REQUEST FOR PROPOSAL – ADDENDUM

NO. NAT19001\_PARK RESERVATION

STATE PARK RESERVATIONS, POINT OF SALE, TICKETING, REGISTRATION, LICENSING, AND PROGRAM MANAGEMENT

**ADDENDUM #1 EXHIBIT B**

Documents included in this Exhibit B include the following:

* Amended Appendix A of this RFP. **This Amended Appendix A shall be utilized for Request for Proposal submissions.**
* All other “fillable” forms included in the RFP in MS Word Format for ease of Vendor response to the Request for Proposal submission.

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# AMENDED Appendix A - MINIMUM MANDATORY SUBMISSION REQUIREMENTS

**MINIMUM MANDATORY SUBMISSION REQUIREMENTS CHECKLIST**

***{MUST BE COMPLETED AND RETURNED WITH BID PACKAGE*}**

|  |  |  |
| --- | --- | --- |
| **Item No.** | **Description** | **Included?? (check yes or no)** |
| 1. | Brief Vendor Cover Letter including Vendor’s experience, if any, providing similar services. The letter shall be **signed** by a representative who has the legal capacity to enter. | Yes  No |
| 2. | Table of Contents clearly identifying the structure of the proposal and showing page numbers for each of the required components. | Yes  No |
| 3. | **Eight (8) paper copies** of the Vendor’s proposal, **One (1) copy shall be marked “Master Copy”** and will contain **original signatures in ALL locations**. **This includes all Appendix C Tabs printed and all Forms required in the RFP**. Brochures are also required.  **DO NOT PUT SUBMISSION DOCUMENTS INTO SHEET PROTECTORS.**  The Appendix C – Pricing Spreadsheet is available at the following website: [www.bids.delaware.gov](http://www.bids.delaware.gov)  Vendor MUST provide copies of all pricing spreadsheet tabs. | Yes  No |
| 4. | **Two (2) electronic** copies of the **complete Vendor’s bid package** (submitted on USB flash drive). This means two (2) separate USB’s must be submitted. If the paper copy of the proposal includes a printed catalog or brochure, an electronic version of the catalog or brochure must be included on the CD’s. (If catalogs are not available in electronic version, then two (2) additional copies of the paper catalog must be provided).  **All copies must have completed Appendix C in active EXCEL format, Vendor’s Proposal and Forms required in this proposal.**  Include Vendor brochures in pdf. Format on each USB. ***VERIFY ALL USB’s WORK CORRECTLY FROM SEVERAL SOURCES PRIOR TO SUBMISSION.***  All documents in Vendor’s proposal USB, **excluding Appendix C EXCEL version,** should be scanned and saved as **one** PDF file. Please avoid saving individual pdf. pages of your proposal. | Yes  No |
| 5. | **(Attachment 2)**  **One (1) complete** signed and **notarized** copy of the Non-Collusion agreement  **MUST HAVE ORIGINAL SIGNATURES AND NOTARY MARK.** | Yes  No |
| 6. | **(Attachment 3)**  **One (1) completed** RFP Exception form – please check box if no information. Form must be included. **NOTE: NON-CONFORMING EXCEPTIONS TAKEN IN THE VENDORS PROPOSAL WITHOUT USING THE EXCEPTION FORM SHALL NOT BE CONSIDERED.** | Yes  No |
| 7. | **(Attachment 4)**  **One (1) completed** Confidential and Proprietary form – please check box if no information provided will be considered confidential or proprietary. Form must be included. | Yes  No |
| 8. | **(Attachment 5)**  **One (1) completed**  Business Reference form – please provide references other than State of Delaware contacts. Form must be included. | Yes  No |
| 9. | **(Attachment 6)**  **One (1) completed** and signed copy of the Subcontractor Information Form for each subcontractor – only provide if applicable. Click on N/A if not using subcontractor.  For multi-partner solutions, a Joint Venture or Business Association Agreement must also be submitted. | Yes  No  N/A |
| 10. | **(Attachment 9)**  **One (1) complete** OSD application (*see* ***link*** *on Attachment 9*) – only provide if applicable. | Yes  No  N/A |
| 11. | **(Attachment 12)**  **One (1) complete** Company and Capability Form – please answer all questions thoroughly | Yes  No |
| 12. | **One (1) completed** copy of this checklist filled out by the Vendor. | Yes  No |
| 13. | **One (1) copy** of Financial Statements (balance sheets and income statements) for the **past three (3) years**. | Yes  No |
| 14. | **One (1) certificate of insurance.** Please ensure you have the **correct insurance levels as specified in this RFP.** **DO NOT LIST THE STATE OF DELAWARE AS AN ADDITIONAL INSURED**. | Yes  No |
| 15. | **Vendor’s Background and Experience** **Response** | Yes  No |
| 16. | **Vendor’s Action Plan Response** | Yes  No |
| 17. | **Vendor’s Call Center Response** | Yes  No |
| 18. | **Vendor’s POS Response** | Yes  No |
| 19. | **Vendor’s Support Response (customer and**  **DNREC /Agent)** | Yes  No |
| 20. | **Vendor’s On Demand Printing Response** | Yes  No |
| 21. | **Vendor’s Training Plan and Options Response** | Yes  No |
| 22. | **Vendor’s Marketing Plan and Options Response** | Yes  No |
| 23. | **Vendor’s Value Added Options Response** | Yes  No |
| 24. | **Vendor’s Fee Package – Note: all fee’s billed by Vendor to DNREC shall be included in their submitted Appendix C** | Yes  No |
| 25. | **DTI Terms and Conditions Agreements**  **and PCI ATTESTATION OF COMPLIANCE CERTIFICATE included in Appendix I** | Yes  No |
| 26. | **One (1) completed copy of this Appendix A Checklist** | Yes  No |

