

**Community Consolidated School District 15**  
580 North First Bank Drive  
Palatine, Illinois 60067

**REQUEST FOR QUOTATION #21-103**  
**ADMINISTRATIVE DESKTOPS AND LAPTOPS**  
**April 1, 2021**



**REQUEST FOR QUOTE #21-103  
ADMINISTRATIVE DESKTOPS AND LAPTOPS  
APRIL 1, 2021  
COMMUNITY CONSOLIDATED SCHOOL DISTRICT 15**

The Board of Education of Community Consolidated School District 15, 580 North First Bank Drive, Palatine, Illinois 60067, is soliciting quotes for ADMINISTRATIVE DESKTOPS AND LAPTOPS. Quotations must be received on or before 12:00 P.M. CST on Friday, APRIL 16, 2021.

The Board of Education reserves the right to waive any irregularities, reject any or all quotations, when in its opinion such action will serve the best interests of the Board of Education of Community Consolidated School District 15.

**INSTRUCTIONS**

For quotations to be entitled for consideration, they must be made in accordance with the following instructions:

1. Quotation documents will be submitted to TARI FARINA, Purchasing Department, via email at [farinat@ccsd15.net](mailto:farinat@ccsd15.net), or via mail at the following address:

Community Consolidated School District 15  
580 North 1<sup>st</sup> Bank Drive  
Palatine, IL 60067  
Attn: TARI FARINA

2. DUE DATE: Friday, APRIL 16, 2021 at 12:00 P.M. CST time
3. A legally authorized individual(s) must sign the quote, in longhand, for the proposal to be considered valid and potentially awarded.
4. The Board reserved the right to split the contract on the basis of best quote.
5. The Vendor will make no minimum order requirements.
6. Pricing should be quoted F.O.B. Palatine, IL, with all transportation and handling charges paid for by the vendor. All product is to be delivered to the following location:

**Community Consolidated School District 15  
William Tremelling Technology Center  
110 N. Harrison Ave.  
Palatine, IL 60067-4846**

7. This Request for Quote is an information request for pricing. This RFQ is not subject to the same formal requires as Bids per the Illinois School Code.
8. Following evaluation of RFQ responses, a recommendation will be made to the Community Consolidated School District 15 Board of Education on Wednesday, May 12, 2021.

**EXHIBIT "A"**  
**REQUEST FOR QUOTE #21-103**  
**ADMINISTRATIVE DESKTOPS AND LAPTOPS**  
**APRIL 1, 2021**  
**COMMUNITY CONSOLIDATED SCHOOL DISTRICT 15**

**SCOPE OF WORK**

CCSD15 is requesting a quote for the refresh of its current administrative desktops that are at end-of-life. The computers are a planned equipment refresh for administrative use. A quote listing the terms of the standard warranty and the cost for a five-year optional extended warranty is also requested. Please list the details of the standard warranty on the requested spec sheet. The equipment being quoted will be replacing the desktop computers in the Educational Service Center, Environmental Services, Transportation, Technology and Food Services Departments. The District is looking for a quantity of up to fifty (50) desktops and fifteen (15) laptops, with the option of purchasing more if needed. The vendor must agree to hold pricing through the 2021-2022 school year (07/01/21-06/30/22).

**SPECIFICATIONS**

Community Consolidated School District 15 is accepting quotes from qualified individuals or firms for the purchase of ADMINISTRATIVE DESKTOPS AND LAPTOPS in accordance with the following specifications:

1. General:
  - a. Provide information and pricing for any products and services which are not specifically requested, but necessary to provide the functional capabilities proposed by the Vendor.
  - b. Pricing must be guaranteed through the end of 2021-2022 school year (07/01/21-06/30/22).
2. Installation: The Vendor is to ensure the safe and timely delivery of all equipment and accessories within 30 days of Purchase Request.
3. Documentation:
  - a. Electronic documentation, listing all licensing and serial numbers, shall be provided.
  - b. Describe limitations and conditions applicable to the hardware warranty for each product.
  - c. Indicate warranty response times and any additional costs, such as shipping, that may apply.

**PRODUCT SPECIFICATIONS**

The District is seeking quotes on two configurations of desktops and laptops. The following represents the minimum requirements for each type of configuration.

**Desktop Specifications**

**Configuration 1**

<b>CPU</b>	10th Gen Core i5-10500T
<b>Chipset</b>	Q470
<b>Memory</b>	16GB 1x16GB DDR4
<b>Storage</b>	M.2 PCIe NVMe 256GB
<b>Standard Warranty</b>	Please list details on spec sheet
<b>Optional Warranty</b>	5 Years Next Business Day
<b>Graphics</b>	Intel UHD
<b>Video Output</b>	Dual DP
<b>SCCM</b>	Must have Driver Pack available for download
<b>Keyboard/Mouse</b>	Wired
<b>Form Factor</b>	Micro or small

