February 16, 2021

Hello,

Attached is our submission for your bid for Fifty Cafeteria Tables – GMS, LES, CDR.

Please let us know if you have any questions at all or need anything else! Thank you for the opportunity to quote this for you and please keep School Outfitters in mind for any future projects! If you have any questions or wish to place an order, please call the School Outfitters Sales Department to receive your contracted price:

Izzy Wilson
Sales Representative
866-619-5309
866-619-4309 (fax)
Izzy.wilson@schooloutfitters.com
http://www.schooloutfitters.com

Thank you,

Kristy Lohmiller

Sales Team Lead

School Outfitters-Furnishing great places to learn 3736 Regent Avenue Cincinnati, OH 45212-3724 1-866-619-3449 1-866-619-3450 (fax) kristy.lohmiller@schooloutfitters.com http://www.schooloutfitters.com

- E. sales@schooloutfitters.com
- k www.schooloutfitters.com
- P. 800.260.2776
- E 800.494.1036

PO Box 141231 Cincinnati, Ohio 45250-1231



Submission Details

Attached you will find our pricing proposal for the 50 cafeteria tables delivering to 3 schools. Pricing is based on all items being ordered at one time.

Our installers will deliver the tables at a scheduled time to each location. They will take tables to the cafeteria on the main floors, set up and removal of all debris.

Current lead time is 8-10 weeks. This submission reflects our current estimate on lead time, School Outfitter's cost on product, and the logistics available to deliver your order. School Outfitters will utilize all resources to meet requested deadlines. Due to COVID-19, lead times may change but will be confirmed at the time of ordering.

- sales@schooloutfitters.com
- I. www.schooloutfitters.com
- 800.260.2776
- F 800.494.1036

Furnishing great places to learn:

www.schooloutfitters.com • 3736 Regent Ave. • Cincinnati, Ohio 45212-3724

For assistance, please contact:

Izzy Wilson

Phone: 866-619-5309 Fax: 866-619-4309

izzy.wilson@schooloutfitters.com

Quote Summary

Quote #: QUO11257367 Valid through: 03/11/2021

Bill to:

Garrard Middle School Stacey Coffey 304 W Maple Ave Lancaster KY 40444-1164 USA

Phone: 1 (859) 792-2108

Fax: N/A

Email: stacy.coffey@garrard.kyschools.us

Ship to:

Garrard Middle School Stacey Coffey 304 W Maple Ave Lancaster KY 40444-1164 USA

Phone: 1 (859) 792-2108

Fax: N/A

Email: stacy.coffey@garrard.kyschools.us

Item	SKU#	Description	Qty.	List	% Off	Price Per Item (including options)	Total Price
1.	LNT-GNI3019	Mobile Stool Cafeteria Table w/ MDF Core, Protect Edge & Powder-Coat Frame - 16 Stools (30" W x 12' L x 27" H)	20	\$3,012.00	47%	\$1,600.00*	\$32,000.00
	7	Options: Laminate – Oak (+ \$0.00) Stool – Burgundy (+ \$0.00)					
		Estimated Delivery: 43 business days after order confirmation					
		*Special product pricing based on Kentucky Purchasing Cooperative (KPC) (Contract # CLS 2017.003)					
2.	LNT-GNI3019	Mobile Stool Cafeteria Table w/ MDF Core, Protect Edge & Powder-Coat Frame - 16 Stools (30" W x 12' L x 27" H)	15	\$3,012.00	47%	\$1,600.00*	\$24,000.00
	7	Options: Laminate – Oak (+ \$0.00) Stool – Blue (+ \$0.00)					
		Estimated Delivery: 43 business days after order confirmation					
		*Special product pricing based on Kentucky Purchasing Cooperative (KPC) (Contract # CLS 2017.003)					
3.	LNT-GNI3019	Mobile Stool Cafeteria Table w/ MDF Core. Protect Edge & Powder-Coat Frame - 16 Stools (30" W x 12' L x 27" H)	15	\$3,012.00	47%	\$1,600.00*	\$24,000.00
	主要等	Options: Laminate – Oak (+ \$0.00) Stool – Green (+ \$0.00)					
		Estimated Delivery: 43 business days after order confirmation					
		*Special product pricing based on Kentucky Purchasing Cooperative (KPC) (Contract # CLS 2017.003)					

Shipping & Handling Breakdown

Items Shipping From:	Shipping Via:	Service(s) Included:
Handling		
Learniture	LTL-BEST	

Product SubTotal: \$80,000.00

Shipping & Handling: \$10,513.00

Sales Tax: 0.00

Grand Total: \$90,513.00

Sales Representative Comments

Installer will receive all tables and then deliver to each location.