The items listed above provide the basis for evaluating each vendor’s proposal. **Failure to provide all appropriate information may deem the submitting vendor as “non-responsive” and exclude the vendor from further consideration.** If an item listed above is not applicable to your company or proposal, please make note in your submission package.

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**Attachment 1**

**NO PROPOSAL REPLY FORM**

Contract No.: **NAT19001\_PARK RESERVATION**

Contract Title: **State Park Reservations, Point of Sale, Ticketing, Registration, Licensing, and Program Management**

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received a proposal, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the contract number. This information will not preclude receipt of future invitations unless you request removal from the Vendor's List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

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| --- | --- | --- | --- |
|  | 1. |  | We do not wish to participate in the proposal process. |
|  |  |  |  |
|  | 2. |  | We do not wish to bid under the terms and conditions of the Request for Proposal document. Our objections are: |
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|  | 3. |  | We do not feel we can be competitive. |
|  |  |  |  |
|  | 4. |  | We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company. |
|  |  |  |  |
|  | 5. |  | We do not wish to sell to the State. Our objections are: |
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|  | 6. |  | We do not sell the items/services on which Proposals are requested. |
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|  | 7. |  | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| FIRM NAME |  | SIGNATURE |

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|  |  | We wish to remain on the Vendor's List **for these goods or services**. |
|  |  |  |
|  |  | We wish to be deleted from the Vendor's List **for these goods or services**. |

**PLEASE FORWARD NO PROPOSAL REPLY FORM TO THE CONTRACT OFFICER IDENTIFIED.**

**Attachment 2**

**CONTRACT NO.: NAT19001\_PARK RESERVATION**

**TITLE: State Park Reservations, Point of Sale, Ticketing, Registration, Licensing, and Program Management**

**DEADLINE TO RESPOND: Thursday, February 27, 2020 at 1:00 PM (local time)**

**NON-COLLUSION STATEMENT**

This is to certify that the undersigned Vendor has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal**, and further certifies that it is not a sub-contractor to another Vendor who also submitted a proposal as a primary Vendor in response to this solicitation** submitted this date to the State of Delaware, Department of Natural Resources, Division of Parks and Recreation.

It is agreed by the undersigned Vendor that the signed delivery of this bid represents, subject to any express exceptions set forth at Attachment 3, the Vendor’s acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

|  |  |
| --- | --- |
|  | Corporation |
|  | Partnership |
|  | Individual |

**NOTE:** Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Department of Natural Resources, Division of Parks and Recreation.

