



Lexington County School District One

REQUEST FOR QUOTATION

Quote Number: RFQ2026.2
 Date Issued: September 29, 2025
 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:	Lexington Technology Center 2421 Augusta Highway Lexington, SC 29072 Attn: Ryan Panter
Quote/Offorer 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: October 8, 2025 Time: 3:00 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.	Unit Price	Total Price
1	Finch Robot Starter Flock w/ micro:bit	32	EA	Birdbrain Tech	\$	\$
Total Price						\$

Award Criteria (select one of the following):

<input checked="" type="checkbox"/>	Award will be made to one vendor for all line items.
<input type="checkbox"/>	Award will be made by individual line item.

Special Quoting Instructions (add special quoting instructions, if applicable):

Offorer 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: _____