



22-01-5029RFP

Point of Sale (POS) System, Request for Proposal

Issue Date: 9/29/2021

Questions Deadline: 10/6/2021 02:00 PM (CT)

Response Deadline: 10/19/2021 03:00 PM (CT)

CFISD Procurement Services

Contact Information

Contact: Beth Rutherford - Buyer

Address: Procurement Services

Windfern Administration Annex

2nd FL

12510 Windfern Rd.

Houston, TX 77064

Phone: (281) 807-8141

Email: beth.rutherford@cfisd.net

Event Information

Number: 22-01-5029RFP
Title: Point of Sale (POS) System, Request for Proposal
Type: Request for Proposal
Issue Date: 9/29/2021
Question Deadline: 10/6/2021 02:00 PM (CT)
Response Deadline: 10/19/2021 03:00 PM (CT)
Notes: The Cypress-Fairbanks Independent School District ("CFISD", the "District" and/or "Owner") is soliciting proposals for **#22-01-5029RFP Point of Sale (POS) System, Request for Proposal**, as more fully set out in the Scope of Work and Specific Conditions and Specifications sections of this Request for Proposals ("RFP").

Proposals may be submitted on any and/or all items. The District reserves the right to reject any and/or all bids, to accept any bid deemed most advantageous to the CFISD and to waive any informalities in bidding.

NOTE: Responses to all bids and proposals made available to registered suppliers in the eBid system and must be submitted via the eBid system electronically. ****NEW VENDORS ARE REQUIRED TO REGISTER ON EBID PRIOR TO LOGIN TO DOWNLOAD THE SOLICITATION DOCUMENT, WHICH IS AVAILABLE IN THE BID ATTACHMENTS FOLDER OF THIS PROPOSAL****

Proposal responses shall will be submitted electronically uploaded in the "Response Attachments" tab. If addendums are issued on any bid, it is the responsibility of the vendor to review the eBid system for addendums.

Contact IonWave Technologies Technical Support: support@ionwave.net or call 866.277.2645 ext. 4 for any questions or issues involving the eBid system.

Communication Restrictions - CFISD designates the following person as its designated procurement representative in connection with this proposal/RFP, Beth Rutherford, beth.rutherford@cfisd.net, upon release of this proposal/RFP and until execution of the award/board approval.

Respondents should communicate exclusively with the designated procurement representative with respect to this proposal/RFP, the Agreement, and the project. Respondent must submit by email to Beth Rutherford, any questions and requests for clarification that may arise during the preparation of this proposal/RFP on or before the Questions Deadline. CFISD will post all questions and responses for clarification as addenda to this proposal/RFP electronically at CFISD website, <https://www.cfisd.net/bids>. Any violation of the immediately preceding requirement may subject the proposal/RFP submitted by the violator to rejection.

Submit your solicitation questions electronically by the question cutoff date/time in the "Questions" tab.

Term of contract - January 1, 2022 - December 31, 2022

Ship To Information

Contact: Nicole Williamson, Manager Food & Beverage
Address: The Berry Center
The Berry Center
8877 Barker Cypress Road
Cypress, TX 77433
Phone: (281) 894-3930
Email: nicole.williamson@cfisd.net

Billing Information

Contact: Accounts Payable
Address: P.O. Box 692003
ISC-N
Houston, TX 77269-2003
Phone: (281) 807-8659
Fax: (281) 807-3877

Bid Activities

Committee Evaluation (subject to change)

10/14/2021

Committee evaluation period October 14, 2021 through November 10, 2021

Board of Trustees Meeting (subject to change)

12/13/2021 6:00:00 PM (CT)

Approve/reject recommendation for contract award.

Finalize and execute contract, if approved by Board (subject to change)

1/1/2022

Bid Attachments

Solicitation Document #22-01-5029RFP Point of Sale (POS) System.pdf

[View Online](#)

Solicitation Document #22-01-5029RFP Point of Sale (POS) System, Request for Proposal

Requested Attachments

Proposal Form

(Attachment required)

Upload proposal form in its entirety.

Required Forms

(Attachment required)

Upload all required documents listed on page 35 of the solicitation document.

Supplier Information

Company Name:

Contact Name:

Address:

Phone:

Fax:

Email:

Supplier Notes

By submitting your response, you certify that you are authorized to represent and bind your company.

Print Name

Signature