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Check one)

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE TITLE

COMPANY ADDRESS

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF DELAWARE

FEDERAL E.I. NUMBER LICENSE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| COMPANY CLASSIFICATIONS:  CERT. NO.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Certification type(s) | Circle all that apply |
| Minority Business Enterprise (MBE) | Yes No |
| Woman Business Enterprise (WBE) | Yes No |
| Disadvantaged Business Enterprise (DBE) | Yes No |
| Veteran Owned Business Enterprise (VOBE) | Yes No |
| Service Disabled Veteran Owned Business Enterprise (SDVOBE) | Yes No |

[The above table is for informational and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:

(COMPANY NAME)

ADDRESS

CONTACT

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS

**AFFIRMATION:** Within the past five years, has your firm, any affiliate, any predecessor company or entity, owner,

Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES NO if yes, please explain

**THIS PAGE SHALL BE SIGNED, NOTARIZED AND RETURNED FOR YOUR BID TO BE CONSIDERED**

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_\_\_\_ day of , 20 \_\_\_\_\_\_\_\_\_\_

Notary Public My commission expires

City of County of State of

**Attachment 3**

Contract No. **NAT19001\_PARK RESERVATION**

Contract Title: **State Park Reservations, Point of Sale, Ticketing, Registration, Licensing, and Program Management**

EXCEPTION FORM

Proposals must include all exceptions to the specifications, terms or conditions contained in this RFP. If the vendor is submitting the proposal without exceptions, please state so below.

🞏 By checking this box, the Vendor acknowledges that they take no exceptions to the specifications, terms or conditions found in this RFP.

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| --- | --- | --- |
| **Paragraph # and page #** | **Exceptions to Specifications, terms or conditions** | **Proposed Alternative** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 4**

Contract No.: **NAT19001\_PARK RESERVATION**

Contract Title: State Park Reservations, Point of Sale, Ticketing, Registration, Licensing, and Program Management

**CONFIDENTIALITY FORM**

🞏 By checking this box, the Vendor acknowledges that they are not providing any information they declare to be confidential or proprietary for the purpose of production under 29 Del. C. ch. 100, Delaware Freedom of Information Act.

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| **Confidentiality and Proprietary Information** |
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**Note: Vendor may use additional pages as necessary, but the format shall be the same as provided above.**

**Attachment 5**

Contract No.: **NAT19001\_PARK RESERVATION**

Contract Title: **State Park Reservations, Point of Sale, Ticketing, Registration, Licensing, and Program Management**

**BUSINESS REFERENCES FORM**

List a minimum of three business references, including the following information:

* Business Name and Mailing address
* Contact Name and phone number
* Number of years doing business with
* Type of work performed

Please do not list any State Employee as a business reference. If you have held a State contract within the last 5 years, please provide a separate list the contract(s).

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| 1. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
|  |  |  | | |
|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |
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| 2. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
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|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |
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| 3. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
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|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |

**State of Delaware personnel MAY NOT BE USED as references.**

**Attachment 6**

**SUBCONTRACTOR INFORMATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART I – STATEMENT BY PROPOSING VENDOR** | | | | |
| 1. CONTRACT NO. **NAT19001\_PARK RESERVATION** | | 2. Proposing Vendor Name: | | 3. Mailing Address |
| 4. SUBCONTRACTOR | |  | | |
| a. NAME | | 4c. Company OSD Classification:  Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| b. Mailing Address: | | 4d. Women Business Enterprise  Yes  No  4e. Minority Business Enterprise  Yes  No  4f. Disadvantaged Business Enterprise  Yes  No  4g. Veteran Owned Business Enterprise  Yes  No  4h. Service Disabled Veteran Owned  Business Enterprise  Yes  No | | |
| 5. DESCRIPTION OF WORK BY SUBCONTRACTOR | | | | |
| 6a. NAME OF PERSON SIGNING | 7. BY (*Signature)* | | 8. DATE SIGNED | |
| 6b. TITLE OF PERSON SIGNING |
| **PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR** | | | | |
| 9a. NAME OF PERSON SIGNING | 10. BY (*Signature*) | | 11. DATE SIGNED | |
| 9b. TITLE OF PERSON SIGNING |

**\* Use a separate form for each subcontractor**

**Attachment 12**

Contract No.: **NAT19001\_PARK RESERVATION**

Contract Title: State Park Reservations, Point of Sale, Ticketing, Registration, Licensing, and Program Management

**COMPANY PROFILE & CAPABILITIES FORM**

Suppliers are required to provide a reply to each question listed below. Your replies will aid the evaluation committee as part of the overall qualitative evaluation criteria of this Request for Proposal. Your responses should contain sufficient information about your company so evaluators have a clear understanding of your company’s background and capabilities. Failure to respond to any of these questions may result in your proposal to be rejected as non-responsive.

