COVER PAGE

EXCELLENCE IN LEADERSHIP ACADEMY SEEKS RESPONSES TO:

Request for Quotation(s) Number: RFQ-01312020-16073417-WAP

for

E-Rate Wireless Network System(s)

for

E-Rate Funding Year 2020

IMPORTANT

Proposers must be able to offer pricing through DIR, TCPN, or other District approved cooperative purchasing organizations

DISTRICT INFORMATION

Excellence in Leadership Academy 915 W. Interstate Hwy 2 Mission, TX 78572

Billed Entity Number: 16073417

IMPORTANT DATES

RFQ Issued: Friday, January, 31, 2020

Walkthrough: No Walkthrough is Scheduled

RFQ Questions Due: 05:00 PM CST on Friday, February, 14, 2020

RFP Closes: 03:30 PM CST on Monday, March, 02, 2020

*** Items received after the specified Dates and Times will not be considered ***

Questions and responses must be sent electronically to:

mailto:calfaro@elacharterschool.com

and

mailto:astone@vstservices.com

COVER PAGE

WORKBOOK INFO

(Add or Edit Basic information for the workbook)

Hide this tab after completing the required information

Information (add information in the yellow areas only)

RFQ BASIC INFORMATION		
Document Type (RFP or RFQ):	RFQ	< <choose or="" rfp="" rfq<="" td=""></choose>
Category 2 Type:	WAP	< <choose c2="" of="" services<="" td="" type=""></choose>
RFQ Title:	E-Rate Wireless Network System(s)	< <don't change="" td="" this<=""></don't>
RFQ Issued on:	01/31/20	< <est date<="" issue="" td=""></est>
RFQ Due Date:	03/02/20	< <don't change="" td="" this<=""></don't>
RFP or RFQ Due Time:	3:30:00 PM	< <don't change="" td="" this<=""></don't>
E-Rate Program Year:	2020	< <don't change="" td="" this<=""></don't>
RFP or RFQ Number:	RFQ-01312020-16073417-WAP	< <change if="" necessary<="" td="" this=""></change>
Contract Number:	CON-01312020-16073417-WAP	< <change if="" necessary<="" td="" this=""></change>
DISTRICT INFORMATION		
District Name:	Excellence in Leadership Academy	< <check correctness<="" for="" td=""></check>
Billed Entity No:	16073417	< <check correctness<="" for="" td=""></check>
	Street Address: 915 W. Interstate Hwy 2	< <check correctness<="" for="" td=""></check>
City:	Mission	< <check correctness<="" for="" td=""></check>
State:	TX	< <check correctness<="" for="" td=""></check>
Zip or Zip +4:		< <check correctness<="" for="" td=""></check>
City+State+Zip (Calc):		< <don't change="" td="" this<=""></don't>
WALKTHROUGH INFORMATION (IF R	EQUIRED)	
Walkthrough Date:		<< Fill this out
Walkthrough Time:		<< Fill this out
	915 W. Interstate Hwy 2	< <change if="" necessary<="" td="" this=""></change>
City:	Mission	< <change if="" necessary<="" td="" this=""></change>
State:		< <change if="" necessary<="" td="" this=""></change>
	12:00:00 AM	< <change if="" necessary<="" td="" this=""></change>
City+State+Zip (Calc):	•	< <don't change="" td="" this<=""></don't>
RESPONSE INFORMATION (IF REQUIR	ED)	
Questions Due By:	• •	< <change if="" necessary<="" td="" this=""></change>
Question Due Time:		< <change if="" necessary<="" td="" this=""></change>
•	calfaro@elacharterschool.com	< <check correctness<="" for="" td=""></check>
Response Email Address 2:	astone@vstservices.com	< <don't change="" td="" this<=""></don't>

WORKBOOK INFO

(Add or Edit Basic information for the workbook) **Hide this tab after completing the required information**

PROPOSER INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY

Worksheets (tabs) for campus proposals are shown in *Yellow* and have the *School Name* and *Entity Number* on them.

RESPONDING TO THE WORKSHEETS

Worksheets:

Proposer Info (Fill this out completely, sign, scan and email this to the address on the page)

Cover Page (No response required, please read thoroughly) **Evaluation** (No response required, informational only)

Cost Summary (A running cost summary of your proposal response)

Remaining Worksheets

The remaining worksheets represent each site that requires Category 2 Goods and/or Services. Please reply to each worksheet. Any items not replied to will be considered non-response.

- 1. Click on each worksheet and review the items requested.
- 2. For each item that contains a *Manufacturer Part Number*, *Description* and *Quantity*, respond by adding a *Proposer Part Number*, *Cost* and state what % of the *Product is Eligible*.
- 3. If you are offering an alternate to the solution requested, be sure to fill in the *Equiv* column with a "Y" to indicate that the product is an alternate.
- 4. Complete all worksheets that request pricing. Any incomplete items will be considered non-responsive.

Note: Within each worksheet, these columns are colored **GREEN** for easy identification.

RETURNING YOUR RESPONSE

When you have completed pricing all requested items, please save and then e-mail this workbook back astone@vstservices.com.

PROPOSER INFORMATION

company morniano.	•				
Company Name:					
Street Address:					
City:		State:		Zip:	
USAC SPIN Number:		Submitta	l Date:		
Sales Contact Informa	ntion				
Primary Contact:		Title:			
Phone:		E-Mail:			
City:		State:		Zip:	
State Contract or Inte	rlocal Agreement Information	on			
Rate Wireles	de all relevant state contract s Network System(s). rganization Name	numbers. These Contract Nur		be a valid contract for E- Expires	
	gamzation Name	Contract Nui	IIDEI	LAPITES	

Instructions: Sign and Date this page, then scan and email it to: astone@vstservices.com

Signature Date

Proposer Signature

SUMMARY

Excellence in Leadership Academy 2020 E-Rate - Request for Quotation(s)

Location Name	Campus Total
Exel in Lship-16073417	-
Total Cos	+.
l otal Cos	τ: -

Note: This page is automatically calculated. Please do not change anything on this sheet

PRICING RESPONSE FOR:

EXEL IN LSHIP-16073417

915 W EXPRESSWAY 83 MISSION, TX 78572

Part Numbers			Equiv	Pricing Information			
Manufacturer PN	Proposer PN	Description - As specified or equivalent. If equivalent, please place a "Y" in this column>	(Y/N)	Qty	Cost	Extended	% Elig
MS250-48		Meraki MS250-48 48 Port Clound-Managed Ethernet Switch		1		-	
						-	
		Labor cost for the following:				-	
		1. Install, configure, test and provide documentation for switch deployment.				-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	

PRICING RESPONSE FOR:

EXEL IN LSHIP-16073417

915 W EXPRESSWAY 83 MISSION, TX 78572

Part Numbers			Equiv		Pricing In	formation	
Manufacturer PN	Proposer PN	Description - As specified or equivalent. If equivalent, please place a "Y" in this column>	(Y/N)	Qty	Cost	Extended	% Elig
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	

PRICING RESPONSE FOR:

EXEL IN LSHIP-16073417

915 W EXPRESSWAY 83 MISSION, TX 78572

Part Numbers			Equiv	Pricing Information			
Manufacturer PN	Proposer PN	Description - As specified or equivalent. If equivalent, please place a "Y" in this column>	(Y/N)	Qty	Cost	Extended	% Elig
						ı	
						ı	
						ı	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	
						-	

•	
EXEL IN LSHIP-16073417 TOTAL COST	-