Thank you for the opportunity to earn your business.

For Assistance: Izzy Wilson• Phone: 866-619-5309 • Fax: 866-619-4309 • <u>izzy.wilson@schooloutfitters.com</u>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 3/3/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

th	is certificate does not confer rights to	the	certi	ficate holder in lieu of su	ich end	orsement(s)				
PROD	PRODUCER					CONTACT NAME: Amy Tischner				
Arthur J. Gallagher Risk Management Services, Inc.				PHONE (A/C, No, Ext): 513-977-3116 FAX (A/C, No): 513-977-4608					7-4608	
201 E. 4th Street, Ste 625 Cincinnati OH 45202				E-MAIL ADDRESS: amy tischner@ajg.com						
Smonnati Off 10202			INSURER(S) AFFORDING COVERAGE				NAIC#			
			INSLIDE		ti Insurance (10677		
INSUI	RED					5-24 PT - 128	ti Indemnity C			23280
Sch	nool Outfitters, LLC						a maoning c	Sompany		
Attr	n: Colleen Markesbery				INSURE					
3/3	6 Regent Ave. wood OH 45212				INSURE					
IVOI	W000 011 43212				INSURE					
				. NUMBER 4400770000	INSURE	RF:		DEVICION NUMBER.		
	VERAGES CERTIFY THAT THE POLICIES			NUMBER: 1408779693	/C DEEM	LICCUED TO		REVISION NUMBER:	HE DOL	ICA DEBIUD
IN CE	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY IS CLUSIONS AND CONDITIONS OF SUCH	QUIF PERT POLK	REMEI AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF ANY ED BY	' CONTRACT THE POLICIES EDUCED BY F	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	тѕ	
Α	X COMMERCIAL GENERAL LIABILITY			EPP 0182313		3/1/2019	3/1/2022	EACH OCCURRENCE	\$ 1,000	,000
	CLAIMS-MADE X OCCUR							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,0	000
								MED EXP (Any one person)	\$ 10,00	00
								PERSONAL & ADV INJURY	\$ 1,000	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	\$2,000	0,000
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	\$2,000	0,000
	OTHER:								\$	
Α	AUTOMOBILE LIABILITY			EPP 0182313		3/1/2019	3/1/2022	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000	0,000
	ANY AUTO					100% H2500000 9000		BODILY INJURY (Per person)	\$	
	OWNED SCHEDULED							BODILY INJURY (Per accident) \$	
	X HIRED X NON-OWNED X NON-OWNED							PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							(Per accident)	\$	
A	X UMBRELLA LIAB X OCCUR			EPP 0182313		3/1/2019	3/1/2022	FACILOCCUPRENCE	\$ 5,000	0.000
^				LFF 0102313		3/1/2013	3/1/2022	EACH OCCURRENCE	\$ 5,000	= 0.0
	OLAMO MIABE	-						AGGREGATE	\$ 5,000	5,000
В	DED RETENTION \$ WORKERS COMPENSATION	-		EWC042270503		3/1/2020	3/1/2021	X PER X OTH-	-	LINK DA TV
В	AND EMPLOYERS' LIABILITY Y / N			EVVC042270303		3/1/2020	3/1/2021			IJ,NY,PA,TX
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$ 500,0	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYE		
	if yes, describe under DESCRIPTION OF OPERATIONS below					01416010	01410000	E.L. DISEASE - POLICY LIMIT	_	000.000
Α	OH Emp Liability			EPP 0182313		3/1/2019	3/1/2022	E.L. Each Accident E.L. Disease Ea Emp E.L. Disease Policy	\$1.00	00,000 00,000 00,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) The certificate holder is listed as additional insured where required by written contract, in regards to General Liability (GA 210 02/07). Waiver of subrogation is included in favor of the certificate holder, where required by written contract, in regards to General Liability (GA 210 02/07). Umbrella liability follows form over additional insured status.										
CE	RTIFICATE HOLDER				CANO	ELLATION				
					THE	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE EREOF, NOTICE WILL CY PROVISIONS.		
Evidence of Coverage				AUTHORIZED REPRESENTATIVE						

