

REQUIRED PROPOSAL FORMS

REQUIRED FORMS PACKET

RFP 2022-23-147

The Proposer must include the following items or their proposal may be deemed non-responsive. The County reserves the right to accept or reject any and all proposals that are deemed not to be in the best interest of the County at its sole discretion.

CHECKLIST

- ☐ Cover Letter (NO SAMPLE / FORM PROVIDED):
- ☐ Proposal submittal meeting the requirements of the RFP (NO SAMPLE / FORM PROVIDED)
- ☐ Signed and Completed Proposal Certification Form
- ☐ Acknowledgement of Addenda Form (*even if none are issued*)
- ☐ Non-Collusion Affidavit Form
- ☐ Legal / Litigation Statement Form
- ☐ Responsibility Statement Form
- ☐ Drug Free Workplace Certification
- ☐ Certification of Restriction on Lobbying
- ☐ Certification Regarding Debarment, Suspension and Other Responsible Matters
- ☐ IRS W-9 Form, *signed within 6 months of submittal due date*
- ☐ State of South Carolina I-312 Nonresident Taxpayer Registration Affidavit Income Tax Withholding Form (*if applicable*)
- ☐ Sample Certificate of Insurance (COI) Accord 25 Form (NO SAMPLE / FORM PROVIDED)
- ☐ Copies of all required licenses and certifications

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REQUIRED FORM

PROPOSAL CERTIFICATION FORM

RFP# 202-23-147

In compliance with the Request for Proposals and subject to all conditions thereof, the undersigned offers and agrees to furnish any or all items proposed.

In compliance with the Request for Proposals and subject to all conditions thereof, the undersigned certifies that all information contained in this proposal is accurate and true and that any misrepresentation herein is grounds for non-consideration, or dismissal in the event of selection or contract-award by Horry County.

Proposer understands, agrees and warrants that:

- a. Proposer has carefully read and fully understands the information that was provided by the County was provided for general informational purposes only.
- b. Proposer has the capability to successfully undertake and complete the responsibilities and obligations of the proposal being submitted.
- c. Proposer Information must be submitted with the proposal and is attached hereto.
- d. Proposal may be withdrawn by requesting such withdrawal in writing at any time prior to 2:00 PM Local Time, on the date that the proposal is due, but may not be withdrawn for a period of one hundred eighty (120) calendar days after such date.
- e. All information contained in the Proposal is true and correct to the best of Proposer's knowledge and belief.
- f. Proposer did not, in any way, collude, conspire, or agree directly or indirectly with any person, firm, corporation or other Proposer with regards to the amount, terms or conditions of this Proposal.
- g. Proposer did not receive unauthorized information from, or initiate contact with, the Horry County Council, Transportation Committee, the Airport Staff, the County Legal Counsel, or any Airport Consultant(s) during the proposal period except as provided for in this RFP proposal package.
- h. No officer or employee of the Horry County Department of Airports or other affiliated County officer or employee shall have a financial interest, direct or indirect, in any contract with the county, or shall be financially interested, directly or indirectly, in the sale to the County of any materials, supplies or service.
- i. The County reserves the right to reject any and all proposals and to negotiate fees, terms and provisions which, in the County's sole opinion, is in the best interest of Horry County.

- j. By submission of this Proposal, the Proposer acknowledges that the County has the right to make any inquiry it deems appropriate to substantiate or supplement information supplied by Proposer, and Proposer hereby grants the County permission to make said inquiries, and to provide any and all requested documentation in a timely manner.

No proposal shall be accepted which has not been signed in the appropriate space below:

If Proposer is a CORPORATION, the duly authorized officer(s) must sign as follows:
The undersigned certified that they are authorized sign and attest this Proposal Form on behalf of the below named Corporation, and that they are authorized to execute same for and on behalf of said Corporation.

- Corporate Name: _____
- By: _____ Title: _____
Print Name: _____ Date: _____, 20____
- Attest: _____ Title: _____
Print Name: _____

If Proposer is a PARTNERSHIP or JOINT VENTURE, at least two (2) Partners or each of the Joint Ventures must sign here. If a LIMITED PARTNERSHIP, one signature must be of the general partner:

- Partnership/Joint Venture Name: _____
- By: _____ Title: _____
Print Name: _____ Date: _____, 20____
- By: _____ Title: _____
Print Name: _____ Date: _____, 20____
- By: _____ Title: _____
Print Name: _____ Date: _____, 20____

If Proposer is a LIMITED LIABILITY COMPANY, the duly authorized officer(s) must sign as follows:

The undersigned certified that they are authorized sign and attest this Bid Form on behalf of the below named Limited Liability Company, and that they are authorized to execute same for and on behalf of said Limited Liability Company.

