

 Of Lexington and Richland Counties	District Five of Lexington and Richland Counties Amendment # 1	Solicitation #	2018-007
		Date Issued	08/16/2017
		Procurement Official	Lynda Robinson
		Phone	(803) 476-8140
		E-Mail Address	D5bids@lexrich5.org

DESCRIPTION	Inventory and Audit of Telecommunication Services
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The Term "Offer" Means Your "Bid" or "Proposal"

SUBMIT OFFER BY	August 22, 2017 @ 11:00 am
QUESTIONS MUST BE RECEIVED BY	
NUMBER OF COPIES TO BE SUBMITTED	1 original and 4 copies

Offers must be submitted in a sealed package. Solicitation number & Opening Date must appear on package exterior.

SUBMIT YOUR SEALED OFFER TO:

District Five of Lexington and Richland Counties Purchasing Office 1020 Dutch Fork Road Irmo, SC 29063

CONFERENCE TYPE: None-Not Applicable DATE & TIME: (EST) As appropriate, see "Conferences - Pre-Bid/Proposal" & "Site Visit" provisions	LOCATION: Not Applicable
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AWARD & AMENDMENTS	The award and any amendments will be posted at the following web address: www.lexrich5.org
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You **must** submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of sixty (60) calendar days after the Opening Date.

NAME OF OFFEROR (Full legal name of business submitting the offer)		OFFEROR'S TYPE OF ENTITY: (Check one) <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (tax-exempt) <input type="checkbox"/> Corporate entity (not tax-exempt) <input type="checkbox"/> Government entity (federal, state, or local) <input type="checkbox"/> Other _____ (See "Signing Your Offer" provision.)
AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)		
TITLE (Business title of person signing above)		
PRINTED NAME (Printed name of person signing above)	DATE SIGNED	
Instructions regarding Offeror's name: Any award issued will be issued to, and the contract will be formed with, the entity identified as the Offeror above. 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>i.e.</i> , a separate corporation, partnership, sole proprietorship, etc.		
STATE OF INCORPORATION (If Offeror is a corporation, identify the state of Incorporation.)		TAXPAYER IDENTIFICATION NO.

COVER PAGE

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.)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Area Code:</td> <td style="width: 25%;">Number:</td> <td style="width: 25%;">Extension:</td> <td style="width: 25%;">Facsimile:</td> </tr> </table>	Area Code:	Number:	Extension:	Facsimile:
Area Code:	Number:	Extension:	Facsimile:		
	E-Mail Address:				

PAYMENT ADDRESS (Address to which payments will be sent.)	ORDER ADDRESS (Address to which purchase orders will be sent)
<input type="checkbox"/> Payment Address same as Home Office Address <input type="checkbox"/> Payment Address same as Notice Address (check only one)	Order E-Mail Address:
	<input type="checkbox"/> Order Address same as Home Office Address <input type="checkbox"/> Order Address same as Notice Address (check only one)

ACKNOWLEDGMENT OF AMENDMENTS: Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue.

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

DISCOUNT FOR PROMPT PAYMENT	10 Calendar Days (%)	20 Calendar Days(%)	30 Calendar Days (%)	_____ Calendar Days (%)
	_____	_____	_____	

MINORITY PARTICIPATION

Please answer the following question:

1. Are you certified as a MOB/WOB (minority-owned business/woman-owned business) by the State of South Carolina?
 Yes No
 If yes, provide certification number: _____.

**AMENDMENT NO 1.
INVENTORY AND AUDIT OF TELECOMMUNICATION SERVICES
SOLICITATION # 2017-056**

ACKNOWLEDGE RECEIPT

Submitters 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 of the original solicitation (3) by letter, or (4) by submitting a response that indicates in some way that the firm received the amendment.

Solicitation Questions and Answers are detailed below:

1. **Question:** Does the state of SC have all information/billing detail for all of the LEC (local exchange carrier) for this region?
Answer: The School District of Lexington and Richland Counties will provide detail billing statements to the successful bidder.

2. **Question:** I assume the state of SC requires the bidder to gather/inventory all hardware/software of the schools contained within this region?
Answer: The School District of Lexington and Richland Counties requires a complete inventory of telecommunications services and equipment.

End of Amendment #1