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| --- | --- |
| 1. |  |
|  | Describe your background and experience (e.g. similar ventures), company history, qualifications and experience of the employees and the organization in State Park or National Park Reservations, Point of Sale, Ticketing, Registration, Licensing, and Program Management. Include the company’s resources that qualify it to develop, implement, operate, manage, scale and create new solutions for best-in-class customer service for State Park Reservations, Point of Sale, Ticketing, Registration, Licensing, and Program & Event Management. |

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| 2. |  |
|  | Describe how your staff/employees will be structured to support DNREC and how they will operate in providing State Park Reservations, Point of Sale, Ticketing, Registration, Licensing, and Program Management; provide an organizational chart that includes president through client manager through service manager, through development, etc. Describe how each entity operates and interacts with each other; provide anticipated timelines associated with each group’s standard functions. |

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| 3. |  |
|  | Describe your Business Plan and Action Plan (methodology and/or approach) for operating and managing State Park Reservations, Point of Sale, Ticketing, Registration, Licensing, and Program Management. Include implementation plan (Full Phased Approach which includes, but is not limited to timeline, activities, development, implementation and first year of operations), content management system functions, daily functionality, and project team availability for both implementation and daily operations. Describe ease of use of system for both customers and DNREC /Agents. Include how you will adhere to business rules, fast and flexible promotional processes, photo uploads, rule changes, fee changes, etc. Describe how your system operates off-line for a period of time (loss of connectivity) with seamless synchronization/refreshment of system when connectivity is restored. Describe how customizable dashboards for various levels of management will be comprehensive and available on demand. |

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| 4. |  |
|  | Describe your Call Center functionality. Include how you provide and operate a high volume Call Center adhering to business rule standards and performance measures. Include number of personnel that will be assigned to DNREC and **if any of those personnel will be utilized for other Vendor clients**. Include how you will provide adequate staff to ensure that minimally 90% of calls are answered within 30 seconds and the customer reaches a live Reservation Agent in no more than one minute. Describe the process of how the system will be sized in order to meet these performance levels, including start-up. Describe the System’s capability to monitor, record, and report call volume, hold times, busy signals, call lengths, call follow-up work time, and other statistics regarding Customer and Staff calls. Describe how customizable dashboards for various levels of management will be comprehensive and available on demand. |

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| 5. |  |
|  | Describe the quality and ability of the POS. Include how POS is competitive with leading industry capabilities; include options such as ease of use, ability to archive and add/archive products as needed, bar code printing and inventory management scan technology; include full description of inventory management functions to include, but not limited to inventory valuation, sales reports, ad hoc reporting, etc. Describe how customizable dashboards for various levels of management will be comprehensive and available on demand. |

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| 6. |  |
|  | Describe **Customer (Park Patrons)** support options and processes to include, but not limited to: call center, chat, text, electronic “robo-calls”, and online. |

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| --- | --- |
| 7. |  |
|  | Describe **DNREC and Agent** support options and processes to include, but not limited to: call center, online, chat, text, **embedded liaison**; daily and scheduled maintenance of system; Describe the qualifications and experience of the persons to be assigned to the project. Availability of project team. Number of technicians to meet the State of Delaware needs for scheduled and emergency services (note: peak operations for Delaware State Parks occur on weekends and Vendor(s) must provide services and support) and all other customer services. Ability to meet response timelines. |

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| 8. |  |
|  | Describe ability and process to print passes and permits on-demand to the specifications stipulated in this RFP. |

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| 9. |  |
|  | Describe training plan and options for call center staff, DNREC staff and Agents. Plan to include, but not limited to: webinar, online training modules, written manuals for Subject Matter Expert Users and daily staff and Agent users, and in person training as needed/required to meet operational demands. |

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| 10. |  |
|  | Describe marketing plan and options to best market Delaware State Parks Camping and Retail Operations. This shall include cross promotion of retail products and services. |

