

Town of Laguna Vista, Texas
MICRO / SMALL PURCHASE VENDOR QUOTE FORM*
Project Name ARP #2310

Return Quote To:		From Company:	
Contact Name:	Rendie Gonzales	Contact Name:	
Entity Name:	Town of Laguna Vista C/O City Manager	Company Name:	
Address:	122 Fernandez Street	Address:	
City, State, & Zip:	Laguna Vista, TX 78	City, State, & Zip:	
Phone:	956.943.1793	Phone:	
Fax:	N/A	Fax:	
E-mail:	cm@lvtexas.us	E-mail:	

Quotes per the Specifications Must Be Received By:	02.15.2024 BY 4:00pm
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ITEM	DESCRIPTION	QTY	UNIT PRICE	EXTENDED PRICE
	Equal or Equivalent to equipment: Computers			
3	Dell OptiPlex 3000 – SFF-Corei5 12500 / 3 GHz-RAM 16 GB – SSD 256 GB – NVMe, Ckass 35 – UHD Graphics 770 – GigE – Win 10 Pro (must include Win 11 Pro License – monitor: none – BTS with 3 years Hardware Service with Onsite – Sisli SNS			
3	Acer V247Y – LED monitor – 23.8” viewable – 1920 x 1080 Full HD (1080p) @ 75 Hz – IPS – 250 cd/m – 1000:1-4 ms – HDMI, VGA – black			
3	StarTech.com DisplayPort to HDMI Adapter – 1920x1200 – HDMI Video Converter – Latching DP Connector – Monitor to HDMI (DP2HDMI2) – Video Adapter – DisplayPort (M) to HDMI (F) – 26.5 cm – for P/N: Dk30CH2DEP, DK30CH2DEPUE, DK30CH2DPPDU, DK30CHDDPP			
	Total of Equipment			

Vendor agrees to have the Goods/Services completed and delivered on or before: (*Any adjustments to the agreed-upon delivery dates/times must be provided in writing.)	Date:	
Is your company currently involved in any active litigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Summit FORM 1295 signed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sign Non-Debarment Self-Certification, attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Is the company a Historically Underutilized Business (HUB) vendor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your company currently involved in any mergers or acquisitions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The Vendor agrees that the quote provided will be valid for at least thirty (30) days unless otherwise indicated in the quote specifications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Company Representative Printed Name:	Signature:
Title:	Date:

NOTE: THE VENDOR QUOTE FORM MUST BE SIGNED BY A COMPANY OFFICER OR AN AUTHORIZED AGENT FOR THIS QUOTE TO BE CONSIDERED VALID BY Town of Laguna Vista, Texas ALSO,

BEFORE PAYMENT IS ISSUED ALL DOCUMENTS NEED TO BE SUBMITTED - (FEDERAL & AMERICAN RESCUE PLAN GUIDELINES)