DESCRIPTION: zSpace Virtual Reality Educational Software & Equipment

The Term "Offer" Means Your "Bid" or "Proposal"

SUBMIT OFFER BY (Opening Date/Time): 06/12/2018 2:00 p.m. See “Deadline for Submission of Offer” provision
QUESTIONS MUST BE RECEIVED BY: 06/06/2018 5:00 p.m.
NUMBER OF COPIES TO BE SUBMITTED: (1) One

SUBMIT YOUR OFFER TO EITHER OF THE FOLLOWING ADDRESSES:

MAILING ADDRESS:
Horry Georgetown Technical College
Procurement Office, Dianna Cecala
PO Box 261966
Conway, SC 29528-6066

PHYSICAL ADDRESS:
Horry Georgetown Technical College
Procurement Office, Dianna Cecala
Bldg. 100, Room 120
2050 Hwy. 501 E, Conway, SC 29526

ALL BIDS MUST BE MAILED IN A SEALED ENVELOPED MARKED WITH SOLICITATION NAME AND NUMBER TO THE ADDRESS ABOVE. ALL MAIL IS PICKED UP FROM THE US POSTAL SERVICE ONCE DAILY AT AROUND 2:00 P.M. (EXCLUDING WEEKENDS AND HOLIDAYS)

CONFERENCE TYPE: N/A
DATE & TIME: As appropriate, see “Conferences – Pre-Bid/Proposal” & “Site Visit” provisions
LOCATION

AWARD & AMENDMENTS
Award will be posted on 06/12/18. The award, this solicitation, any amendments, and any related notices will be posted at the following web address: https://www.hgtc.edu/purchasing

You must submit a signed copy of this form with Your Offer. By submitting a bid or proposal, You agree to be bound by the terms of the Solicitation. You agree to hold Your Offer open for a minimum of thirty (30) calendar days after the Opening Date.

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

AUTHORIZED SIGNATURE
(Person must be authorized to submit binding offer to contract on behalf of Offeror.)

TAXPAYER IDENTIFICATION NO.
(See "Taxpayer Identification Number" provision)

TITLE
(business title of person signing above)

STATE VENDOR NO.
/Register to Obtain S.C. Vendor No. at www.procurement.sc.gov

PRINTED NAME
(printed name of person signing above)

DATE SIGNED

STATE OF INCORPORATION
(If you are a corporation, identify the state of incorporation.)

OFFEROR'S TYPE OF ENTITY: (Check one) (See “Signing Your Offer” provision.)
___ Sole Proprietorship ___ Partnership ___ Other__________
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<th>HOME OFFICE ADDRESS</th>
<th>NOTICE ADDRESS</th>
<th>PAYMENT ADDRESS</th>
<th>ORDER ADDRESS</th>
<th>ACKNOWLEDGMENT OF AMENDMENTS</th>
<th>DISCOUNT FOR PROMPT PAYMENT</th>
<th>PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE</th>
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<tr>
<td>(Address for offeror's home office / principal place of business)</td>
<td>(Address to which all procurement and contract related notices should be sent.) (See &quot;Notice&quot; clause)</td>
<td>(Address to which payments will be sent.) (See &quot;Payment&quot; clause)</td>
<td>(Address to which purchase orders will be sent) (See &quot;Purchase Orders and &quot;Contract Documents&quot; clauses)</td>
<td>Offerors acknowledges receipt of amendments by indicating amendment number and its date of issue. (See &quot;Amendments to Solicitation&quot; Provision)</td>
<td>10 Calendar Days (%)</td>
<td>Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C)(1)(i)&amp;(ii)) or the Resident Contractor Preference (11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)).</td>
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<td>Area Code - Number - Extension</td>
<td>Facsimile</td>
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<td>Payment Address same as Home Office Address</td>
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<td>[11-35-1524(E)(4)&amp;(6)]</td>
<td>PREFERENCES - A NOTICE TO VENDORS (SEP. 2009): On June 16, 2009, the South Carolina General Assembly rewrote the law governing preferences available to in-state vendors, vendors using in-state subcontractors, and vendors selling in-state or US end products. This law appears in Section 11-35-1524 of the South Carolina Code of Laws. A summary of the new preferences is available at <a href="http://www.procurement.sc.gov/preferences">www.procurement.sc.gov/preferences</a>. <strong>ALL THE PREFERENCES MUST BE CLAIMED AND ARE APPLIED BY LINE ITEM, REGARDLESS OF WHETHER AWARD IS MADE BY ITEM OR LOT. VENDORS ARE CAUTIONED TO CAREFULLY REVIEW THE STATUTE BEFORE CLAIMING ANY PREFERENCES. THE REQUIREMENTS TO QUALIFY HAVE CHANGED. IF YOU REQUEST A PREFERENCE, YOU ARE CERTIFYING THAT YOUR OFFER QUALIFIES FOR THE PREFERENCE YOU'VE CLAIMED. IMPROPERLY REQUESTING A PREFERENCE CAN HAVE SERIOUS CONSEQUENCES.</strong> [11-35-1524(E)(4)&amp;(6)]</td>
<td>PREFERENCES - ADDRESS AND PHONE OF IN-STATE OFFICE: Please provide the address and phone number for your in-state office in the space provided below. An in-state office is necessary to claim either the Resident Vendor Preference (11-35-1524(C)(1)(i)&amp;(ii)) or the Resident Contractor Preference (11-35-1524(C)(1)(iii)). Accordingly, you must provide this information to qualify for the preference. An in-state office is not required, but can be beneficial, if you are claiming the Resident Subcontractor Preference (11-35-1524(D)).</td>
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<td>(check only one)</td>
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AMENDMENTS TO SOLICITATION (JAN 2004): (a) The Solicitation may be amended at any time prior to opening. All actual and prospective Offerors should monitor the following website for the issuance of Amendments: www.hgtc/purchasing  
(b) Offerors shall acknowledge receipt of any amendment to this solicitation (1) by signing and returning the amendment, (2) by identifying the amendment number and date in the space provided for this purpose on Page Two, (3) by letter, or (4) by submitting a bid that indicates in some way that the bidder received the amendment. (c) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged. [02-2A005-1]