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| 11. |  |
|  | Describe your systems ability (for all REQUIRED services) to include information such as but not limited to campsites and destinations either in the same campground or other Delaware State Park reservable sites and Delaware State Parks near an activity or event; the system’s ability to do searches and/or queries for dates, activities, tickets and attractions, such as hiking, fishing, hunting, boating, shopping, etc. This information will be as comprehensive as possible in order to answer customer questions and encourage quick customer decisions and provide information for nearby options of amenities and activities; how is your system able to track and report instances where the customer’s first choice cannot be filled. |

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| --- | --- |
| 12. |  |
|  | Describe ability to provide (and quality thereof) any **Value Added Options**: **online retail store (and fulfillment**), **online** **passes/permits (fulfillment)**, parking system/meters/park entrance management, youth camp registration and tracking/reporting, event registration and tracking/reporting, marina management system, and program registration and tracking/reporting. |
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| 13. |  |
|  | Describe software/system update schedules and implementations, to include updating the software system as well as version releases (both major and minor). |

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| 14. |  |
|  | Describe customer billing process, how security is managed (PCI compliance/tokenization/credit card systems and security) and payment processes/options for all functions included in proposal. *Note – additional PCI security questions will be asked below.* |

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| 15. |  |
|  | Describe standard conflict resolution process. |
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| 16. |  |
|  | Provide industry analysis (detail the market in which you are competing, how large it is and what trends are affecting it) and customer analysis (what customers you are targeting) for your proposed solution. DNREC would like to see Vendor’s specific experience and analysis for Delaware (Mid-Atlantic customer base). |

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| 17. |  |
|  | Describe any awards or recognition in last three years. |

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| 18. |  |
|  | Describe any reliance on 3rd party relationships to deliver services or products. |

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| 19. |  |
|  | Describe and explain any business activities that have resulted in your re-naming, re-branding, change of ownership or change of tax filing status in the past five (5) years. Include any planned changes in ownership over the next three (3) years. |

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| 20. |  |
|  | Describe Vendor’s employee training and certification processes and requirements. |

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| 21. |  |
|  | Has Vendor ever filed bankruptcy? If so, provide details. |

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| 22. |  | |
|  | a) List any past and/or pending litigation or disputes relating to the services described herein with which your company has been involved within the past five (5) years and identify any awarded contracts or sales agreements your company has terminated as a result of litigation or dispute. For any applicable occurrence, list the company’s name and the term of the Contract. For occurrences resulting in Contract termination, provide an explanation as to why the Contract was terminated.  b) List any liquidated damages applied relating to service failures described herein with which your company has been involved within the past three (3) years. Provide an explanation as to how this challenged your business and/or how it improved your service offerings. | |
|  | |
| 23. |  | |
|  | Describe any violations by any state and/or federal regulatory agencies. Describe the impact this had on your business platform. | |

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| 24. |  |
|  | Describe the company’s capital investment and research and development program which are likely to provide future improvements to service delivery under this proposal. |

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| 25. |  |
|  | Describe your Disaster Recovery Plan and Functions. |

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| 26. |  |
|  | Describe your deficiencies for all REQUIRED specifications of this RFP and how they can be developed, alternate solutions would be provided or if functions would not be available. |

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| 27. |  |
|  | |  | | --- | | Does your solution/product securely capture and transmit payment card information? | |

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| 28. |  |
|  | |  | | --- | | Does your product/solution store payment card information in our systems (for example, those in my store/shop locations, with my web application, or with our e-commerce website). If so, how does that product/solution protect the data? | |

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| 29. |  |
|  | |  | | --- | | Does your product/solution protect payment card data during transmission with strong encryption? | |

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| 30. |  |
|  | |  | | --- | | Is your solution/product required to be integrated with our other systems – for example, with our payment terminals, accounts receivable, or other systems that contain cardholder data? | |

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| --- | --- |
| 31. |  |
|  | |  | | --- | | Will you be installing a payment application or system in our environment? If so, are you a PCI Qualified Integrator or Reseller (QIR)? If you do not install the payment application or system, is DNREC expected to install it? | |

|  |  |
| --- | --- |
| 32. |  |
|  | |  | | --- | | Regardless of whether you are a QIR, if you are installing a payment application or system, do you support DNREC during installation and ensure installation is done securely? Do you provide an implantation guide to help DNREC set up the application securely? | |

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| 33. |  |
|  | |  | | --- | | Do you provide support during installation or set-up of the product/solution to help DNREC change vendor-supplied default passwords? | |

