

 <p style="text-align: center;">Amendment One</p>	Solicitation Number: Date Issued: Procurement Officer: Phone: E-Mail Address:	RFQ0044-24 March 5, 2024, 2024 Dianna Cecala 843-349-5207 Dianna.Cecala@hgtc.edu
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DESCRIPTION: Financial Aid Verification Provider

The Term "Offer" Means Your "Bid" or "Proposal"

SUBMIT OFFER BY (Opening Date/Time): **03/13/2024 @ 4:00 p.m.**

NUMBER OF COPIES TO BE SUBMITTED: **(1) One**

SUBMIT YOUR QUOTE VIA E-MAIL TO: Dianna.cecala@hgtc.edu

BUSINESS NAME AND CONTACT INFORMATION MUST BE INCLUDED ON THE QUOTE.

Written quotes must be received by **March 13, 2024, by 4:00 pm EST. Offerors must submit a current W9 and a copy of their current Certificate of Insurance with their offer.**

AWARD & AMENDMENTS	Award will be posted on 03/14/2024 . The award, this solicitation, any amendments, and any related notices will be posted at the following web address: https://www.hgtc.edu/purchasing
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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 thirty (30) calendar days after the Opening Date.

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.)	TAXPAYER IDENTIFICATION NO. (See "Taxpayer Identification Number" provision)	
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)	DATE SIGNED	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.)		
<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)

PAGE TWO

(Return Page Two with Your Offer)

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 _____
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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)
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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

DISCOUNT FOR PROMPT PAYMENT (See "Discount for Prompt Payment" clause)	10 Calendar Days (%)	20 Calendar Days (%)	30 Calendar Days (%)	____ Calendar Days (%)
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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. **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)).

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

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.hgtc.edu/purchasing (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]

Updates to Page 12

Change to Notes paragraph as printed below:

*Pricing should consider the following information:

School has about 12,000 ISIR records per year based on FY 23/24
We will assume that 8% (or 960) would be the volume for verification.
Repayment Counseling estimates are 1,200 per year.
Grace Counseling estimates would be 1,000 per year.
Professional Judgement cases for the sample below would be 200.

VII. BIDDING SCHEDULE / PRICE-BUSINESS PROPOSAL

See page 12 – “NOTES” for quantities to base your bid costs on.

Line	Quantity	Unit of Measure	Cost	Extended
001	960	EA	\$	\$
Item Description: Verification Services				
Resident Vendor Preference _____				

Line	Quantity	Unit of Measure	Cost	Extended
002	1200	EA	\$	\$
Item Description: Repayment Counseling				
Resident Vendor Preference _____				

Line	Quantity	Unit of Measure	Cost	Extended
003	1000	EA	\$	\$
Item Description: Grace Counseling				
Resident Vendor Preference _____				

Line	Quantity	Unit of Measure	Cost	Extended
004	200	EA	\$	\$
Item Description: Professional Judgement Cases - Per Transaction or One-Time Fee				
Resident Vendor Preference _____				

Line	Quantity	Unit of Measure	Cost	Extended
005	1	Lot	\$	\$
Item Description: Set Up Fee				
Resident Vendor Preference _____				

Line	Quantity	Unit of Measure	Cost	Extended
006	1	Lot	\$	\$
Item Description: Training Fee				
Resident Vendor Preference _____				

Line	Quantity	Unit of Measure	Cost	Extended
007	1	EA	\$	\$
Item Description: License Fee				
Resident Vendor Preference _____				

GRAND TOTAL: For One Year of Service		\$	
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Name and Contact information of person submitting bid: _____