

**REQUEST FOR QUOTATION  
(THIS IS NOT AN ORDER)**

|  |  |                          |   |  |                      |  |                |  |             |
|--|--|--------------------------|---|--|----------------------|--|----------------|--|-------------|
| 1. REQUEST NO.<br>Managed IT Support   |  | 2. DATE ISSUED<br>1-4-19 |   | 3. REQUISITION/PURCHASE REQUEST NO.  |                      | PAGE 1 OF 1                              |                | PAGES  |             |
| 4a. ISSUED BY:<br>Eras Senior Network, Inc.  |  |                          |   |  |                      | 6. DELIVER BY (Date)<br>4-1-19           |                |  |             |
| 4b. FOR INFORMATION CALL:  |  |                          |   |  |                      | 7. DELIVERY                              |                |  |             |
| NAME<br>Kathy Gale<br>KathyG@ErasWaukesha.org  |  |                          | TELEPHONE NUMBER                        |  |                      | <input type="checkbox"/> FOB DESTINATION |                | <input type="checkbox"/> OTHER<br>(See Schedule) |             |
|  |  |                          | AREA CODE<br>262                        |  | PHONE NO. 522-2400   |  | 8. DESTINATION |  |             |
|  |  |                          | FAX NO.                                 |  | a. NAME OF CONSIGNEE |  |                |  |             |
| 5. TO:   |  |                          |   |  |                      |  |                |  |             |
| a. NAME<br>Kathy Gale  |  |                          | b. COMPANY<br>Eras Senior Network, Inc. |  |                      | b. STREET ADDRESS                        |                |  |             |
| c. STREET ADDRESS<br>210 NW Barstow Street Suite 101   |  |                          |   |  |                      | c. CITY                                  |                |  |             |
| d. CITY<br>Waukesha  |  |                          | e. STATE<br>WI                          |  | f. ZIP CODE<br>53188 |  | d. STATE       |  | e. ZIP CODE |
| 9. PLEASE FURNISH QUOTATIONS VIA<br>EMAIL TO THE ISSUING OFFICE IN BLOCK<br>4a ON OR BEFORE NOON OF BUSINESS<br>ON<br>(Date) 2-22-19 |  |                          |   | IMPORTANT: This is a request for information and quotations furnished are not offers. If you are unable to quote, please<br>so indicate on this template and return it to the address in Block 4a. This request does not constitute a commitment to pay<br>any costs incurred in the preparation of the submission of this quotation or to contract for supplies or service. Supplies are<br>of domestic origin unless otherwise indicated by quoter. Applicable Federal clauses or required certifications are attached.<br>Any representations and/or certifications attached to this Request for Quotation must be completed by the quoter. |                      |  |                |  |             |

**10. SCHEDULE (Include applicable Federal, State and local taxes)**

| ITEM NO.<br>(a) | SUPPLIES/ SERVICES<br>(b)  | QUANTITY<br>(c) | UNIT<br>(d) | UNIT PRICE<br>(e) | AMOUNT<br>(f) |
|-----------------|--|-----------------|-------------|-------------------|---------------|
| 1               | 1 Server   | 36 months       |             |                   |               |
| 2               | 20 Workstations (combination PCs and laptops)  |                 |             |                   |               |
| 3               | Antivirus Protection: maintenance  |                 |             |                   |               |
| 4               | Antivirus Protection: software and licensing   |                 |             |                   |               |
| 5               | Anti-Spyware Protection: maintenance   |                 |             |                   |               |
| 6               | Anti-Spyware Protection: software and licensing  |                 |             |                   |               |
| 7               | Email security (malware, viruses)  |                 |             |                   |               |
| 8               | Updates and patches (specify frequency)  |                 |             |                   |               |
| 9               | Remote support for individual users (specify number<br>Of support staff available, response time, process<br>And listing of included support)  |                 |             |                   |               |
| 10              | Onsite support for maintenance   |                 |             |                   |               |
| 11              | Onsite support for problems (specify number<br>Of support staff available, response time, process<br>And listing of included support)  |                 |             |                   |               |
| 12              | Onboarding of new equipment (rate for loading<br>New software, preparing new machines)   |                 |             |                   |               |
|                 | Communication: specify process for notifying<br>Management of identified issues of individual<br>Workstations, server issues, issues that may impact<br>The full network with estimated down time) |                 |             |                   |               |
|                 | Cloud back-up for network data and programs,<br>including frequency of back-up, testing of back-up<br>and anticipated downtime to restore back-up  |                 |             |                   |               |

a. 10 CALENDAR DAYS (%)   
 b. 20 CALENDAR DAYS (%)   
 c. 30 CALENDAR DAYS (%)   
 d. CALENDAR DAYS

NUMBER      PERCENTAGE

**11. DISCOUNT FOR PROMPT PAYMENT**

**NOTE:** Additional provisions and representations are are not attached.

|                                |  |  |  |                         |  |
|--------------------------------|--|--|--|-------------------------|--|
| 12. NAME AND ADDRESS OF QUOTER |  | 13. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION |  | 14. DATE OF QUOTATION   |  |
| a. NAME OF QUOTER              |  | 15. SIGNER   |  |                         |  |
| b. STREET ADDRESS              |  |  |  | a. NAME (Type or print) |  |
| c. COUNTY                      |  |  |  | AREA CODE               |  |

| d. CITY | e. STATE | f. ZIP CODE | c. TITLE (Type or print) | NUMBER |
|---------|----------|-------------|--------------------------|--------|
|---------|----------|-------------|--------------------------|--------|