

	<h2>State of South Carolina</h2>	Solicitation Number:	
		Date Issued:	
		Procurement Officer:	
		Phone:	
		E-Mail Address:	
Amendment No.: _____		Mailing Address:	

DESCRIPTION: [REDACTED]

DSN BOARD OR PROVIDER: [REDACTED]

The Term "Offer" Means Your "Bid" or "Proposal." Your offer must be submitted in a sealed package. Solicitation Number & Opening Date must appear on package exterior. See "Submitting Your Paper Offer or Modification" provision.

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS: [REDACTED]	PHYSICAL ADDRESS: [REDACTED]
--------------------------------	---------------------------------

SUBMIT OFFER BY (Opening Date/Time): [REDACTED] date/time (See "Deadline For Submission Of Offer" provision)

QUESTIONS MUST BE RECEIVED BY: [REDACTED] date/time (See "Questions From Offerors" provision)

NUMBER OF COPIES TO BE SUBMITTED: [REDACTED] to be completed

CONFERENCE TYPE: Not Applicable DATE & TIME: <small>(As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions)</small>	LOCATION: Not Applicable
---	---------------------------------

AWARD & AMENDMENTS	Award will be posted on [REDACTED] (date). The award, this solicitation, any amendments, and any related notices will be posted at the following location or web address: [REDACTED]
--------------------	--

You must submit a signed copy of this form with Your Offer. By signing, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of 30 calendar days after the Opening Date. (See "Signing Your Offer" provision.)

NAME OF OFFEROR: <small>(full legal name of business submitting the offer)</small>	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: <small>(Person must be authorized to submit binding offer to contract on behalf of Offeror.)</small>	DATE SIGNED:
--	--------------

TITLE: <small>(business title of person signing above)</small>	FEDERAL EMPLOYER IDENTIFICATION NO. (FEIN): <small>(Do NOT use your Social Security Number)</small>
--	--

PRINTED NAME: <small>(printed name of person signing above)</small>	STATE OF INCORPORATION: <small>(If you are a corporation, identify the state of incorporation.)</small>
---	--

OFFEROR'S TYPE OF ENTITY: <small>(Check one)</small>	<small>(See "Signing Your Offer" provision.)</small>
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Government entity (federal, state, or local)	

<p>HOME OFFICE ADDRESS: <i>(Address for Offeror's home office/principal place of business)</i></p>	<p>NOTICE ADDRESS: <i>(Address to which all procurement and contract related notices should be sent) (See "Notice" clause)</i></p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Email Address: _____</p>
---	---

<p>PAYMENT ADDRESS: <i>(Address to which payments will be sent) (See "Payment" clause)</i></p> <p><input type="checkbox"/> Payment Address same as Home Office Address</p> <p><input type="checkbox"/> Payment Address same as Notice Address <i>(check only one)</i></p>	<p>ORDER ADDRESS: <i>(Address to which purchase orders will be sent) (See "Purchase Orders" and "Contract Documents" clauses)</i></p> <p><input type="checkbox"/> Order Address same as Home Office Address</p> <p><input type="checkbox"/> Order Address same as Notice Address <i>(check only one)</i></p>
--	---

ACKNOWLEDGMENT OF AMENDMENTS
 Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See "Amendments to Solicitation" Provision)

Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date	Amendment No.	Amendment Issue Date

<p>DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause)</p>	<p>10 Calendar Days (%)</p>	<p>20 Calendar Days (%)</p>	<p>30 Calendar Days (%)</p>	<p>_____ Calendar Days (%)</p>
---	-----------------------------	-----------------------------	-----------------------------	--------------------------------

PREFERENCES - A NOTICE TO VENDORS (SEP. 2009): On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in S.C. Code Ann. § 11-35-1524. A summary of the new preferences is available at www.procurement.sc.gov/preferences. ***ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS CONSEQUENCES.*** [S.C. Code Ann. § 11-35-1524(E)(4)&(6)]

PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE: Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (S. C. Code Ann. § 11-35-1524(C)(1)(i)&(ii)) or the Resident Contractor Preference (S. C. Code Ann. § 11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference.

In-State Office Address same as Home Office Address In-State Office Address same as Notice Address *(check only one)*