



Beaufort County School District

Solicitation Number: 19-004
Date Printed: October 3, 2018
Date Issued: October 3, 2018
Procurement Officer: Sandi Amsler, CPPB
Phone: 843-322-2349
Email: Sandi.Amsler@beaufort.k12.sc.us

Request for Proposal (RFP)

DESCRIPTION: **Time Clock System**
SUBMIT OFFER BY (Opening Date & Time): **October 31, 2018; 11:00 AM EST**
QUESTIONS MUST BE RECEIVED BY: **October 24, 2018**
NUMBER OF COPIES TO BE SUBMITTED: **Seven (7) Original Signed Copies and One (1) Redacted Version on CD**

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

SUBMIT YOUR SEALED OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:
Beaufort County School District
Procurement Office
P.O. Drawer 309
Beaufort, SC 29901-0309


PHYSICAL ADDRESS:
Beaufort County School District
Procurement Office
2900 Mink Point Blvd
Beaufort, SC 29902

AWARDS & AMENDMENTS:

Award will be posted at the Physical Address stated above on or after November 28, 2018. The award, this solicitation, and any amendments will be posted at the following web address:
<http://beaufortschools.net>.

You must submit a signed copy of this form with Your Offer. By submitting a proposal or bid, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of ninety (90) calendar days after the Opening Date.

NAME OF OFFEROR: (Full legal name of business submitting the offer) ENTITY TYPE:
WorkForce Software LLC Limited Liability Corporation


AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above)
Bob Feller Chief Financial Officer

PRINTED NAME TITLE

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.e., a separate corporation, partnership, sole proprietorship, etc.

PAGE TWO
(Return Page Two with Your Offer)

HOME OFFICE ADDRESS (Address for Offeror's home office/ Principal place of business): 38705 Seven Mile Road, Suite 300 Livonia, MI 48152-3979 (p) 734.542.4100 (f) 734.542.0635 Toll-free 877.4WFORCE (877.493.6723)	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent): 38705 Seven Mile Road, Suite 300 Livonia, MI 48152-3979
PHONE NUMBER: Len Ferraro - M: (585) 309-3905	
EMAIL ADDRESS: lferraro@workforcesoftware.com	

PAYMENT ADDRESS (Address to which payments will be sent): Dept CH 19758 Palatine, IL 60055-9758 Suzanne Slauter AR@workforcesoftware.com 248-415-7486 x516 <input type="checkbox"/> Payment Address Same as Home Office Address <input type="checkbox"/> Payment Address Same as Home Notice Address (check one only)	ORDER ADDRESS (Address to which all purchase orders will be sent): Dept CH 19758 Palatine, IL 60055-9758 Suzanne Slauter AR@workforcesoftware.com 248-415-7486 x516 <input type="checkbox"/> Payment Address Same as Home Office Address <input type="checkbox"/> Payment Address Same as Notice Address (check one only)
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ACKNOWLEDGEMENT OF AMENDMENTS:	<u>Amendment Number</u> Addendum 1 Addendum 2 Addendum 3	<u>Amendment Issue Date</u> 10/8/2018 10/10/2018 10/23/2018
Offeror acknowledges receipt of amendments by indicating amendment number and its date of issue.		

MINORITY PARTICIPATION- Are you a Minority Business Enterprise: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please include a copy of your certification.



Beaufort County School District

Addendum 1

Solicitation Number: 19-004
Date Printed: October 8, 2018
Date Issued: October 8, 2018
Procurement Officer: Sandi Amsler, CPPB
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Email: Sandi.Amsler@beaufort.k12.sc.us

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NAME OF OFFEROR: (Full legal name of business submitting the offer) WorkForce Software, LLC ENTITY TYPE: Limited Liability Corporation

AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above)

Bob Feller Chief Financial Officer

PRINTED NAME Bob Feller TITLE Chief Financial Officer

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Addendum 2 Solicitation Number: 19-004
Date Printed: October 10, 2018
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Procurement Officer: Sandi Amsler, CPPB
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Email: Sandi.Amsler@beaufort.k12.sc.us

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NAME OF OFFEROR: (Full legal name of business submitting the offer)

ENTITY TYPE:

WorkForce Software, LLC

Limited Liability Corporation

AUTHORIZED SIGNATURE (Person signing must be authorized to submit binding offer to enter contract on behalf of Offeror named above)

Bob Feller

Chief Financial Officer

PRINTED NAME

TITLE

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Addendum 3

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