- Limited Liability Company Name: _____
- By: _____ Title: _____
Print Name: _____ Date: _____, 20____
- Attest: _____ Title: _____
Print Name: _____

If proposer is a SOLE PROPRIETOR, please sign here:

- By: _____
Print Name: _____ Date: _____, 20____

If proposer is a(n) _____, please sign here:
(OTHER)

- By: _____

Print Name: _____ Date: _____, 20____

DATE

AUTHORIZED SIGNATURE

PRINT OR TYPE NAME ABOVE

COMPANY NAME

COMPANY ADDRESS

CITY, STATE, ZIP+4

COMPANY TELEPHONE NUMBER

COMPANY FAX NUMBER

CONTACT EMAIL ADDRESS

FEDERAL EMPLOYER IDENTIFICATION NO.

DUNS NO. *(if applicable)*

SCDOT DBE NAICS CODES *(if applicable)*

REQUIRED FORM

REFERENCES

RFP# 2022-23-147

List a minimum of three (3) references of individuals who can attest to the Proposer's experience. Include address, name of contact person, telephone number and email address.

- | | | |
|----|---------------|-------|
| 1. | Entity | <hr/> |
| | Contact | <hr/> |
| | Telephone | <hr/> |
| | Email Address | <hr/> |
| | Address | <hr/> |
| 2. | Entity | <hr/> |
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| | Address | <hr/> |
| 3. | Entity | <hr/> |
| | Contact | <hr/> |
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| | Address | <hr/> |

REQUIRED FORM

ACKNOWLEDGEMENT OF ADDENDA

PROPOSER hereby acknowledges receipt of all Addenda through and including:

Addendum No. _____, dated _____.

Addendum No. _____, dated _____.

Addendum No. _____, dated _____.

Addendum No. _____, dated _____.

Company registered as DBE, WBE or MBE? _____ Registered on SCDOT? _____

COMPANY _____

ADDRESS _____

AUTHORIZED SIGNATURE _____

PHONE # _____

EMAIL _____

GC License Number (*if applicable*) _____

REQUIRED FORM

FORM OF NONCOLLUSION AFFIDAVIT

(This Affidavit is Part of the Submittal)

STATE OF _____)
COUNTY OF _____)

_____ being first duly sworn, deposes and says that he/she is

_____ (Sole owner, a partner, president, secretary, etc.)

of _____ the party making the foregoing Proposal that such Proposal is genuine and not collusive or sham; that said Submitters has not colluded, conspired, connived, or agreed directly or indirectly, with any Submitters or person to put in a sham Proposal, or that such other person shall refrain from offering and has not in any manner, directly or indirectly sought by agreement or collusion, or communication of conference, with any person, to fix the proposal price of affiant or any other Submitters, or to fix any overhead, profit or cost element of said proposal price, or that of any other Submitters to secure any advantage against OWNER any person interested in the proposed Contract; and that all statements in said Proposal are true; and further, that such Submitters has not, directly or indirectly submitted this proposal, or the contents thereof, or divulged information or data relative thereto to any association or to any member or agent thereof.

Proposer

Sworn to and subscribed before me this _____ day of _____, 20____.

_____ State _____ County _____
Notary Public in and for

My commission expires _____.

REQUIRED FORM

LEGAL / LITIGATION STATEMENT FORM

Disclose any litigation within the last five (5) years in which a claim has been made against the bidder/proposer/offeror, affiliated companies, and/or any principals thereof (and including sub-contractors representing over 10% of the overall awarded contract value) that in any way was related to professional work, job performance, or project/job management (to include without limitation contractual, personnel, performance, and/or payment issues). Explain the issues involved in these cases as part of your submittal. Attach additional pages if necessary. It is not sufficient that there are accessible public records in existence that provide this information. Failure to provide complete disclosure may result in your disqualification from this solicitation. If there are none, please specify "NONE", below.

[illegible]

Bidder/Proposer/Offeror Name: _____

Authorized Signature: _____

Authorized Signer's Printed Name: _____

Authorized Signer's Title: _____

Date: _____

REQUIRED FORM

RESPONSIBILITY STATEMENT FORM

By signing this form, the bidder/proposer/offeror:

1. Has, or has the ability to obtain, the resources, financial and otherwise, to satisfy all of the contract's requirements; and
2. Is legally qualified to contract with Horry County (or provide sub-contract services); and
3. Does not have a record of consistent unsatisfactory performance in previous contracts with Horry County or any other public or private entity; and
4. Has proposed, bid, or quoted a price pursuant to which the bidder, quoter, or offeror can successfully meet the requirements of the procurement; and
5. Has no unresolved surety claims; and
6. Has not been party to a contract which was terminated for cause for alleged conduct on its part.

Bidder/Proposer/Offeror Name: _____

Authorized Signature: _____

Authorized Signer's Printed Name: _____

Authorized Signer's Title: _____

Date: _____

REQUIRED FORM

DRUG-FREE WORKPLACE CERTIFICATION

In accordance with Section 44-107-30, South Carolina Code of Laws (1976), as amended, and as a condition precedent to the execution of this agreement, the undersigned will provide drug-free workplace by:

1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensations, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of the prohibition;
2. Establishing a drug-free awareness program to inform employees about:
 - a. The dangers of drug abuse in a workplace;
 - b. The person's policy of maintaining a drug-free workplace;
 - c. Any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. The penalties that may be imposed upon employees for drug violation;
3. Making it a requirement that each employee to be engaged in the performance of the agreement be given a copy of the statement required by item 1;
4. Notifying the employee in the statement required by item 1 that, as a condition of employment of this agreement, the employee will:
 - a. Abide by the terms of the statement; and
 - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after the conviction;
5. Notifying the South Carolina Department of Transportation within ten days after receiving notice under item 4b from an employee or otherwise receiving actual notice of the conviction;
6. Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance, or rehabilitation program by, any employee convicted as required in Section 44-107-50; and
7. Making a good faith effort to continue to maintain a drug-free workplace through implementation of items 1, 2, 3, 4, 5, and 6.

