

	<h1>Lexington County School District One</h1>	Quote Number: Q2026.1 Date Issued: July 15, 2025
	<h2>REQUEST FOR QUOTATION</h2>	Contact Person: Tina Guinot Barnes Phone: 803-821-1157 E-Mail Address: BGuinot-Barnes@lexington1.net

Competitive quotations for furnishing supplies and/or services as described below, delivered **FOB Destination**, freight prepaid. Shipping charges shall be absorbed in the prices and no additional shipping charges shall be added. Requested delivery is 30 days After Receipt of Order (ARO) unless otherwise specified in this quote.

Supplies/Services Delivery Location:	Information Technology 948 Pisgah Church Rd Lexington, SC 29072 Attn: Derrick Berry
Quote/Offeror must be returned to the physical address, faxed, or emailed to the contact person above.	Procurement Department 100 Tarrar Springs Rd Lexington, SC 29072: Attn: Tina Barnes
Return Quote No Later Than:	Date: July 21, 2025 Time: 12:00 PM

Omit Taxes: Do not include any sales or use tax in the quoted prices that the District may be required to pay.

Line Item	Furnish, Deliver	Qty.	U/M	Mfg.	Model	Unit Price	Total Price
1	Specops Password Policy - Subscription	4500	EA	Outpost24 Inc	700233	\$	\$
2	Specops Breached Password Protection - Subscription	4500	EA	Outpost24 Inc	700231		
Total Price							\$

Award Criteria (select one of the following):

- No substitutions
- Award will be made to one vendor for all line items.

Special Quoting Instructions (add special quoting instructions, if applicable): **Please include any terms and conditions required as an attachment.**

Offeror Instructions:

Quotes must be submitted on this form. The form must be signed (a PDF copy of the signed form sent via email is acceptable) and shall be returned no later than date/time indicated above; otherwise, the quote may be considered non-responsive.

In compliance with the above request and subject to all conditions the undersigned offers and agrees to furnish the above at prices shown if this quotation is accepted within **30** days from date of closing date.

Delivery Time: _____ Days ARO

Quote By: _____ Date: _____

Signature: _____ Phone: _____

Vendor Name: _____ Email: _____

Address: _____ City/State/Zip: _____