



CITY OF CHESTER

REQUEST FOR PROPOSALS (RFP)

Solicitation : 2011-0005
 Run Date :
 Issue Date : December 16, 2011
 Buyer : Carla Roof
 Phone : (803) 581-2123 x 239

* Deliver all items to: -
 CITY OF CHESTER
 ATTN: Carla Roof, Human Resources
 100 WEST END STREET
 CHESTER, SC 29706-1819

Requested Delivery Date: Contractor's Best Delivery: ___N/A_____ days After Receipt of Contract (ARC)
 DELIVERY SCHEDULE WILL BE NEGOTIATED FOLLOWING AWARD DECISION

Return Proposals No Later Than: January 20, 2012

Opening Date/Time: 10:00AM

Award Decision: January 24, 2011

For Award Postings, See Below

Return Proposals To: City of Chester
 ATTN: Carla Roof
 100 West End Street
 Chester, SC 29706-1819

Express / Hand-Carry To: City of Chester
 ATTN: Carla Roof
 100 West End Street
 Chester, SC 29706-1819

Description: City of Chester Compensation Study

MUST BE SIGNED TO BE VALID

By signing this proposal, I certify that we will comply with all requirements of section 44-107-10, ET Seq., Relating to the S.C. Drug-Free Workplace Act.

***** Solicitation Number and Description must be shown on sealed envelope *****

Any amendments, will be emailed to all vendors requesting a copy of the Request for Proposal. Awardee will be notified by a phone call from the Buyer, followed by written confirmation of award

AUTHORIZED SIGNATURE		PRINTED NAME		DATE
COMPANY			STATE VENDOR NO. (IF KNOWN)	
MAILING ADDRESS			SOCIAL SECURITY OR FEDERAL TAX NO.	
CITY	STATE	ZIP CODE		PHONE
EMAIL ADDRESS: (Please provide)				
ACCEPTED BY THE CITY OF CHESTER: JEFF KERR				
CITY ADMINISTRATOR				DATE

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)				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Area Code</td> <td style="width: 20%;">Number</td> <td style="width: 20%;">Extension</td> <td style="width: 45%;">Facsimile</td> </tr> </table>	Area Code	Number	Extension	Facsimile
Area Code	Number	Extension	Facsimile		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%;">E-mail Address</td> </tr> </table>	E-mail Address			
E-mail Address					

PAYMENT ADDRESS (Address to which payments will be sent.) (See "Payment" clause)	ORDER ADDRESS (Address to which purchase orders will be sent) (See "Purchase Orders" and "Contract Documents" clauses)
Payment Address same as Home Office Address Payment Address same as Notice Address (check only one)	Order Address same as Home Office Address 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. 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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