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|  |  **State of South Carolina** **EMERGENCY**  **Request for Proposal**   |  Solicitation: Date Issued: Procurement Officer: Phone: E-Mail Address:  |  SCDHEC-TKC-9/22/20  9 / 4 / 2020  Tripp Clark 803-898-3485 clarkhc@dhec.sc.gov  |
|  DESCRIPTION:  **Saliva-based COVID Testing Services**  |
|  USING GOVERNMENTAL UNIT:  **SC Dept of Health & Environmental Control**  |
|  *The Term "Offer" Means Your "Bid" or "Proposal". Your offer must be submitted by email to:***clarkhc@dhec.sc.gov****(See Page 3 for Instructions)****THERE WILL BE NO FORMAL BID OPENING** |
|  SUBMIT OFFER BY (Opening Date/Time): **9 / 22 / 2020 - 2:30 PM ET** (See "Deadline For Submission Of Offer" provision)  |
|  QUESTIONS MUST BE RECEIVED BY:  **9 / 14 / 2020 – 5:00 PM ET**  (See "Questions From Offerors" provision)  |
|  NUMBER OF COPIES TO BE SUBMITTED: **One** |
|  CONFERENCE TYPE: **Not Applicable**  DATE & TIME:   (As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions) |  LOCATION: **Not Applicable**  |
|  AWARD & AMENDMENTS | Award will be posted on **September 24**, **2020.** The award, this solicitation, any amendments, and any related notices will be posted at the following web address: <https://www.scdhec.gov/about-dhec/dhec-procurement-services> |
|  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 thirty (30) calendar days after the Opening Date. (See "Signing Your Offer" provision.) |
|  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.) | DATE SIGNED   |
|  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) |  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) |

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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.) (See "Notice" clause)    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area Code - Number - Extension Facsimile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address |
|  PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)    \_\_\_\_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) (See "Purchase Orders and "Contract Documents" clauses)    \_\_\_\_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 "Amendments to Solicitation" Provision) |
| 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 "Discount for Prompt Payment" clause) | 10 Calendar Days (%) | 20 Calendar Days (%) | 30 Calendar Days (%) | \_\_\_\_\_Calendar Days (%) |
|  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 Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at [www.procurement.sc.gov/preferences](http://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.**  [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 (11-35-1524(C)(1)(i)&(ii)) or the Resident Contractor Preference (11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)).  **Preferences do not apply per** **South Carolina Consolidated Procurement Code Section 11-35-1524, Part (E)(3).** \_\_\_\_In-State Office Address same as Home Office Address \_\_\_\_In-State Office Address same as Notice Address **(check only one)** |
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