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| 34. |  |
|  | |  | | --- | | To understand patches (software security “fixes”) and updates for the product/solution:   * What support and guidance do you provide to DNREC during the patching/updating process? * Is DNREC expected to obtain and install those patches/updates? * How do you notify DNREC when patches/updates are available or have been automatically applied? * For hosted e-commerce websites, web application, or payment applications, do you take responsibility for patching/updating the solution you provide to DNREC? | |

|  |  |
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| 35. |  |
|  | Do you require remote access into our payment application or system to support the vendor product or solution?   * Do you require remote access to be always active? * What steps do you take to secure remote access? * Do you use the same or a different password for each of your customers? |

|  |  |
| --- | --- |
| 36. |  |
|  | Is the solution/product run from systems owned and maintained (hosted) by your company? Are you a service provider?   * Is the solution/product environment PCI DSS Compliant? * Does your PCI DSS assessment cover the specific services the service provider is offering DNREC? |

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| 37. |  |
|  | Are you prepared to engage in a contract with DNREC and maintain PCI DSS compliance for your service (or become PCI DSS validated)? |

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| 38. |  |
|  | If there is a data breach and your product/solution is involved:   * What monitoring for data breaches and suspicious activities do you provide? * How and when do you notify DNREC if there is a breach? * If DNREC experiences fines/penalties, do you offer support/protection? |

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| 39. |  |
|  | Do you assist with notification of DNREC customers in the event of a data breach when your product/solution is the cause?   * To what degree do you assist with notification?   + Do you cover cost?   + Send the notifications?   + Provide credit monitoring for the customers impacted? |

**Attestation of Compliance – Payment Card Industry (PCI) Data Security Standard**

***Instructions for Submission***

This document must be completed by a Qualified Security Assessor (QSA) or merchant (if merchant internal audit performs validation) as a declaration of the merchant’s compliance status with the Payment Card Industry Data Security Standard (PCI DSS). Complete all applicable sections and submit to the acquirer or requesting payment brand.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 1. Merchant and Qualified Security Assessor Information** | | | | | | | | | | | |
| **Merchant Organization Information** | | | | | | | | | | | |
| Company Name: |  | | | DBA(s): | |  | | | | | |
| Contact Name: |  | | | Title: | |  | | | | | |
| Telephone: |  | | | E-mail: | |  | | | | | |
| Business Address: |  | | | City: | |  | | | | |
| State/Province: |  | Country: |  | | | | | Zip: | |  | |
| URL: |  | | | | | | | | | | |
|  | | | | | | | | | | |
| **Qualified Security Assessor Company Information** | | | | | | | | | | |
| Company Name: |  | | | | | | | | | |
| Lead QSA Contact Name: |  | | | | Title: |  | | | | |
| Telephone: |  | | | | E-mail: |  | | | | |
| Business Address: |  | | | | City: |  | | | | |
| State/Province: |  | Country: |  | | | | Zip: | |  | |
| URL: |  | | | | | | | | | |

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| **Part 2 Type of Merchant Business (check all that apply)** | | |
| Retailer  Telecommunication  Grocery and Supermarkets | | |
| Petroleum  E-Commerce  Mail/Telephone-Order | | |
| Travel & Entertainment  Others (please specify): | | |
| List facilities and locations included in PCI DSS review: | | |
| **Part 2b. Relationships** | | |
| Does your company have a relationship with one or more third-party agents (for example, gateways, web-hosting companies, airline booking agents, loyalty program agents, etc.)?  Yes  No | | |
| Does your company have a relationship with more than one acquirer?  Yes  No | | |
| **Part 2c. Transaction Processing** | | |
| How and in what capacity does your business store, process and/or transmit cardholder data? | | |
|  | | |  | |
| **Payment Application in Use** | **Version Number** | **Last Validated according to PABP/PA-DSS** | |
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| **Part 3. PCI DSS Validation** |

