



State of South Carolina

Fixed Price Bid Amendment #2

Solicitation: **5400026592**
 Date Issued: 08/19/2024
 Procurement Officer: PORTIA DAVIS
 Phone: 803-737-5473
 E-Mail Address: pdavis@mmo.sc.gov
 Mailing Address: SFAA, Div. of Procurement Services, MMO
 1201 Main Street Suite 600
 Columbia, SC 29201-3734

DESCRIPTION: **STC Temporary Medical Services**
 USING GOVERNMENTAL UNIT: **Statewide Term Contract**

SUBMIT YOUR OFFER ON-LINE AT THE FOLLOWING URL: <http://www.procurement.sc.gov>

SUBMIT OFFER BY (Opening Date/Time): ~~8/23/2024~~ **09/05/2024 11:00 AM** (See "Deadline For Submission Of Offer" provision)

QUESTIONS MUST BE RECEIVED BY: **N/A** (See "Questions From Offerors" provision)

NUMBER OF COPIES TO BE SUBMITTED: **One (1) Online bidding is preferred.**

CONFERENCE TYPE: **Not Applicable**
 DATE & TIME:

LOCATION: **Not Applicable**

(As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions)

AWARD &
 AMENDMENTS

Award will be posted on **09/27/2024**. The award, this solicitation, any amendments, and any related notices will be posted at the following web address: <http://www.procurement.sc.gov>

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)

PAGE TWO

(Return Page Two with Your Offer)

| | |
|---|--|
| <p>HOME OFFICE ADDRESS (Address for offeror's home office / principal place of business)</p> <p>Duns & Bradstreet # _____ (If you do not have a D&B number, enter N/A)</p> | <p>NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent.) (See "Notice" clause)</p> <p>Area Code - Number - Extension _____ Facsimile _____</p> <p>E-mail Address _____</p> |
|---|--|

| | |
|---|--|
| <p>PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)</p> <p>____ Payment Address same as Home Office Address ____ Payment Address same as Notice Address (check only one)</p> | <p>ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders and "Contract Documents" clauses)</p> <p>____ Order Address same as Home Office Address ____ Order Address same as Notice Address (check only one)</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> | 10 Calendar Days (%) | 20 Calendar Days (%) | 30 Calendar Days (%) | ____ Calendar Days (%) |
|---|----------------------|----------------------|----------------------|------------------------|

PREFERENCES - A NOTICE TO VENDORS (SEP. 2009)

Preferences do not apply per 11-35-1524(E)(3)

PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE

Preferences do not apply per 11-35-1524(E)(3)

PURPOSE OF AMENDMENT

The purpose of this amendment is change the pay rate for the Licensed Practical Nurse, Non- Instructional and Instructional. This will also extend the bid due date to **September 5, 2024**.

AMENDMENTS TO SOLICITATION (JAN 2004)

(a) The Solicitation may be amended at any time prior to opening. All actual and prospective Offerors should monitor the following web site for the issuance of Amendments: www.procurement.sc.gov (b) Offerors shall acknowledge receipt of any amendment to this solicitation (1) by signing and returning the amendment, (2) by identifying the amendment number and date in the space provided for this purpose on Page Two, (3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment. (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged. [02-2A005-1]