The South Portland School Department is seeking price quotes for the following Chromebooks and Chrome management licenses

We will be choosing between the following two models:

**Lenovo 300e Chromebook - 11.6" - MT8173c - 4 GB RAM - 32 GB SSD**
Mfg.Part: 81H00000US

**OR**

**Acer Chromebook R 11 C738T-C7KD - 11.6" - Celeron N3060 - 4 GB RAM - 32 GB**
Mfg.Part: NX.G55AA.010

Quantity 250

Please price separately the cost for Quantity 250 Chrome Device Management Licenses. If the cost for the management license is not separable please clearly indicate that it is included in the cost of the Chromebook.

Pricing must include shipping.

**Devices must be delivered by August 21, 2018 Please do not respond to this bid if you cannot guarantee product delivery by this date.**

Failure to deliver devices, for whatever reason, will result in a $1000 per calendar day penalty that will be reduced from the invoiced amount. For example, if all devices are received on September 3rd, the total invoice will be reduced by $14,000.

If devices are not delivered by September 6th, the School Department and the winning vendor may agree upon a substitute model at no additional cost to the School Department. The late penalties will still apply.

We reserve the right to purchase an additional 300 units at the quoted price. Additional units are NOT subject to the same delivery deadlines.
Bid Responses must be emailed to Andrew Wallace, Director of Technology at atw@spsd.org and cc’ed to cselberg@southportland.org Please use the subject line “South Portland Schools – Chromebooks 2018” **Bids must be received by 5pm July 16th, 2018.**

Please include contact information for three references from school districts with whom you have done business in the past year.

Questions regarding this RFP should be directed to Andrew Wallace atw@spsd.org with the subject line “Chromebooks 2018 SPSD Bid Questions.”

Vendors may reply with both Chromebook model options.

**Pricing Sheet**

**Brand:**

**Model Name and Number:**

**Cost Per Unit:**

**Device Management License per Unit:**

**Total cost for shipping:**

**REFERENCE LIST**

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Signed:____________________________________________________
(Corporation, Firm or Company)

By:________________________________________________________
(Officer, Authorized Individual or Owner)

Title: ______________________________________________________
Mailing Address: ________________________________________________

______________________________________________________________

Zip Code: _____________ Date: ____________________________

Telephone: (____)_________ Fax (____)_____________________

Email: ________________________________