



**LOCAL VENDOR PREFERENCE
and
SUB-CONTRACTOR PREFERENCE
AFFIDAVIT OF ELIGIBILITY**

IMPORTANT: Local Vendor Preference affidavit and required documentation MUST be submitted WITH a vendor's SEALED BID or QUOTE to be considered.

This form is to be completed in its entirety by the local vendor requesting consideration for the preference and submitted along with your Sealed Bid or Quote. Incomplete forms may be rejected for local vendor preference evaluation. Attach required documentation to sealed bid or quote.

1. LEGAL NAME OF FIRM: _____

Mailing Address:

Physical Address: (if different)

_____	_____
_____	_____
_____	_____

2. Year your business was established in Chester County: _____

3. Business License Number issued by Chester County or applicable municipality:

Yes _____ No _____ Date Issued: _____

4. Are all Chester County personal and real property taxes paid and up to date?

Yes _____ No _____

5. Is your business and all required licensure up to date and in good standing with the State of South Carolina SC? Yes _____ No _____

- a. SCDOR
- b. SCLLR
- c. SC Secretary of State

6. Are a majority of employees (on payroll of local vendor requesting preference) Chester County residents? Yes _____ No _____

7. Are a majority of independent contractors (engaged by local vendor requesting preference) Chester County residents? Yes _____ No _____

8. Is your business:

- a. Minority or woman owned. Yes _____ No _____
- b. Owned by member/former member of the Armed Services. Yes _____ No _____

9. Has the vendor applying for the local vendor preference in this affidavit been in default or terminated from any Chester County contract within the last five (5) years? Yes _____ No _____
(A condition of default includes notices from sub-contractors and suppliers who have contracted the local vendor's surety, or Chester County, without successful resolution for contract payment disputes.)

If "Yes", please explain: _____

Subcontractor Preference Contacts Form

(Use multiple copies as needed) Page ____ of ____

Bidder: _____

RFP # / Description: _____

Contact Documentation:

Subcontractor/Vendor name: _____

Contact name and number: _____

Address: _____

Work for which subcontractor/vendor was considered in relation to this RFP.

Was the subcontractor/vendor used in this RFP? Yes _____ No _____

If yes, please disclose the anticipated value of subcontractor contract \$ _____

If yes, please have subcontractor fill out pages 1 & 2 of this Local Vendor Preference Package.

If no, please explain why the subcontractor was not used:

Bidder: _____

RFP # / Description: _____

Contact Documentation:

Subcontractor/Vendor name: _____

Contact name and number: _____

Address: _____

Work for which subcontractor/vendor was considered in relation to this RFP.

Was the subcontractor/vendor used in this RFP? Yes _____ No _____

If yes, please disclose the anticipated value of subcontractor contract \$ _____

If yes, please have subcontractor fill out pages 1 & 2 of this Local Vendor Preference Package.

If no, please explain why the subcontractor was not used:

By signing below, it is understood that all terms and conditions and instructions have been carefully examined before deciding to submit this local vendor preference affidavit. Under the penalty of perjury, the undersigned states that the foregoing statements are true and correct. The undersigned also acknowledges that any person, firm, corporation, or entity intentionally submitting false information to the County in an attempt to qualify for local preference may be suspended from bidding on Chester County products and services.

Company Legal Name (Printed): _____

Authorized Person's Signature: _____ Date: _____

Printed Name & Title: _____

Email Address: _____ Phone: _____

For Internal Use Only

By signing below, I hereby approve the above bidder to be awarded bid # _____

Name (Printed): _____

Signature: _____

Title: _____

Date: _____