

REQUEST FOR QUOTATION

Managed Print & Copier Services

RFQ No.: 2026-001 | Issued: May 14, 2026 | Response Deadline: June 5, 2026 9:00 am CST

1. ISSUING ORGANIZATION

Organization Name: George County School District
Department / Division: District Office
Contact Name: Erin Weaver, Technology Coordinator
Address: 494 Cowart Street, Lucedale, MS 39452
Phone: 601.947.6993
Email: Erin.weaver@gcsd.us

2. PURPOSE & SCOPE

This organization invites qualified vendors to submit quotations for the lease/rental and ongoing managed service of a multi-function copier and printer fleet consisting of 128 devices deployed across 14 locations. The awarded vendor will be responsible for equipment supply, delivery, installation, operator training, preventive maintenance, supplies (toner/consumables), and on-call service throughout the contract term.

Scope includes:

- Equipment rental/lease for all 128 devices (models listed in Section 4)
- All-inclusive service, maintenance, and parts coverage
- Toner and consumables for all devices
- Overage/click charge pricing for volumes exceeding base allotment
- Transition support and removal of existing equipment
- Online fleet management portal and usage reporting
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3. CONTRACT TERMS

Contract Term: 1 Year

Contract Start Date: July 1, 2026 **Contract End Date:** June 30, 2027

Renewal Options: 36 Month Renewal Option

Payment Terms: Monthly

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4. CURRENT FLEET INVENTORY

The table below represents the current fleet deployment by location. Vendor must provide equivalent or superior replacement equipment for each category. Quantities and models are subject to adjustment prior to contract execution.

Location	8003i	8353i	5054 CI	4004i	3554 CI	4054 CI	PA4500 X	MA4000 CIFX	MA4500I FX	PA2100 CWX	P6230 CDN	M6635 CIDN	M3645I DN	Total
AES	1			2			1					1		5
BES				2			2					1		5
CES				3			1					2	2	8
LC				3			3					1	2	9
LT				2			1			1			1	5
MS				4	1		5					5	4	19
HS	2			4	1		11			1	4	5	6	34
RC				2			2						2	6
DO		1			1	1	2	4	3		2	7	10	31
CURR					1									1
TECH				1								1		2
MAINT												1		1
TRANS												1		1
CN			1											1
TOTAL	3	1	1	23	4	1	28	4	3	1	7	25	27	128

Location Code Reference:

AES	Agricola Elementary School	BES	Benndale Elementary School	CES	Central Elementary School	LC	Learning Center
LT	LT Taylor Intermediate	MS	Middle School	HS	High School	RC	Rocky Creek Elementary School
DO	District Office	CURR	Curriculum	TECH	Technology Dept.	CN	Child Nutrition
MAINT	Maintenance	TRANS	Transportation				

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5. PLANNED FLEET CHANGES

The following modifications are being considered and should be reflected in the vendor's proposal where applicable:

- AES: Downgrade 8003i to 3554ci; Upgrade one of the 4004i's to a color machine
- HS: Upgrade front-office copier to color (larger model)
- LT (Taylor): Upgrade 4004i to larger color machine
- LC (Hatcher): Upgrade one 4004i to a color machine
- BES: Upgrade one 4004i to a color machine
- CES: Upgrade one 4004i to a larger color machine
- RC: upgrade 4004i to larger color machine

6. PRICING SCHEDULE

Vendor must complete the Proposed Monthly Rate column for each model.

Model	Qty	Current Monthly Rate	Current Monthly Total	Proposed Monthly Rate	Proposed Monthly Total
8003i	3			\$ _____	\$ _____
8353i	1			\$ _____	\$ _____
5054CI	1			\$ _____	\$ _____
4004i	23			\$ _____	\$ _____
3554CI	4			\$ _____	\$ _____
4054CI	1			\$ _____	\$ _____
PA4500X	28			\$ _____	\$ _____
MA4000CIFX	4			\$ _____	\$ _____
MA4500IFX	3			\$ _____	\$ _____
PA2100CWX	1			\$ _____	\$ _____
P6230CDN	7			\$ _____	\$ _____
M6635CIDN	25			\$ _____	\$ _____
M3645IDN	27			\$ _____	\$ _____
Subtotal					
Unlimited Toner Agreement	128				
TOTAL	128				

Additional Pricing Notes:

- All pricing must include full maintenance, parts, and toner/consumables
- Overage/click charges must be itemized separately per model (see Section 7)
- Quote base monthly rate per device and total monthly fleet cost
- Specify any one-time fees (installation, training, disposal, etc.): \$ _____

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7. DEVICE USAGE & Overage CHARGES

Historical monthly volume ranges by model are provided below. Vendor must provide per-page overage/click charge rates for volumes exceeding any base allotment included in the monthly rental.

Model	Max Monthly Volume	Min Monthly Volume	Overage/Click Charge
8003i	1,458,717	122,000	\$ _____
4004i	1,048,211	19,925	\$ _____
3554ci	351,601	164,418	\$ _____
PA4500X	37,272	694	\$ _____
MA4000CIFX	12,472	3,753	\$ _____
MA4500IFX	25,888	20,570	\$ _____
P6230CDN	16,944	1,605	\$ _____
M6635CIDN	170,350	2,459	\$ _____
M3645IDN	120,041	6,921	\$ _____

8. SERVICE LEVEL REQUIREMENTS

Vendor must describe their ability to meet the following minimum service requirements:

- Response Time — Critical Devices (copiers): On-site within five business hours
- Response Time — Standard Printers: On-site within 24 business hours
- Parts Availability: Guarantee parts availability for contract duration
- Preventive Maintenance: Minimum five visits per device per year
- Loaner Equipment: Available immediately for extended outages
- Toner/Supplies: Proactive delivery (auto-replenishment) required
- Online Portal: Real-time usage reporting and meter reads
- Dedicated Account Representative: Named contact required

9. VENDOR RESPONSE REQUIREMENTS

Vendors must submit the following with their response:

1. Completed Pricing Schedule (Section 6) with all proposed rates filled in
2. Overage/Click charge rates per model (Section 7)
3. Detailed specifications for all proposed equipment
4. Description of service capabilities and response time guarantees
5. List of references for comparable managed print contracts
6. Sample contract / master service agreement
7. Certificate of Insurance (General Liability and Workers' Comp)

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10. SUBMISSION INSTRUCTIONS

Submission Deadline: June 5, 2026 9:00 am CST
Submission Method: Email Mail Online Portal Other: In Person before deadline

Submit To (Name): Amandia Williams
Submit To (Email/Address): williamsa@gcsd.us or 494 Cowart Street Lucedale, MS 39452
Questions Due By: June 2, 2026 3:00 pm CST
Questions Directed To: Erin Weaver, Technology Coordinator
Intent to Award Notification: June 24, 2026 11:00 am CST

11. VENDOR INFORMATION (To be completed by respondent)

Vendor / Company Name: _____
Contact Person: _____
Title: _____
Address: _____
Phone: _____
Email: _____
Website: _____
Years in Business: _____
State Business License #: _____

12. CERTIFICATION & SIGNATURE

By signing below, the vendor certifies that all information provided is accurate and complete, that the vendor is authorized to enter into a binding contract, and that the pricing quoted will remain valid for a minimum of 90 days from the submission deadline.

Authorized Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____