Request for Quotation

RFQ 2026-019 Provide VLA Adobe Subscription

Department: Information Technology Services	**Posted Date:**	**February 26, 2026**
Contact: Stephanie Conrad	**Quote Due Date:** **Time:**	**March 5, 2026** **12:00 P.M. EASTERN**
Telephone: 803-231-7031 **Email:** stephanie.conrad@richlandone.org	**Request for Quote Goods or Services: Information Technology**	
Delivery Location: Information Technology	**Payment Terms:** Net 30 days All invoices are to be mailed: **Richland County School District One** **Accounts Payable** **P.O. Box 11615** **Columbia, SC 29211**	

The District reserves the right to increase or decrease quantities. The Bidders must price on ALL items for their quote to be responsive. Any proceeding purchase order in response to this request for a quote shall adhere to RCSD1 Terms & Conditions unless otherwise agreed upon by the Office of Procurement Services.

The minimum technical specifications referenced below are descriptive, not restrictive, and used to indicate the desired type and quality. The District reserves the right to determine whether a substitute offered is equivalent to and/or meets the standards of the item specified, and the District may require the bidder to supply additional descriptive material. The items shall be in stock and available for immediate delivery; if necessary, provide availability.

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Vendor Instructions: Interested vendors must email a quote to stephanie.conrad@richlandone.org. The deadline to submit a quote is March 5, 2026, at 12:00 PM, EST—a **"no bid"** will be issued after the deadline. This form must be utilized any alteration or modifications are not acceptable and the bid shall be deemed non-responsive.

Award Criteria: The award will be made to the lowest responsible and responsive offeror.

Interested offerors must utilize this form to submit bid. Do not alter this form.

Item	Description	QTY.	UOM	Unit Cost	Extended Cost
1	VLA ADOBE CC FOR ENT ALL APPS MLP MULT NA LANG ENT LIC SUBS RNWL K12 DIST LIC Subscription Coverage Term: 4/1/2026-3/31/2027	**5500**	Each		
				Shipping /Freight	$
				8% Tax	$
				Total	$

Company Name:	**Representative Name:**	**Telephone No.:**
	Title:	**Email Address:**

ATTACHMENTS TO SOLICITATION

A. Vendor Non-Response Statement

B. Vendor Application - B1 /W9-B2

Exhibit A

RICHLANDCOUNTYSCHOL DISTRICT ONE
PROCUREMENT SERVICES
E-mail to Timika.beaver@richlandone.org

Solicitation Number: **RFQuote 2026-019**

Solicitation Name: **Adobe Subscription**

Proposal Opening Date: **March 5, 2026 @ 12:00 P.M. EST**

If you are **NOT RESPONDING** to this solicitation, please identify the reason(s) listed below on this form and this form by e-mail to **stephanie.conrad@richlandone.org** Failure to respond to three (3) consecutive RCSD1 solicitations may result in your firm being removed from the District Bidder's List.

Company Name:_____

- ☐ Small Woman
- ☐ Minority Business Enterprise
- ☐ SWMBE
- ☐ Others

Representative Name: _____

Telephone/Fax Number:_____

- ☐ Do not sell or provide requested products and/or services
- ☐ Cannot comply with specifications/scope of work
- ☐ Specifications/scope of work is unclear
- ☐ Cannot meet delivery timeframe and/or period of performance
- ☐ Delivery timeframe and/or period of performance unreasonable
- ☐ Cannot meet insurance and/or bond requirements
- ☐ Not enough time to prepare bid/proposal
- ☐ Plan to subcontract
- ☐ Job too small
- ☐ Job too large
- ☐ Current workload does not permit (provide details)
- ☐ Cannot provide competitive pricing
- ☐ Other (please explain): _____

_____

_____

Thank you for your assistance; please return Form within three (3) days after proposal opening date.

EXHIBIT B-1

Vendor No:

RICHLAND ONE

Procurement Services
Vendor Application201
Park Street
Columbia, SC 29201
PH: 803-231-7033
(Subject to any federal, state and local laws)

The District **does not accept vendor applications directly from vendors. Vendor applications (new and updated) **must** be submitted internally through a Richland County School District One employee before being created. **(i.e. Bookkeepers, Administrative Assistants, or Department Heads).** **

**Richland One employees will forward completed applications to the Procurement Services Department. **
NO APPLICATION WILL BE PROCESSED WITHOUT A COMPLETE W-9 ATTACHED

Please check the appropriate boxes:

☐ M-Minority ☐ S-Small ☐ W-Woman ☐ O-Other ☐ W-9 Attached

* What services are being rendered? _____ **(ex. Consulting, professional development, etc.).**

Name of Company: _____	DBA: _____
Contact 1: _____	SSN or FEIN: _____
Contact 2: _____	Business License Number: _____ State: _____
Telephone Number: _____	How long in present business: _____ Years
Fax Number: _____	**In the interest of protection for the District and its vendors, it is mandatory for vendors to have purchase authortzation in the form of a signed Purchase Order BEFORE placing an order.**
Address To Which Bids/Quotes and Purchase Orders Are To Be Mailed:	Remittance Address (If Different From Bids/Quotes/PO Mailing Address):
Email Address For Electronic Purchase Order Transmittals To be Mailed: _____	P-Card Payment Preferred _____ Yes _____ No
Website: _____	An active application does not legally entitle a vendor to any particular solicitation, therefore, vendors are encouraged to check the District's website: www.richlandone.org for legal notices of invitation to Bid (IFB). The Procurement Department may also be contacted for solicitation information.

Type of Organization (Check One) ____ Individual ____ Partnership ____ Corporation ____ Other

RCSD One requires that no employee or Board of School Commissioners may have a special interest in any contract paid with funds belonging to or administered by the Board of School Commissioners. If you/your firm have such a relationship, attach a separate sheet explaining the relationship. All transactions are governed by the laws of the State of South Carolina and the Board of School Commissioners for RCSD One.

I certify that information supplied herein is correct and neither the applicant nor any person in any connection with the applicant as a principal or officer, so far as known, now debarred, suspended or otherwise declared ineligible by any agency of Federal Government, agencies of the State of South Carolina or by Richland County School District One.

_____ _____
Person Authorized to Sign this Application, Title Date

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I **Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

Employer identification number
☐☐ – ☐☐☐☐☐☐☐

Part II **Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Cat. No. 10231X Form **W-9** (Rev. 12-2011)

Exhibit B-2