**Configuration 2**

<b>CPU</b>	10th Gen Core i7-10700T
<b>Chipset</b>	Q470
<b>Memory</b>	16GB 1x16GB DDR4
<b>Storage</b>	M.2 PCIe NVMe 256GB
<b>Standard Warranty</b>	Please list details on spec sheet
<b>Optional Warranty</b>	5 Years Next Business Day
<b>Graphics</b>	Intel UHD
<b>Video Output</b>	Dual DP
<b>SCCM</b>	Must have Driver Pack available for download
<b>Keyboard/Mouse</b>	Wired

**Laptop Specifications**

**Configuration 1**

<b>CPU</b>	11th Gen Core i5-1135G7
<b>Memory</b>	16GB, 2x8GB, DDR4 Non-ECC
<b>Storage</b>	M.2 PCIe NVMe 256GB
<b>Display</b>	13.3" FHD (1920 x 1080)
<b>Standard Warranty</b>	Please list details on spec sheet
<b>Optional Warranty</b>	5 Years Next Business Day
<b>Graphics</b>	Intel® Iris® X <sup>e</sup> Graphics
<b>Video Output</b>	USB 3.1/HDMI
<b>Battery</b>	4 Cell 60Whr ExpressCharge Battery
<b>Thunderbolt</b>	Yes
<b>Dock</b>	2-DP, Ethernet, USB 2/3, Must charge laptop
<b>SCCM</b>	Must have Driver Pack available for download
<b>Keyboard/Mouse</b>	Wired

**Configuration 2**

<b>CPU</b>	11th Gen Core i7-1165G7
<b>Memory</b>	16GB, 2x8GB, DDR4 Non-ECC
<b>Storage</b>	M.2 PCIe NVMe 256GB
<b>Display</b>	13.3" FHD (1920 x 1080)
<b>Standard Warranty</b>	Please list details on spec sheet
<b>Optional Warranty</b>	5 Years Next Business Day
<b>Graphics</b>	Intel® Iris® X <sup>e</sup> Graphics
<b>Video Output</b>	USB 3.1/HDMI

<b>Battery</b>	4 Cell 60Whr ExpressCharge Battery
<b>Thunderbolt</b>	Yes
<b>Dock</b>	2-DP, Ethernet, USB 2/3, Must charge laptop
<b>SCCM</b>	Must have Driver Pack available for download
<b>Keyboard/Mouse</b>	Wired

**QUESTIONS**

Questions regarding this RFQ will be address by e-mail only and should be submitted to TARI FARINA at [farinat@ccsd15.net](mailto:farinat@ccsd15.net) or DAVE KUECHENBERG at [kuechend@ccsd15.net](mailto:kuechend@ccsd15.net). No questions will be addressed after 12:00 P.M. CST on Tuesday, April 13, 2021.

**EXHIBIT "B"**  
**REQUEST FOR QUOTE #21-103**  
**ADMINISTRATIVE DESKTOPS AND LAPTOPS**  
**APRIL 1, 2021**  
**COMMUNITY CONSOLIDATED SCHOOL DISTRICT 15**

**PRICING FORM**

**Cost Sheet – Fifty (50) Desktops (please provide spec sheet per device)**

Manufacturer & Model	Quantity	Unit Price	Total Cost	Spec Sheet Provided
Desktop Configuration 1				
Desktop Configuration 2				

**Cost Sheet – Fifteen (15) Laptops (please provide spec sheet per device)**

Manufacturer & Model	Quantity	Unit Price	Total Cost	Spec Sheet Provided
Laptop Configuration 1				
Laptop Configuration 2				

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COMPANY NAME

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SIGNATURE

PRINT NAME

TITLE

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EMAIL ADDRESS

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ADDRESS OF COMPANY

(CITY)

(STATE)

(ZIP CODE)

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PHONE NUMBER

DATE OF RESPONSE



**EXHIBIT "C"**  
**REQUEST FOR QUOTE #21-103**  
**ADMINISTRATIVE DESKTOPS AND LAPTOPS**  
**APRIL 1, 2021**  
**COMMUNITY CONSOLIDATED SCHOOL DISTRICT 15**

1. The Board of Education, Community Consolidated School District 15, Palatine, Illinois, reserves the right to reject any or all quotes to waive any informality.
2. Having carefully examined all RFQ documents, the undersigned hereby proposes to furnish all supplies and services set forth by the Specifications and Form of Proposal herein referred to and described.
3. By entering into this Agreement, Contractor/Vendor certifies and warranted to the Board of Education that it is not barred from entering into this Agreement for any reason whatsoever. The Board reserves the right to declare the contract void if this certification is false.
4. The Contractor/Vendor certifies that the Contractor/Vendor has a written sexual harassment policy in place in full compliance with 775 ILCS 5/2-105 (A) (4).
5. The Contractor/Vendor acknowledges receipt of all addendum(s) issued, if applicable\_\_\_\_\_

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COMPANY NAME

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SIGNATURE

PRINT NAME

TITLE

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EMAIL ADDRESS

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ADDRESS OF COMPANY

(CITY)

(STATE)

(ZIP CODE)

