



Price Quotation

Quote: 4873462
Reference: 1548889
Date: 07/13/2020
Expires: 08/30/2020

To: Eric Karlson
Lake County (IL)
18 N County St
Waukegan, IL 60085

From: Matthew Leibrock
DLT Solutions, LLC
2411 Dulles Corner Park
Suite 800
Herndon, VA 20171

Phone: (847) 377-2454
Fax:
Email: ekarlson@lakecountyil.gov

Phone: (571) 346-1887
Fax: (866) 419-7926
Email: matthew.leibrock@dlt.com

#	DLT Part No.	MFG Part No.	Contract	Qty	Unit Price	Ext. Price
1	1133-0809	CS.FCSD.SOLN.T10	GSA IT 70	2550	\$69.77	\$177,913.50
	Falcon Complete w/Threat Graph Standard. +300 - Band 10 12 Month Term.					
2	1133-0881	RR.PSO.ENT.NCAP	OM	1	\$0.00	\$0.00
	University LMS Subscription New Customer Access Pass 12 Month Term.					

Total	\$177,913.50
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GSA Schedule Data:
Contract #: GS-35F-267DA
Contract Category: Schedule 70
Contract Term: 04/11/2016 - 04/10/2021
DUNS #: 78-6468199
Federal ID #: 54-1599882
CAGE Code: 0S0H9
FOB: Destination
Terms: Net 30 (On Approved Credit)
DLT accepts VISA/MC/AMEX
Ship Via: Fedex Ground/UPS

UNLESS OTHERWISE INDICATED IN THE PRODUCT DESCRIPTION OR THE MANUFACTURER'S COMMERCIAL SUPPLIER AGREEMENT, ANY QUOTED TERM LICENSES ARE NOT ELIGIBLE FOR CONVERSION TO PERPETUAL LICENSES AT ANY TIME.

THIS QUOTE IS SUBJECT TO THE TERMS AND CONDITIONS OF CONTRACT NUMBER GS-35F-267DA. CUSTOMER IS DIRECTED TO INCORPORATE (BY REFERENCE) THIS QUOTE IN ANY RESULTING TASK/DELIVERY ORDER OR AWARD. THE TERMS OF THE AFOREMENTIONED CONTRACT ARE THE ONLY CONTROLLING TERMS AND ANY TERMS OR CONDITIONS CONTAINED IN AN ORDER, AWARD OR OTHER INSTRUMENT OF BUYER, WHICH ARE IN ADDITION TO OR INCONSISTENT WITH ANY OF THE TERMS OR CONDITIONS CONTAINED IN THOSE REFERENCED HEREIN, SHALL NOT BE BINDING ON DLT OR ITS MANUFACTURERS AND SHALL NOT APPLY UNLESS SPECIFICALLY AGREED TO IN WRITING BY DLT.

CPARs requests should be sent to the attention of AJ Ezersky at cpars@dlt.com.



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PLEASE REMIT PAYMENT TO:	ACH: DLT Solutions, LLC	<u>-OR-</u>	Mail: DLT Solutions, LLC
	Bank of America		P.O. Box 743359
	ABA # 111000012		Atlanta, GA 30374-3359
	Acct # 4451063799		

Customer orders subject to applicable sales tax.

Documentation to be submitted to validate Invoice for payment:

- a. Authorized Services shall be invoiced with a corresponding time report for the period of performance identifying names, days, and hours worked.
- b. Authorized reimbursable expenses shall be invoiced with a detailed expense report, documented by copies of supporting receipts.
- c. Authorized Education or Training shall be invoiced with a Report identifying date and name of class completed, and where applicable the name of attendees.