

**COVER PAGE**

**(Return Cover Page, Page Two, and the Quote Schedule with your Offer)**

	<h2>State of South Carolina</h2> <h3>Request For Quote</h3>	Solicitation Number [REDACTED] Date Printed 9/19/2012 Date Issued [REDACTED] Procurement Officer [REDACTED] Phone [REDACTED] E-Mail Address [REDACTED]
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DESCRIPTION: [REDACTED]

USING GOVERNMENTAL UNIT: South Carolina Department of Disabilities and Special Needs [REDACTED] Board

*The Term "Offer" Means Your "Quote."*

SUBMIT OFFER BY (Date/Time): **Date and Time** [REDACTED]

NUMBER OF COPIES TO BE SUBMITTED: **Two**

SUBMIT YOUR OFFER TO EITHER OF THE FOLLOWING ADDRESSES, FAX NUMBER, OR E-MAIL ADDRESS:

MAILING ADDRESS: [REDACTED]  
 PHYSICAL ADDRESS: [REDACTED]  
 FAX NUMBER: [REDACTED]      ATTN: [REDACTED]  
 E-MAIL ADDRESS: [REDACTED]

Please include solicitation number in the subject line.  
 Necessary documents must be scanned and included as an attachment in either PDF or JPEG file formats.

<p><b><u>You must submit a signed copy of this form with Your Offer.</u></b> By submitting an offer, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of <b>30</b> calendar days after the submission deadline.</p>	
NAME OF OFFEROR <small>(Full legal name of business submitting the offer)</small>	
AUTHORIZED SIGNATURE <small>(Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above.)</small>	DATE SIGNED
TITLE <small>(Business title of person signing above)</small>	
PRINTED NAME <small>(Printed name of person signing above)</small>	
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. An offer may be submitted by only one legal entity. 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 <small>(If offeror is a corporation, identify the state of Incorporation.)</small>	
TAXPAYER IDENTIFICATION NO.	BUSINESS LICENSE NO.

If an item cannot be furnished, please indicate "No Quote" in the Quote Schedule and return this solicitation by one of the methods of submission defined above.

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.)	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)	<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						

DISCOUNT FOR PROMPT PAYMENT	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	____ Calendar Days (%)
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PREFERENCES – SC RESIDENT VENDOR PREFERENCE (June 2005): S.C. Code Ann. §11-35-1524 provides a preference for offerors that qualify as a resident vendor. A resident vendor is an offeror that (a) is authorized to transact business within South Carolina, (b) maintains an office* in South Carolina, (c) either (1) maintains a minimum \$10,000.00 representative inventory at the time of the solicitation, or (2) is a manufacturer which is headquartered and has at least a ten million dollar payroll in South Carolina, and the product is made or processed from raw materials into a finished end-product by such manufacturer or an affiliate (as defined in section 1563 of the Internal Revenue Code) of such manufacturer, and (d) has paid all assessed taxes. If applicable, preference will be applied as required by law.	<b>OFFERORS REQUESTING THIS PREFERENCE MUST INITIAL HERE.</b> _____
	*ADDRESS AND PHONE OF IN-STATE OFFICE
	<input type="checkbox"/> In-State Office Address same as Home Office Address <input type="checkbox"/> In-State Office Address same as Notice Address (CHECK ONLY ONE)

PREFERENCES – SC/US END-PRODUCT (June 2005): S.C. Code Ann. §11-35-1524 provides a preference to vendors offering South Carolina end-products or US end-products, if those products are made, manufactured, or grown in SC or the US, respectively. An end-product is the item identified for acquisition in this solicitation, including all component parts in final form and ready for the use intended. The terms “made,” “manufactured,” and “grown” are defined by S.C. Code Ann. §11-35-1524(B). By signing your offer and checking the appropriate space(s) provided and identified on the bid schedule, offeror certifies that the end-product(s) is either made, manufactured or grown in South Carolina, or other states of the United States, as applicable. Preference will be applied as required by law.	<b>IF THIS PREFERENCE APPLIES TO THIS PROCUREMENT, PART VII (BIDDING SCHEDULE) WILL INCLUDE A PLACE TO CLAIM THE PREFERENCE. OFFERORS REQUESTING THIS PREFERENCE MUST CHECK THE APPROPRIATE SPACES ON THE BIDDING SCHEDULE.</b>
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CONTRACTOR'S LICENCE NUMBER: \_\_\_\_\_

LICENCING ENTITY: \_\_\_\_\_ LICENCE TYPE: \_\_\_\_\_

Agency Req.:

Item	Commodity	Quantity	Unit Of Measure	Unit Price	Extended Price
1				\$	\$

Description:

DELIVERY FEE: \$

LABOR COST: \$

MATERIALS COST: \$

SC END PRODUCT \_\_\_ YES \_\_\_ NO US END PRODUCT \_\_\_ YES \_\_\_ NO

WARRANTY:

PARTS:

LABOR:

PLEASE LIST THE NAME(S) OF ANY PROFESSIONAL AFFILIATIONS (LOCAL CHAMER, CONTRACTOR'S ASSOCIATION, ETC.):

DO YOU HAVE INSURANCE OR ARE BONDED TO COVER THE TYPE OF WORK DESCRIBED BELOW? IF YES, PLEASE ATTACH PROOF OF SUCH TO THIS QUOTE. YES \_\_\_ NO \_\_\_

PLEASE ATTACH TO THIS QUOTE A LIST OF THREE REFERENCES FOR WHICH YOU HAVE SUCCESSFULLY COMPLETED WORK OF AN EQUIVALENT TYPE AND SCOPE.

**Note: Successful vendor must notify receiving section 24 hours prior to delivery. All deliveries will be F.O.B. destination, freight pre-paid. Unless otherwise noted, inside delivery will be provided.**

SCOPE OF WORK / SPECIFICATIONS

INSERT ANY SPECIFICATIONS IN THIS SECTION

YOU MAY ALSO INCLUDE SPECIFICATIONS AS AN ATTACHMENT,  
THOUGH THEY SHOULD BE REFERENCED IN THIS SECTION

SAMPLE