



**ELECTRONIC POINT OF SALE SYSTEM
INDIANA STATE FAIR COMMISSION
SF1-11-484**

DATE: JANUARY 5, 2011

RE: INDIANA STATE FAIR COMMISSION – FAIRGROUND’S PUBLIC SAFETY & LOGISTICS

This request for information is the official notice of a needed electronic point of sale system for the gates and parking operation for the Indiana State Fair Commission.

Background

The Indiana State Fair Commission was established as the trustee for and on behalf of the people of the State of Indiana to administer the State Fairgrounds as trust property for the State of Indiana. The Commission is a separate body, corporate and politic under Indiana law and its members are appointed by the Governor. Their main function is to provide leadership and oversight to the professional staff in the management and on-going renovation of this state-owned 250 acre facility. While the Indiana State Fair dates back to the 1850’s, the fairgrounds have been located in Indianapolis at the corner of 38th and Fall Creek Parkway since 1892.

Although best known for hosting the Indiana State Fair in August of each year, the Indiana State Fair Commission is a year-round venue for events, hosting over two million visitors annually.

Statement of Need

The Indiana State Fair Commission is seeking information on an electronic point of sale system to support year-round parking services and admission and parking during the annual Indiana State Fair. Our facility attracts more than two (2) million visitors each year, with nearly one (1) million during the annual Indiana State Fair. We are seeking an electronic point of sale system that can accommodate our changing needs, and easily adapt from State Fair operations to year-round parking operations.

The system must be flexible; we operate 11 entrance gates and two (2) off-site parking lots during the State Fair, but only two (2) primary entrance gates and one (1) off-site parking lot for year-round operations. Although the entrance gates used for year-round operations are also used during the State Fair, ingress and egress lanes are different.

During the State Fair, we could have in excess of 50 ingress points operating simultaneously. Some will be handling fixed parking fees only, some will be handling gate admission (a per person charge) only and others will handle both parking and gate admission. Additionally, some ingress points are vehicular only, some are pedestrian only and others handle both. During year-round operations we will have no more than 15 ingress points operating at any given time, and all ingress points will be handling fixed parking fees only. For year-round operations, all ingress points are vehicular.

The system must be able to operate outdoors in all weather conditions (heat, rain, cold, snow, ice, etc.). The system must be portable; able to be easily moved from one location to the next. The system must allow multiple users and be able to quickly change from one user to the next.

The system must accept credit cards, with real-time processing. The system must allow for a receipt to be printed. The system must have the ability to scan bar codes and read magnetic stripes. The ability to read RFID tags and QR codes is preferred.

The system must connect back to a central monitoring point on the Fairgrounds that tracks sales data and car counts.

Qualifications

The Commission is seeking a qualified vendor that can design an electronic point of sale system, implement all of the hardware and software components of the system and support the system.

Qualified and interested parties are to submit their information describing the company and products being offered. The Commission is requesting information about the type of system recommended, how it operates, what hardware and software will be utilized, the cost of the system and how these systems are typically installed and implemented.

The Commission is currently enhancing its technology infrastructure to support the electronic point of sale initiative and other future technology improvements. As part of this RFI, we are requesting specific information pertaining to network and computing requirements. The Commission will be responsible for implementing and maintaining the network infrastructure, as support for electronic point of sale is only one component of our overall network environment.

The Commission will hold an information session on Wednesday, January 18, 2012 at 10:00 a.m. Interested parties will have the opportunity to ask questions about our operation as well as our current and future needs. Interested parties should report to:

Indiana State Fair Commission
Public Safety Center
1202 East 38th Street
Indianapolis, IN 46205

Request Response

All responses are due Friday, February 3, 2012 at 4:00 p.m. Submit response to:

Indiana State Fair Commission
Communications Building – Contracts Office
1202 E. 38th Street
Indianapolis, IN 46205

A response page is attached and should be completed and included with response.

The Indiana State Fair Commission intends to proceed with a selection process without undue delay, but reserves the right to take the time it deems necessary to analyze the responses in a prudent manner. The Commission reserves the right to reject any and/or all submittals.

Responses must be submitted in duplicate including but not limited to CD presentations. Information and materials should be organized in a fashion suitable for review and discussion by Commission staff.

Response Cover Page

Company Name: _____

Company Address: _____

City State Zip

Authorized Agent: _____
Printed Name Title

Signature: _____

Date: _____

Telephone: _____ Cell Phone: _____

Important Other Contact: _____

Fax Number: _____

Email: _____

Federal Identification Number: _____

Are you a registered MBE/WMBE Business? Yes _____ No _____

Vendor Identification Number Issued by the State of Indiana: _____



VENDOR INFORMATION

State Form 53788 (R2 / 10-09)
Approved by Auditor of State, 2009
Approved by State Board of Accounts, 2009

Name and telephone number of the person who completed this document must be provided.

Name: _____

Daytime telephone number: _____

Print or Type

Legal Name (Owner of the EIN or SSN as name appears on your tax return. Do not enter the business name of a sole proprietorship on this line.)

Trade Name (Doing Business as Name D/B/A) (Complete only if payment is to be made payable to the DBA name)

Remit Address (number and street, city, state, and ZIP code)

Purchase Order Address - Optional (number and street, city, state, and ZIP code)

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:
(SSN=Social Security Number, EIN=Employer Identification Number)

(Individual's SSN) _____ - _____ - _____ or EIN _____ - _____

Check legal entity type (A box must be checked in this section. Check only one box.)