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PHONE NUMBER

DATE OF RESPONSE

**EXHIBIT "D"**  
**REQUEST FOR QUOTE #21-103**  
**ADMINISTRATIVE DESKTOPS AND LAPTOPS**  
**APRIL 1, 2021**  
**COMMUNITY CONSOLIDATED SCHOOL DISTRICT 15**

**REFERENCES**

**COMPANY NAME:** \_\_\_\_\_

**PROVIDE A LIST OF FIVE REFERENCES, PREFERRABLY SCHOOL DISTRICTS, FOR WORK OF SIMILAR SIZE AND SCOPE WITHIN THE LAST THREE (3) YEARS.**

**1.School District Name or Business Name** \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**2.School District Name or Business Name** \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**3.School District Name or Business Name** \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**4.School District Name or Business Name** \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**5.School District Name or Business Name** \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

**EXHIBIT “E”  
REQUEST FOR QUOTE #21-103  
ADMINISTRATIVE DESKTOPS AND LAPTOPS  
APRIL 1, 2021  
COMMUNITY CONSOLIDATED SCHOOL DISTRICT 15**

**CONTRACTOR QUESTIONNAIRE**

Pursuant to 105 ILCS 5/10-20.40 all school districts in the State of Illinois are required to annually report the number and value of contracts awarded to “minority owned businesses, female owned businesses, and businesses owned by persons with disabilities, as defined in the Business Enterprise for Minorities, Females and Persons with Disabilities Act, and locally owned businesses” for contracts over \$25,000. In order to comply with this requirement, we request contractors to complete the following questionnaire and return with their bid responses.

**Is Your Company a Locally Owned Business YES \_\_\_\_\_ NO \_\_\_\_\_ as it relates to this School District?**

For purposes of this questionnaire, “Locally Owned” means that the registered address or principal place of business of the company is located within the boundaries of the school district. For a corporation, LLC, LP, LLP, or LLLP, the registered address is the address for business on file with the Illinois Secretary of State. For all other business entities, the principal place of business is where the books and records of the business are kept and/or the management of the business works.

Guidance issued by the Illinois State Board of Education suggests that we inquire whether your company is certified as a minority, female, or disabled person owned business by a certifying agency (e.g., Chicago Transit Authority – Cook County – Illinois Department of Transportation – Metropolitan Transit Authority Metropolitan Water Reclamation District – U.S. Small Business Administration – State of Illinois) or that it would be eligible for certification if an application were made. The Guidance includes the definitions set forth below.

**Definition of Ownership:** “Minority owned business, female owned business, and business owned by a person with a disability” means a business concern which is at least 51% owned by one or more minority persons, females, or persons with a disability; or in the case of a corporation, at least 51% of the stock in which is owned by one or more minority persons, females, or persons with a disability; and the management and daily business operations of which are controlled by one or more of the minority females, or persons with a disability who own it. (30 ILCS 575/2)

**Is Your Company a Minority Owned Business? YES \_\_\_\_\_ NO \_\_\_\_\_**

“Minority person” shall mean a person who is a citizen or lawful permanent resident of the United States and who is: (a) African American – a person having origins in any of the black racial groups in Africa; or (b) Hispanic - a person of Spanish or Portuguese culture with origins in Mexico, South or Central America, or the Caribbean Islands, regardless of race; or(c) Asian American - a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands); or (d) Native American or Alaskan Native – a person having origins in any of the original peoples of North America. (30 ILCS 575/2)

**Is Your Company a Female Owned Business? YES \_\_\_\_\_ NO \_\_\_\_\_**

“Female” shall mean a person who is a citizen or lawful permanent resident of the United States and who is of the female gender. (30 ILCS575/2)

**Is Your Company a Business Owned By Persons with Disabilities? YES \_\_\_\_\_ NO \_\_\_\_\_**

"Person with a disability" means a person who is a citizen or lawful resident of the United States and is a person qualifying as being disabled, where "Disabled" means a severe physical or mental disability that: (a) results from: amputation, arthritis, autism, blindness, burn injury, cancer, cerebral palsy, cystic fibrosis, deafness, head injury, heart disease, hemiplegia, hemophilia, respiratory or pulmonary dysfunction, mental retardation, mental illness, multiple sclerosis, muscular dystrophy, musculoskeletal disorders, neurological disorders, including stroke and epilepsy, paraplegia, quadriplegia and other spinal cord conditions, sickle cell anemia, specific learning disabilities, or end stage renal failure disease; and (b) substantially limits one or more of the person's major life activities. Another disability or combination of disabilities may also be considered as a severe disability for the purposes of item (a) if it is determined by an evaluation of rehabilitation potential to cause a comparable degree of substantial functional limitation similar to the specific list of disabilities listed in this definition. (30 ILCS 575/2).

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COMPANY NAME

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SIGNATURE

PRINT NAME

TITLE

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EMAIL ADDRESS

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ADDRESS OF COMPANY

(CITY)

(STATE)

(ZIP CODE)

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PHONE NUMBER

DATE OF RESPONSE