

SCHEDULE B – QUOTATION

RFQ Title: Network Switch Replacement, Cisco

RFQ No: 1220-040-2022-085

**CONTRACTOR**

**Legal Name:**

**Contact Person and Title:**

**Business Address:**

**Business Telephone:**

**Business Fax:**

**Business E-Mail Address:**

**CITY OF SURREY**

City Representative: Sunny Kaila, Manager, Procurement Services

E-mail for PDF Files: [purchasing@surrey.ca](mailto:purchasing@surrey.ca)

* 1. If this Quotation is accepted by the City, a contract will be created as described in:

1. the Agreement;
2. the RFQ; and
3. other terms, if any, that are agreed to by the parties in writing.
   1. Capitalized terms used and not defined in this Quotation will have the meanings given to them in the RFQ. Except as specifically modified by this Quotation, all terms, conditions, representations, warranties and covenants as set out in the RFQ will remain in full force and effect.
   2. I/We have reviewed the RFQ Attachment 1 – Agreement – Goods and Services. If requested by the City, I/we would be prepared to enter into that Agreement, amended by the following departures (list, if any):

**Section Requested Departure(s)**

**Please State Reason for the Departure(s):**

* 1. The City requires that the successful Contractor have the following in place **before providing the Goods and Services**:

1. Workers’ Compensation Board coverage in good standing and further, if an “Owner Operator” is involved, personal operator protection (P.O.P.) will be provided,

Workers' Compensation Registration Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. Prime Contractor qualified coordinator is Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

and Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. Insurance coverage for the amounts required in the proposed Agreement as a minimum, naming the City as additional insured and generally in compliance with the City’s sample insurance certificate form available on the City’s Website at [www.surrey.ca](http://www.surrey.ca) search [Standard Certificate of Insurance](http://www.surrey.ca/files/DCT_Standard_Certificate_of_Insurance_2014.docx);
2. City of Surrey or Intermunicipal Business License: Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;
3. If the Contractor’s Goods and Services are subject to GST, the Contractor’s GST Number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and
4. If the Contractor is a company, the company name indicated above is registered with the Registrar of Companies in the Province of British Columbia, Canada, Incorporation Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As of the date of this Quotation, we advise that we have the ability to meet all of the above requirements **except as follows** (list, if any):

**Requested Departure(s):**

**Please State Reason for the Departure(s):**

* 1. The Contractor acknowledges that the departures it has requested in Sections 3 and 4 of this Quotation will not form part of the Agreement unless and until the City agrees to them in writing by initialing or otherwise specifically consenting in writing to be bound by any of them.

**Changes and Additions to Specifications:**

* 1. In addition to the warranties provided in the Agreement, this Quotation includes the following warranties:

* 1. I/We have reviewed the RFQ Attachment 1, Schedule A – Specifications of Goods and Scope of Services. If requested by the City, I/we would be prepared to meet those requirements, amended by the following departures and additions (list, if any):

**Requested Departure(s)**

**Please State Reason for the Departure(s):**

**Fees and Payments**

* 1. The Contractor offers to supply to the City of Surrey the Goods and Services for the prices plus applicable taxes as follows:

A cash discount of \_\_\_\_\_\_% will be allowed if invoices are paid within \_\_\_\_\_ days, or the \_\_\_\_\_ day of the month following, or net 30 days, on a best effort basis

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Part Number** | **Smart Account Mandatory** | **Description** | **Unit Price** | **Qty** | **Extended Price** | |
| **C9200L-48P-4G-E** | - | Catalyst 9200L 48-port PoE+, 4 x 1G, Network Essentials |  | 55 |  | |
| C9200L-NW-E-48 | Yes | C9200L Network Essentials, 48-port license |  | 55 |  | |
| PWR-C5-1KWAC/2 | - | 1KW AC Config 5 Power Supply - Secondary Power Supply |  | 55 |  | |
| CAB-TA-NA | - | North America AC Type A Power Cable |  | 110 |  | |
| C9200-STACK-BLANK | - | Catalyst 9200 Blank Stack Module |  | 110 |  | |
| C9200L-DNA-E-48 | Yes | C9200L Cisco DNA Essentials, 48-port Term license |  | 55 |  | |
| C9200L-DNA-E-48-3Y | - | C9200L Cisco DNA Essentials, 48-port, 3 Year  Term license |  | 55 |  | |
| NETWORK-PNP-NONE | - | Network Plug-n-Play Opt Out SKU |  | 55 |  | |
|  |  |  |  |  |  | |
| **C9200L-24P-4G-E** | - | Catalyst 9200L 24-port PoE+, 4 x 1G, Network Essentials |  | 68 |  | |
| C9200L-NW-E-24 | Yes | C9200L Network Essentials, 24-port license |  | 68 |  | |
| PWR-C5-600WAC/2 | - | 600W AC Config 5 Power Supply - Secondary Power Supply |  | 68 |  | |
| CAB-TA-NA | - | North America AC Type A Power Cable |  | 136 |  | |
| C9200-STACK-BLANK | - | Catalyst 9200 Blank Stack Module |  | 136 |  | |
| C9200L-DNA-E-24 | Yes | C9200L Cisco DNA Essentials, 24-port Term license |  | 68 |  | |
| C9200L-DNA-E-24-3Y | - | C9200L Cisco DNA Essentials, 24-port, 3 Year Term license |  | 68 |  | |
| NETWORK-PNP-NONE | - | Network Plug-n-Play Opt Out SKU |  | 68 |  | |
| Freight: FOB Destination Prepaid.  Currency: Canadian | | Subtotal: | | | |  |
| Fees, Levies, etc: | | | |  |
| Taxes (GST & PST): | | | |  |
| **TOTAL QUOTATION PRICE**: | | | |  |

**Time Schedule:**

Contractors should provide an estimated schedule, with major item descriptions and times indicating a commitment to provide the Goods and perform the Services within the time specified (use the spaces provided and/or attach additional pages, if necessary).

MILESTONE DATES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ACTIVITY | SCHEDULE IN \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
|  |  |  |  |  |  |  |  |  |  |  |
| SAMPLE |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Experience, Reputation and Resources:**

Contractor's relevant experience and qualifications in delivering Goods similar to those required by the Agreement (use the spaces provided and/or attach additional pages, if necessary):

Contractor's references (name and telephone number) (use the spaces provided and/or attach additional pages, if necessary). The City's preference is to have a minimum of three references. Previous clients of the Contractor may be contacted at the City’s discretion.

Contractors should identify and provide the background and experience of all key personnel proposed to provide the Goods and Services (use the spaces provided and/or attach additional pages, if necessary):

**Key Personnel**

|  |  |
| --- | --- |
| Name: |  |
| Experience: |  |
| Dates: |  |
| Project Name: |  |
| Responsibility: |  |

I/We the undersigned duly authorized representatives of the Contractor, having received and carefully reviewed the RFQ and the Agreement, submit this Quotation in response to the RFQ.

**This Quotation** is offered by the Contractor this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 202\_.

**CONTRACTOR**

**I/We have the authority to bind the Contractor.**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Legal Name of Contractor)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Authorized Signatory)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Print Name and Position of Authorized Signatory) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Signature of Authorized Signatory)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Print Name and Position of Authorized Signatory) |