

**City of Mission**  
**Pricing Schedule**

**RFP Name/No.: E-Rate Program, administered by the Universal Service Administrative Co./  
25-272-02-19**

For any questions directly regarding the **“E-Rate Program, administered by the Universal Service Administrative Co. - Proposal No. 25-272-02-19”**,

please email:

Edgar Chapa, Contracts Administrator: [echapa@missiontexas.us](mailto:echapa@missiontexas.us)

**NOTE:** For invitations for Proposals the terms “Offer” and “Offeror” shall mean “Proposal” and “Proposer”, respectively; and for Requests for Proposal terms “Proposal” and “Proposer” shall mean “Offer” and “Offeror”, respectively, in this solicitation and any associated exhibits. Proposals must be submitted on all quantities specified on this schedule.

**The Offeror is required to Sign and Date Each Page of the Schedule**  
**Submit All Pages with the Offer.**

	Part #	Description	QTY	Cost per Item	Cost	Amount Ineligible
<b>Fortinet 201F or Equivalent</b>	FG-201F	18 x GE RJ45 (including 1 x MGMT port, 1 X HA port, 16 x switch ports), 8 x GE SFP slots, 4 x 10GE SFP+ slots, NP6X Lite and CP9 hardware accelerated, 480GB onboard SSD storage.	1	\$	\$	\$
	FC-10-F201F-950-02-12	Unified Threat Protection (UTP) (IPS, Advanced Malware Protection, Application Control, URL, DNS & Video Filtering, Antispam Service, and FortiCare Premium)	5	\$	\$	\$
	FC-10-F200F-204-02-12	Upgrade FortiCare Premium to Elite (Require FortiCare Premium)	1	\$	\$	\$
	FC-10F201F-189-02-12	FortiConverter Service for one time configuration conversion service.	1	\$	\$	\$
	FN-TRAN-SFP-SR	Fortinet 10GE SFP+ Transceiver Module Short Range	2	\$	\$	\$
		Installation and Configuration	NA	NA	\$	\$
<b>Commscope Patch Cables or Equivalent</b>	UC1AAA2-0ZF001	1FT Cooper Patch Cable Blue CAT6A 10G	192	\$	\$	\$
	UC1AAA2-0ZF005	5FT Cooper Patch Cable Blue CAT6A 10G	30	\$	\$	\$
	UC1AAA2-0ZF010	10FT Cooper Patch Cable Blue CAT6A 10G	125	\$	\$	\$
		No Installation	NA	NA	\$	\$

<b>Cybperpower UPS or Equivalent</b>	CP1500AV RLCD3	UPS, 1500 VA, 900 W	70	\$	\$	\$
		No installation				
<b>Total Equipment Cost</b>					\$	
<b>Total Installation Cost</b>					\$	
<b>Total Project Cost</b>					\$	
<b>Total Amount Ineligible</b>					\$	

**\*IF NO PERCENTAGE OF ESCALATION IS INCLUDED A ZERO PERCENTAGE WILL BE ASSUMED.**

Company Name: \_\_\_\_\_  
Owner or President Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Federal ID or SS# Number: \_\_\_\_\_

\_\_\_\_\_  
\*Company Authorized Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\*Company Representative's Name (Please Print)

\_\_\_\_\_  
Company Representative's Title

\*Signature on this form indicates agreement with "Instructions to Proposer-General Terms and Conditions, Pricing, and Specifications"