Proposer Signature

Date

Proposer Name

Company Name

REQUIRED FORM

CERTIFICATION OF RESTRICTIONS ON LOBBYING

I, _____, hereby certify on
(name and title of proposer's official)

behalf of _____,
(name of bidder)

that to the best of his or her knowledge and belief that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit standard Form-LLL, "Disclosure Form to Report Lobbying, " in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

Signature of Proposer's Authorized Official

Date

Printed Name and Title of Proposer's Authorized Official

REQUIRED FORM

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER
RESPONSIBILITY MATTERS**

Applicants should refer to the regulations cited below to determine the certification to which they are required to attest. Applicants should also review the instructions for certification included in the regulations before completing this form. Signature of this form provides for compliance with certification requirements under the applicable CFR covering New Restrictions on Government-wide Debarment and Suspension (Non-procurement). The certification shall be treated as a material representation of fact upon which reliance will be placed when the Agency determines to award the covered transaction or cooperative agreement.

As required by Executive Order 12549, Debarment and Suspension, and implemented under the applicable CFR, for prospective participants in covered transactions, as defined in the applicable CFR

- A. The applicant certifies that it and its principals:
- (a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, sentenced to a denial of Federal benefits by a State or Federal court, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal State or local) with commission of any of these offenses enumerated in paragraph (1) (b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State or local) terminated for cause or default; and
- B. Where the applicant is unable to certify to any of the statements in this certification, he or she shall attach an explanation to this application.

Signature of Proposer's Authorized Official

Date

Printed Name and Title of Proposer's Authorized Official

Proposer's Address

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

**NONRESIDENT TAXPAYER REGISTRATION
AFFIDAVIT INCOME TAX WITHHOLDING****Mail to: The company or individual you are contracting with.**

The undersigned nonresident taxpayer hereby certifies as follows:

1. Legal Business Name: _____
2. Trade Name, if applicable (doing business as): _____
3. Mailing Address: _____
4. Federal Employer Identification Number (FEIN): _____
5. ☐ Hiring or Contracting with:
Name: _____
Address: _____
- ☐ Receiving Rentals or Royalties From:
Name: _____
Address: _____
6. I hereby certify that the above named nonresident taxpayer is currently registered with (check the appropriate box):
☐ The South Carolina Secretary of State or
☐ The South Carolina Department of Revenue (SCDOR):
- Date of Registration: _____
7. I understand that by this registration, the above named nonresident taxpayer has agreed to be subject to the jurisdiction of the SCDOR and the courts of South Carolina to determine its South Carolina tax liability, including estimated taxes, together with any related interest and penalties.
8. I understand the SCDOR may revoke the withholding exemption granted under Code Section 12-8-550 (temporarily doing business or professional services in South Carolina) or Code Section 12-8-540 (rentals) at any time it determines that the above named nonresident taxpayer is not cooperating with the SCDOR in the determination of its correct South Carolina tax liability.

I hereby certify that I have examined this affidavit and to the best of my knowledge and belief, it is true, correct, and complete. I understand that under SC Code Section 12-54-44 (B)(6)(a), I can be fined and/or imprisoned for furnishing a false statement.

Signature of Nonresident Taxpayer (Owner, Partner or Corporate Officer, when relevant)_____
Date_____
If Corporate officer, state title:_____
Print Name

INFORMATION
NONRESIDENT TAXPAYER REGISTRATION AFFIDAVIT

Submit this form to the company or individual you are contracting with.

Do not submit this form to South Carolina Department of Revenue (SCDOR).

PURPOSE OF AFFIDAVIT

A person is not required to withhold taxes for a nonresident taxpayer who submits an affidavit certifying that they are registered with either the South Carolina Secretary of State or the SCDOR.

REQUIREMENTS TO MAKE WITHHOLDING PAYMENTS

Code Section 12-8-550 requires persons hiring or contracting with a nonresident taxpayer to withhold 2% of each payment made to the nonresident where the payments under the contract exceed \$10,000. However, this section does not apply to payments on purchase orders for tangible personal property when those payments are not accompanied by services to be performed in this state.

Code Section 12-8-540 requires persons making payment to a nonresident taxpayer of rentals or royalties at a rate of \$1,200 or more a year for the use of or for the privilege of using property in South Carolina to withhold 7% of the total of each payment made to a nonresident taxpayer who is not a corporation and 5% if the payment is made to a corporation.