North Schuylkill School District

Robert J. Ackell, Ed. D., Superintendent

Robert L. Amos, Business Manager
Kimberly M. Groody, Supervisor of Curriculum

INVITATION TO BID (ITB)

PROJECT TITLE: Verkada Security System License Renewals
BID NUMBER: NSITB-2026-004
DATE OF ISSUANCE: September 25, 2026
BID SUBMISSION DEADLINE: October 30, 2026 at 1:00 PM EST

SECTION 1: INVITATION & OVERVIEW

The **North Schuylkill School District** (the "District") invites competitive sealed bids from authorized vendors and certified resellers to supply software license renewals for the District's existing Verkada security camera and physical security infrastructure.
All bids must be prepared and submitted in accordance with the instructions, specifications, and requirements contained within this document.

SECTION 2: SCOPE OF WORK & SPECIFICATIONS

The District requires exact-match renewal licensing for its operational **Verkada** security system. Substitutions or alternative manufacturers will **not** be accepted due to proprietary compatibility with existing hardware.

Itemized License Requirements

Line	Description	Qty	License Term
1	Verkada 5-Year Camera License, Renewal	158	5 Years
2	Verkada 5-Year Four-Camera Multisensor License, Renewal	1	5 Years
3	Verkada 5-Year SV License, Renewal	10	5 Years
4	Verkada 5-Year Workplace K-12 License, Renewal	2	5 Years

Vendor Requirements:

1. **Authorized Reseller Status:** Bidders must be a certified **Verkada Partner/Reseller** in good standing. Proof of authorized partner status must be attached to the bid submission.
2. **Co-Terming & Activation:** All license renewals must be co-termed and applied seamlessly to the District's existing Verkada Organization Account upon purchase order issuance.
3. **Tax Exemption:** The North Schuylkill School District is a Pennsylvania tax-exempt public educational institution. Tax exemption certificates will be provided upon request.
4. **All-Inclusive Pricing:** Quotes must include all administrative, activation, and electronic delivery fees. No additional surcharges will be accepted.

SECTION 3: INSTRUCTIONS TO BIDDERS

1. Submission Guidelines

- **Deadline:** Sealed bids must be received by the District Office no later than October 30, 2026 at 1:00 PM EST. Bids received after this deadline will not be considered.
- **Delivery Address:**
  North Schuylkill School District
  Attn: Superintendent's Office
  15 Academy Lane
  Ashland, PA 17921
- **Envelope Marking:** Bids submitted physically must be enclosed in a sealed envelope marked: **"SEALED BID: Verkada License Renewals – NSITB-2026-004"**.

2. Questions & Clarifications

All technical or administrative inquiries regarding this bid solicitation must be directed in writing to:

- **Contact:** Technology Department
- **Phone:** (570) 874-0466
- **Email:** marka@northschuylkill.net

3. General Terms

- **Price Guarantee:** Submitted bid pricing must remain firm and binding for a minimum of sixty (60) calendar days from the date of bid opening.
- **Right of Rejection:** The Board of School Directors reserves the right to reject any or all bids, to waive informalities or technical errors, and to accept the bid that best serves the interests of the District.

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SECTION 4: BID PROPOSAL FORM

(To be completed, signed, and returned by the bidder)

To the Board of School Directors, North Schuylkill School District:

The undersigned bidder proposes to furnish all required Verkada software license renewals in accordance with the specifications set forth in this Invitation to Bid at the pricing outlined below:

Line	Item Description	Qty	Unit Price ($)	Total Price ($)
1	Verkada 5-Year Camera License, Renewal	158	$_____	$_____
2	Verkada 5-Year Four-Camera Multisensor License, Renewal	1	$_____	$_____
3	Verkada 5-Year SV License, Renewal	10	$_____	$_____
4	Verkada 5-Year Workplace K-12 License, Renewal	2	$_____	$_____
TOTAL BID AMOUNT				**$_____**

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SECTION 5: VENDOR INFORMATION & AUTHORIZATION

Company Name: _____

Verkada Partner ID / Certification Level (if applicable): _____

Street Address: _____

City, State, Zip: _____

Contact Person & Title: _____

Phone Number: _____ Email: _____

Authorized Representative Signature: _____

Date: _____