Based on the results noted in the Report on Compliance (“ROC”) dated *(date of ROC)*, *(QSA Name/Merchant Name)* asserts the following compliance status for the entity identified in Part 2 of this document as of *(date)* (check one):

|  |  |  |  |
| --- | --- | --- | --- |
| **Compliant:** All requirements in the ROC are marked “in place[[1]](#footnote-1),” and a passing scan has been completed by the PCI SSC Approved Scanning Vendor *(ASV Name)* thereby *(Merchant Company Name)* has demonstrated full compliance with the PCI DSS *(insert version number).* | | | |
| **Non-Compliant:** Some requirements in the ROC are marked “not in place,” resulting in an overall **NON-COMPLIANT** rating, **or** a passing scan has not been completed by a PCI SSC Approved Scanning Vendor, thereby *(Merchant Company Name)* has not demonstrated full compliance with the PCI DSS.  **Target Date** for Compliance:  An entity submitting this form with a status of Non-Compliant may be required to complete the Action Plan in Part 4 of this document. *Check with your acquirer or the payment brand(s) before completing Part 4, since not all payment brands require this section.* | | | |
| **Part 3a. Confirmation of Compliant Status** | | | |
| **QSA/Merchant confirms:** | | | |
|  | The ROC was completed according to the *PCI DSS Requirements and Security Assessment Procedures*, Version *(insert version number)*, and was completed according to the instructions therein. | | |
|  | All information within the above-referenced ROC and in this attestation fairly represents the results of the assessment in all material respects. | | |
|  | The merchant has confirmed with the payment application vendor that their payment application does not store sensitive authentication data after authorization. | | |
|  | The merchant has read the PCI DSS and recognizes that they must maintain full PCI DSS compliance at all times. | | |
|  | No evidence of magnetic stripe (that is, track) data[[2]](#footnote-2), CAV2, CVC2, CID, or CVV2 data[[3]](#footnote-3), or PIN data[[4]](#footnote-4) storage after transaction authorization was found on ANY systems reviewed during this assessment. | | |
| **Part 3b. QSA and Merchant Acknowledgments** | | | |
|  | | | |
| ***Signature of Merchant Executive Officer* 🡩** | | | ***Date:*** |
| ***Merchant Executive Officer Name:*** | | ***Title:*** | |
|  | | | |
| ***Signature of Lead QSA* 🡩** | | | ***Date:*** |
| ***Lead QSA Name :*** | | ***Title:*** | |

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| **Part 4. Action Plan for Non-Compliant Status** | | | |
| Please select the appropriate “Compliance Status” for each requirement. If you answer “No” to any of the requirements, you are required to provide the date Company will be compliant with the requirement and a brief description of the actions being taken to meet the requirement. *Check with your acquirer or the payment brand(s) before completing Part 4 since not all payment brands require this section.* | | | |
| **PCI Requirement** | **Description** | **Compliance Status (Select One)** | **Remediation Date and Actions  (if Compliance Status is “No”)** |
| **1** | Install and maintain a firewall configuration to protect cardholder data. | Yes  No |  |
| **2** | Do not use vendor-supplied defaults for system passwords and other security parameters. | Yes  No |  |
| **3** | Protect stored cardholder data. | Yes  No |  |
| **4** | Encrypt transmission of cardholder data across open, public networks. | Yes  No |  |
| **5** | Use and regularly update anti-virus software. | Yes  No |  |
| **6** | Develop and maintain secure systems and applications. | Yes  No |  |
| **7** | Restrict access to cardholder data by business need to know. | Yes  No |  |
| **8** | Assign a unique ID to each person with computer access. | Yes  No |  |
| **9** | Restrict physical access to cardholder data. | Yes  No |  |
| **10** | Track and monitor all access to network resources and cardholder data. | Yes  No |  |
| **11** | Regularly test security systems and processes. | Yes  No |  |
| **12** | Maintain a policy that addresses information security. | Yes  No |  |

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| AmExLogo | Discover_AcceptanceMark745x477 | JCB | mastercard_worldwide_logo | visa |

1. “In place” results should include compensating controls reviewed by the QSA/merchant Internal Audit. If compensating controls are determined to sufficiently mitigate the risk associated with the requirement, the QSA should mark the requirement as “in place.” [↑](#footnote-ref-1)
2. Data encoded in the magnetic stripe or equivalent data on a chip used for authorization during a card-present transaction. Entities may not retain full magnetic stripe data after transaction authorization. The only elements of track data that may be retained are account number, expiration date, and name. [↑](#footnote-ref-2)
3. The three- or four-digit value printed on the signature panel or face of a payment card used to verify card-not-present transactions. [↑](#footnote-ref-3)
4. Personal Identification Number entered by cardholder during a card-present transaction, and/or encrypted PIN block present within the transaction message. [↑](#footnote-ref-4)