



The Beaufort County School District (BCSD) is requesting quotes for:

One (1) 911 Reality Trainer Simulator Package.

Submit offer by: Quotes should be submitted to - Beaufort County School District Kaylee Yinger, NIGP-CPP, CPPB, Procurement Coordinator, by **11:00 AM on Thursday, May 2, 2024** via email to kaylee.yinger@beaufort.k12.sc.us or faxed to 843-322-0748.

Direct Inquiries to: Kaylee Yinger, NIGP-CPP, CPPB, Procurement Coordinator, in writing via email – kaylee.yinger@beaufort.k12.sc.us

SPECIFICATIONS:

BCSD is requesting quotes from authorized sellers: 911 Reality Trainer Simulator Equipment and Software Package to include:

CAPABILITIES:

- 2:1 student instructor ratio
- Live instructor monitoring from separate computer

HARDWARE:

- Computers
- Monitors
- Headsets
- Keyboards
- Mouse
- All cords and cabling required for power and connectivity.

SOFTWARE:

- Full 911 Training Software
 - Login screens
 - Call types and codes.
 - Background sounds
 - Multiple phone lines
 - Recording options
 - Screen capture.
 - Video tutorials
- Documentation
 - Trainee reporting
 - Trainee recording logs.
 - Instructor notes
- Scenarios
 - EMS and Police
- Instructor manual

Terms and Conditions:

- Pricing should be valid for 90 Days.
- Pricing must include shipping & handling to: BCSD, 2950 Mink Point Blvd. Beaufort, SC 29902
- Do not include sales tax.
- Equipment/parts must be new and retain full factory warranty.
- Vendor shall not perform any work prior to the receipt of a purchase order from the BCSD. The using governmental unit shall order any supplies or services to be furnished under this contract by issuing a purchase order. **Vendor agrees to accept BCSD Procurement Card for payment for no extra charge.**
- Vendor shall not outsource to another vendor without written permission from the BCSD.

AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER

Bids from Minority and Women Owned Business Enterprises are strongly encouraged.

Vendor Name: _____

Vendor Address: _____

City/State/Zip: _____

Website: _____

Phone: _____

Contact Person: _____

Authorized Signature: _____
(Person signing must be authorized to submit binding offer to enter contract on behalf of Vendor named above)

E-Mail: _____