HOUSING AUTHORITY OF NEW ORLEANS REQUEST FOR QUOTES

PROVIDE MICROSOFT OFFICE 365 G3 LICENSES FOR THE HOUSING AUTHORITY OF NEW ORLEANS

REQUEST FOR QUOTES #22-910-35

4100 TOURO STREET NEW ORLEANS, LA 70122 PHONE # (504) 670-3249 FAX # (504) 286-8224 DATE: TUESDAY, JUNE 7, 202

lowest price.

DATE: 10ESDAT, JUNE 7, 2022				
COMPANY NAME:				_
COMPANY ADDRESS:				_
CONTACT NAME:				_
CONTACT PHONE #	FAX#		EMAIL	
CONTRACT ADMINISTRATOR: DI	ANNE WILTZ-HUN	NLEY	_	
QUOTE DUE BY: TUESDAY, JUNE	<u> </u>	P.M.		
SCOPE OF SERVICES:				
This project shall be awarded to a contained in this RFQu.	a qualified, vendor	r experienc	ed in the prov	vision of the services
PROJECT SCOPE OF WORK AND	SPECIFICATIONS:	SEE ATTA	CHED	
SPECIAL INSTRUCTIONS:				
1. All quotes shall be delivered	to the attention of B	Bejide Legar	nia, Procureme	ent Manager, or emailed
to <u>blegania@hano.org</u> . 2. Provide proof of insurance s	ufficient for the prov	vision of se	rvices required	I
All questions shall be forward	ded in writing no lat	ter than thre	ee days before	
time to Dianne Wiltz-Hunley,	Contract Administr	rator at <u>dwil</u>	ltz@hano.org.	
QUOTE VALID UNTIL:			_	
QUOTE SUBMITTED AND AUTHO	RIZED BY:			
	_ ON	20		
HANO reserves the right to execu				ponsible individual(s).

THIS IS NOT AN ORDER REQUEST

firm(s), or organization(s), which provide the greatest benefit to the agency, not necessarily the

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SCOPE OF WORK

The Housing Authority of New Orleans (HANO) is seeking to procure Microsoft Office 365 G3 licenses for one hundred fifty (150) agency users. The requested licensing will provide the agency with the features and capabilities of Office 365 services in a segmented government cloud community that will enable the HANO to meet U.S. compliance and security standards. The G3 version includes Word, Excel, and Outlook as well as personalized search and discovery, self-service business intelligence, enterprise management of apps, eDiscovery tools, and other services.

COST PROPOSAL

DESCRIPTION	QUANTITY	PRICE	TOTAL
M365 Licenses – E#GCC	150	\$	\$
Cost per additional license	1	\$	\$

(Company Name)	
Respondent's Name/Title (Printed)	
By: (Signature)	-
 Date	-

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Respondent has received the following Addenda, receipt of which is hereby acknowledged:

Addendum Number:	Date Received:
Addendum Number:	Date Received:
Addendum Number:	Date Received:
Addendum Number:	Date Received:
(Respondent)	-
(Signature)	-
(Printed or Typed Name)	-