- Individual Sole Proprietorship Partnership
- Estate / Trust *Note: Show above, the name and number of the legal trust, or estate, not personal representatives*
- Other [Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.]
- Corporation Do you provide legal or medical services? Yes No
- Government (or Government operated entity)
- Organization Exempt from Tax under Section 501(a)

One box must be checked I am a U.S. Person (including a U.S. resident alien) I am not a U.S. Person (a W-8 must be filed with the Auditor of State)

Add Deposit Change Deposit **Indiana law (I.C. 4-13-2-14.8) requires that YOU receive PAYMENT(S) by means of electronic transfer of funds.**

SECTION 1: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Account Holder's Name: _____ Account Number: _____

Type of Account: Checking (Demand) Savings

Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a non-altered voided check or have your financial institution complete this section)

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution: _____

Telephone: (_____) _____

Address: _____
Number and Street, and/or P.O. Box No.

Financial Institution's Authorized Signature

City, State, and ZIP Code (00000-0000)

Title

ABA Transit-Routing Number

Date _____, 20____

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS

(Complete this section only if you are requesting electronic notification. You may provide up to four email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

I agree to the provisions contained on the reverse side of this form.

NAME (print or type) _____ TITLE _____

AUTHORIZED SIGNATURE _____ DATE _____ TELEPHONE NUMBER _____

ATTACH A NON-ALTERED VOIDED CHECK HERE

ATTACH A NON-ALTERED VOIDED CHECK HERE

REQUEST FOR VENDOR INFORMATION

THIS FORM APPLIES TO YOU, IF YOU ARE:

- 1) A U.S. person (including a U.S. resident alien); and
- 2) A person, business, or other entity who has or will receive a payment from the state; or
- 3) A state employee who has or will receive a payment, other than payroll, from the state.

PURPOSE OF FORM:

The Auditor of State of Indiana (Auditor) must have correct vendor information to make payments to vendors. This includes the vendor's legal name, doing business as name (if any), address, Taxpayer Identification Number (TIN), entity type, and banking information. This form allows you to provide your correct name, address, TIN, entity type, and banking information.

If you do not provide us with the information, your payments may be subject to federal income tax withholding. In addition, if you do not provide us with this information, you may be subject to a penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on withholding preempts any state and local law remedies, such as any rights to a mechanic's lien. If you do not furnish a valid TIN, we are required to withhold a percentage of our payment to you. Withholding is not a failure to pay you. It is an advance tax payment. You should report all withholdings as a credit for taxes paid on your federal income tax return.

INSTRUCTIONS:

- 1) Enter your legal name on the designated line. Your legal name is the one that appears on your Social Security Card or, if you are a business, the Employer Identification Number (EIN) as it is in the IRS records. If you are a sole proprietor, then your legal name is the business owner's name. If you have a "doing business as" (d/b/a) name, enter this on the trade name line. Enter your remit address on the next line, and if you have a separate address for purchase orders, enter that address on the appropriate line.
- 2) Record the appropriate TIN in the space provided and check the box that corresponds to the correct organization type for your name. Note that individuals and sole proprietors are the only types that should record a social security number (SSN). a) If you are a corporation, you must indicate whether you provide legal or medical services. b) If you are a sole proprietor, you must show the business owner's name in the legal name box and you may show the business name in the trade name box. You cannot use only the business name. For a sole proprietor, you may use either the individual's SSN or the EIN of the business. However, we prefer you provide the SSN.
- 3) Check the appropriate box that indicates whether you are or are not a U.S. person.
- 4) Complete Section 1: Authorization
- 5) Have your financial institution complete Section 2: Financial Institution's Approval. Your financial institution should return the completed form to you. A voided check may be provided in lieu of having your financial institution complete this section. Attach only preprinted checks. Deposit slips, starter checks, or checks that have been altered will not be accepted.
- 6) Complete Section 3: Electronic Notification of Electronic Fund Transfer (EFT) Deposits, only if you choose to receive electronic EFT notifications by email. If this section is not completed, your notification will be sent by U.S. Mail to the remit address designated on the reverse side of this form.
- 7) Fax the completed form to (317) 234-1916 or mail to the Indiana Auditor of State, 240 Statehouse, 200 W. Washington St., Indianapolis, IN 46204.
- 8) Retain a copy of the completed form for your records.
- 9) Any form submitted without an authorized signature will be destroyed and will not be entered into the Auditor's vendor file.

BY SIGNING THIS FORM:

You represent that you understand and agree that:

- 1) You are authorized to provide this information on behalf of yourself or your organization.
- 2) The State of Indiana is authorized to initiate credits (deposits) in various amounts, by EFT through automated clearing house (ACH) processes, to the checking (demand) or savings account in the financial institution designated on the reverse side of this form.
- 3) If necessary, you will accept reversals from the State for any credit entries made in error to a bank account per National Automated Clearing House Association (NACHA) regulations.
- 4) You may only revoke this request and authorization by notifying the Auditor in writing, at the above address, at least fifteen (15) days before the effective date of revocation.
- 5) Any change to the account or to a new financial institution will require a new Vendor Information form be completed and submitted to the Auditor of State at the above address. Failure to provide timely notification to the Auditor that your account has changed will result in a delay in payment.
- 6) The State of Indiana and its entities are not liable for late payment penalties or interest if you fail to provide information necessary for an EFT transaction and/or you do not properly follow the Instructions above.
- 7) The email addresses provided in Section 3 for electronic EFT notification will allow for appropriate application of all payments.
- 8) You acknowledge that it will cause disruption to the notification process if the email addresses provided for electronic EFT notification are frequently changed or changed without promptly providing an updated email address to the Auditor.
- 9) You acknowledge that an email notification returned as undeliverable may be removed from the Auditor's email notification system and all future notices of EFT deposits to you will be provided by the Auditor via U.S. Mail to the remit address designated on the reverse side of this form until you have provided a valid email address to the Auditor.
- 10) You are responsible for contacting the Auditor if you are not receiving electronic notices of EFT deposits.