

VENDOR RESPONSE FORMS

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FORM 1: SCOPE OF PURCHASE AND RESPONSE CHECKLIST

Please ensure that all of the following documents are included with your response and mark an “X” in the appropriate boxes below to confirm.

	YES
A. Vendor Response Forms (This document)	<input type="checkbox"/>
B. Recycling Certificate	<input type="checkbox"/>
C. Data Destruction Certificate	<input type="checkbox"/>

FORM 2: MINIMUM REQUIREMENTS

Vendor must meet **all** minimum requirements to be considered responsive. Indicate which of the following minimum requirements are met by marking an “X” in the appropriate boxes below.

VENDOR QUALIFICATIONS

Minimum Experience Requirement			YES?
Minimum three years of purchasing and selling surplus technology equipment.			
Indicate in the space to the right the first year your company began purchasing and selling surplus technology equipment.			First Year
Minimum Client Base Requirement			YES?
Minimum of three clients in the U.S. that have sold your company surplus technology equipment, preferably public K-12 school district. Feel free to provide more than three. <i>(List below.)</i>			
Organization Name	City, State	Number of Students	Staff FTEs
eRecycling and/or Data Destruction Requirement			YES?
All purchased equipment responsibly recycled (e.g., R2, ISO 14001, e-Stewards) or data wiped using an international standard (e.g., U.S. Department of Defense 5220.28-STD, Pfitzner Algorithm, Germany VSITR, Gutmann MFM). Bids will only be accepted from certified vendors.			

PROJECT TIMELINE

Completion Date Requirement	YES?
All equipment picked up by July 27, 2023.	

FORM 3: EXECUTIVE SUMMARY

Summarize why your company is uniquely qualified to purchase surplus technology equipment from Lindbergh Schools. Describe the unique advantages or benefits your firm offers Lindbergh Schools. **Your response to this form must not exceed one (1) page.**

Empty response area for the executive summary.

VENDOR VIABILITY, QUALIFICATIONS, AND EXPERIENCE

FORM 4: COMPANY PROFILE

Name of company	
Name of parent company (if applicable)	
Type of business (e.g., C-corp, S-corp, LLP, sole proprietor)	
Number of years under current ownership	
Prior fiscal year gross revenue (in U.S. dollars)	
% of prior fiscal year gross revenue generated strictly from buying and selling surplus technology equipment	
% of prior fiscal year gross revenue from K-12 education customers	
Prior fiscal year net income (in U.S. dollars)	
Total FTEs dedicated to buying and selling surplus technology equipment	
Total FTEs dedicated exclusively to serving K-12 education customers	

1. Describe any changes in ownership within the last 10 years.

2. Has your firm failed to complete a contract?

	Yes		No
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3. Has your firm been involved in bankruptcy or reorganization?

	Yes		No
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4. Does your firm have pending judgment claims or suits against it?

	Yes		No
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5. If you answered “Yes” to any of the three previous questions, you MUST describe, in detail, the circumstances surrounding each incident.

EASE OF TRANSITION

FORM 5: EASE OF TRANSITION

Please describe how you will pick-up the surplus equipment and required involvement by Lindbergh Schools technology staff. The District desires a solution that requires minimal internal labor support. A dock and a pallet jack will be available. Vendors will be responsible for all shipping and delivery charges. Your response to this form **must not exceed two (2) pages**, excluding attachments.

Request for Quotes (RFQ) to Purchase Surplus Technology Equipment – REFERENCE FORM

VENDOR REFERENCES: Three (3) required.

The District strongly encourages similarly situated public sector references. Lindbergh Schools prefers, but does not require, that at least one (1) of the references be a K-12 school district.

(1) Client:

Contact: _____ Title: _____

Phone: _____ Email: _____ Fax: _____

Provide a brief description of the items and quantity purchased:

Start Date: _____ End Date (enter "current" if still active): _____

(2) Client:

Contact: _____ Title: _____

Phone: _____ Email: _____ Fax: _____

Provide a brief description of the items and quantity purchased:

Start Date: _____ End Date (enter "current" if still active): _____

(3) Client:

Contact: _____ Title: _____

Phone: _____ Email: _____ Fax: _____

Provide a brief description of the items and quantity purchased:

Start Date: _____ End Date (enter "current" if still active): _____