becomes Official (tentative)
 | 12/22/2016 |
| 1. Contract Performance
 | 1/3/2017 |

1. Amend Part 1, Instructions To Offerors-B. Special Instructions, 1.32, Pre-Proposal Conference/Submission of Questions, page 14, by deleting the first paragraph in its entirety and replacing it with the following:
	1. **PRE-PROPOSAL CONFERENCE/SUBMISSION OF QUESTIONS:**

There will be a Pre-Proposal Conference at **10:00 AM Local Time** **on Thursday, October 27, 2016** at the South Carolina Public Employee Benefit Authority, 200 Arbor Lake Drive, Second Floor Conference Room, Columbia, South Carolina.

Pre-Proposal Conference Dial in Information

Dial in Phone Number: (800) 753-1965

7-Digit Access Code: 7376935

1. Amend Part 5, Information For Offerors To Submit, 5.1 Technical Proposal, 5.1.7 Oral Presentations, page 28, by deleting the fourth sentence in its entirety and replacing it with the following:

PEBA plans to conduct Oral Presentations the week of December 5, 2016.