# **PRICE SCHEDULE**

**RFP FOR THE RENEWAL OF MICROSOFT SUBSCRIPTION LICENSES**

**Date: 23 February 2026**

The NKF is not obligated to order any or any minimum amount or value of services. Quoted price must be GST exclusive.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Item Description (Subscription per user)** | **Estimated Quantity** | **Unit Price Per Month**  **Per User** | **Price Per Year** |
| **(A)** | **(B)** | **(A\*(B\*12)** |
| **1** | **E3 with Security and Compliance** |  |  |  |
| a | Microsoft 365 E3 (Non-Profit Annual, Annual Commitment) | 1300 | $ | $ |
| b | Microsoft Purview Suite Add-on (Non-Profit Annual, Annual Commitment) | 1300 | $ | $ |
| c | Microsoft Defender Suite Add-on (Non-Profit Annual, Annual Commitment) | 1300 | $ | $ |
| **2** | **E5** |  |  |  |
| a | Microsoft 365 E5 (Non-Profit Annual, Annual Commitment) | 500 | $ | $ |
| **3** | **F3 with Security and Compliance** |  |  |  |
| a | Microsoft 365 F3 (Non-Profit Annual, Annual Commitment for Year 2) | 1300 | $ | $ |
| b | Microsoft Defender + Purview Suite Add-on for FLW (Non-Profit Annual, Annual Commitment for Year 2) | 1300 | $ | $ |
| **TOTAL** | | | | **$** |

**Accepted By:**

|  |  |
| --- | --- |
| Authorized Signature: | Date: |
| Signatory Name: | Signatory Title: |
| Telephone Number: | Vendor’s Name: |
| Email Address: | Vendor’s Stamp: |

# **PRICE SCHEDULE**

**RFP FOR THE RENEWAL OF MICROSOFT SUBSCRIPTION LICENSES**

**Date: 23 February 2026**

**OPTION TO PURCHASE**

The NKF is not obligated to order any or any minimum amount or value of services. Quoted price must be GST exclusive.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **Item Description (Subscription per user)** | **Estimated Quantity** | **Unit Price Per Month**  **Per User** | **Price Per Year** |
| **(A)** | **(B)** | **(A\*(B\*12)** |
| 1 | Microsoft 365 Teams Room Pro | 4 | $ | $ |
| 2 | Microsoft 365 Power Apps Premium | 1500 | $ | $ |
| 3 | Microsoft 365 Copilot | 300 | $ | $ |
| **TOTAL** | | | | **$** |

**Accepted By:**

|  |  |
| --- | --- |
| Authorized Signature: | Date: |
| Signatory Name: | Signatory Title: |
| Telephone Number: | Vendor’s Name: |
| Email Address: | Vendor’s Stamp: |