1. The following document is to be added to those submitted in the original IFB.

SERVICE PROVIDER SECURITY ASSESSMENT QUESTIONNAIRE

Instructions: (1) Attach additional pages or documents as appropriate and make sure answers cross reference to the questions below. (2) As used in this Questionnaire, the phrase “government information” shall have the meaning defined in the clause titled “Information Security.” (3) This Questionnaire must be read in conjunction with both of the following two clauses (a) Service Provider Security Assessment Questionnaire – Required, and (b) Service Provider Security Representation.

1. Describe your policies and procedures that ensure access to government information is limited to only those of your employees and contractors who require access to perform your proposed services.

2. Describe your disaster recovery and business continuity plans.

3. What safeguards and practices do you have in place to vet your employees and contractors who will have access to government information?

4. Describe and explain your security policies and procedures as they relate to your use of your contractors and next-tier sub-contractors.

5. List any reports or certifications that you have from properly accredited third-parties that demonstrate that adequate security controls and assurance requirements are in place to adequately provide for the confidentiality, integrity, and availability of the information systems used to process, store, transmit, and access all government information. (For example, an ISO/IEC 27001 compliance certificate, an AICPA SOC 2 (Type 2) report, or perhaps an AICPA SOC 3 report (i.e., a SysTrust or WebTrust seal)). For each certification, describe the scope of the assessment performed. Will these reports / certifications remain in place for the duration of the contract? Will you provide the state with most recent and future versions of the applicable compliance certificate / audit report?

6. Describe the policies, procedures and practices you have in place to provide for the physical security of your data centers and other sites where government information will be hosted, accessed or maintained.
7. Will government information be encrypted at rest? Will government information be encrypted when transmitted? Will government information be encrypted during data backups, and on backup media? Please elaborate.

8. Describe safeguards that are in place to prevent unauthorized use, reuse, distribution, transmission, manipulation, copying, modification, access or disclosure of government information.

9. What controls are in place to detect security breaches? What system and network activity do you log? How long do you maintain these audit logs?

10. How will government information be managed after contract termination? Will government information provided to the Contractor be deleted or destroyed? When will this occur?

11. Describe your incident response policies and practices.

12. Identify any third party which will host or have access to government information.

Offeror’s response to this questionnaire includes any other information submitted with its offer regarding information or data security.

SIGNATURE OF PERSON AUTHORIZED TO REPRESENT THE ACCURACY OF THIS INFORMATION ON BEHALF OF CONTRACTOR:

By:  
____________________________________  
(authorized signature)

Its:  
____________________________________  
(printed name of person signing above)

____________________________________  
(title of person signing above)

Date:  
____________________________________