Beaufort County School District

Addendum 2

Solicitation Number:	25-029
Date Printed	April 1, 2025
Date Issued:	May 6, 2025, 2025
Procurement Officer:	Kaylee Yinger, NIGP-CPP, CPPB
Phone:	843-322-2349
Email:	Kaylee.Yinger@beaufort.k12.sc.us

Request for Proposal (RFP)

DESCRIPTION: **Workers' Compensation Claims Administration Services**
SUBMIT OFFER BY (Opening Date & Time): **May 22, 2025 @ 4:00 PM EST**
QUESTIONS MUST BE RECEIVED BY: May 10, 2025 @ 4:00 PM EST
NUMBER OF COPIES TO BE SUBMITTED: **One (1) Original Signed; Six (6) Signed Copies and One (1) Redacted Version on USB**

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:

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

Electronic Bid Submissions will be accepted through the following web address: Here

AWARDS & AMENDMENTS:
Award will be posted at the Physical Address stated above on or after May 23, 2025. The award, this solicitation, and any amendments will be posted at the following web address:
https://www.beaufortschools.net/community/working-with-the-district/finance.

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:

_____ _____

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

_____ _____
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):	NOTICE ADDRESS (Address to which all procurement and contract related notices should be sent):
PHONE NUMBER:	
EMAIL ADDRESS:	

PAYMENT ADDRESS (Address to which payments will be sent):	ORDER ADDRESS (Address to which all purchase orders will be sent):
☐ Payment Address Same as Home Office Address	☐ Payment Address Same as Home Office Address
☐ Payment Address Same as Home Notice Address	☐ Payment Address Same as Notice Address
(Check one only)	(check one only)

ACKNOWLEDGEMENT OF AMENDMENTS:	Amendment Number	Amendment Issue Date
Offeror acknowledges receipt of amendments by indicating amendment number and its date of issue.		

MINORITY PARTICIPATION- Are you a Minority Business Enterprise: Yes ☐ No ☐
If yes, please include a copy of your certification.

Questions and Answers:

1. is it the District's intent to award all service elements identified within the RFP to a single vendor or will you consider an unbundled bid from companies who are special in medical cost containment services? The contract will be awarded one vendor.
2. Can you share what is the medical bill volume has been for 2022, 2023, 2024 and 2025 to date? The Medical Payment Spreadsheet is attached to this addendum.