orm W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for Instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	I Name (as shown on your Income tax return). Name is required on this it	not do not leave the Health					
	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. School Outfitters LLC						
2 Business name/disregarded entity name, if different from above							
ಣ							
on page 3	Check appropriate hox for federal tax classification of the person whose following seven hoxes. Individual/sole proprietor or C Corporation S Corporation		4 Exemptions (codes apply only to certain entitles, not individuals; see instructions on page 3):				
ns n	single-member LLC	ation Partnership Trust/estate	_				
typ	✓ Limited liability company. Enter the tax classification (C=C corporatio	n, S=S corporation, P=Partnership) ▶ P	Exempt payee code (if eny)				
Print or type. See Specific Instructions on page	Note: Oreck the appropriate box in the line above for the tax classific LLC if the LLC is classified as a single-member LLC that is disregarde another LLC that is not disregarded from the owner for U.S. federal to is disregarded from the owner should check the appropriate box for the						
ğ	Other (see Instructions) >		(Applies to accounts maintained outside the H.S.)				
8	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)				
ν, l	PO Box 638517 6 City, state, and ZIP code 3736 F	Regent Avenue					
β.	Cincinnati, OH. 45263-8517 Cincin 7 List account number(s) here (optional)	nati, OH. 45212-3724					
1							
Part	PH: 800-260-2776	FAX: 800-494-1036					
	our TIN in the appropriate box. The TIN provided must match the no withholding. For individuals, this is generally your social security not allege sole proprietor or discounted with the proprietor or discounted with the proprietor of the propriet		urity number				
entitles, TIN, late	in to your employer identification number (FIN) If you do not have	a number, see How to get a	" -				
	J.						
Number	f the account is in more than one name, see the instructions for line r To Give the Requester for guidelines on whose number to enter.	1. Also see What Name and Employer in	dentification number				
	The section of galactics on whose fulfiber to effect.	6 1					
Part	II Certification	6 1 -	1 3 4 1 9 4 3				
	penalties of perjury, I certify that:						
1. The n	umber shows on this fame is a second of the fame is a						
Service	number shown on this form is my correct taxpayer Identification nur not subject to backup withholding because; (a) I am exempt from b se (IRS) that I am subject to backup withholding as a result of a fallinger subject to backup withholding;	nber (or I am waiting for a number to be Issu ackup withholding, or (b) I have not been not ure to report all interest or dividends, or (c) ti	ed to me); and tified by the Internal Revenue ne IRS has notified me that I am				
3. I am a	a U.S. citizen or other U.S. person (defined below); and						
4. The F	ATCA code(s) entered on this form (if any) indicating that I am exer	not from FATCA reporting is porrect					
you have	ition instructions. You must cross out Item 2 above if you have been in failed to report all interest and dividends on your tax return. For real eoon or abandonment of secured property, cancellation of debt, contribunt in interest and dividends, you are not required to sign the certification,	notified by the IRS that you are currently subject state transactions, item 2 does not apply. For r	nortgage interest paid,				
Here		May Date > Th	1N 4, 2021				
Gene	eral Instructions	• Form 1099-DIV (dividends, Including the	ose from stocks or mutual				
	eferences are to the Internal Revenue Code unless otherwise	 Form 1099-MISC (various types of inco. 					
Future de	evelopments. For the latest information about developments	proceeds)					
I GIALGU LU	Form W-9 and its instructions, such as legislation enacted were published, go to www.irs.gov/FormW9.	 Form 1099-B (stock or mutual fund sale transactions by brokers) 					
Purpo	se of Form	• Form 1099-S (proceeds from real estate	transactions)				
	dual or entity (Form W-9 requester) who is required to file an	• Form 1099-K (merchant card and third p	party network transactions)				
identificat	in number (TIN) which may be your social security number	• Form 1098 (home mortgage Interest), 10 1098-T (tuition)	998-E (student loan Interest),				
(OOIY), IIIQ	IIVIQUAL taxpaver identification number (ITIN) adoption	• Form 1099-C (canceled debt)					
(LIII), 10 16	identification number (ATIN), or employer identification number aport on an information return the amount paid to you, or other	Form 1099-A (acquisition or abandonmer	nt of secured property)				
returns inc	plortable on an information return. Examples of Information blude, but are not limited to, the following.	Use Form W-9 only if you are a U.S. per alien), to provide your correct TIN.					
• Form 10	99-INT (interest earned or paid)	If you do not return Form W-9 to the req be subject to backup withholding. See Wh later,	wester with a TIN, you might at is backup withholding,				

ATTACHMENT G

ACCEPTANCE OF PROPOSAL AS CONTRACT

I Patsy Simmons , understand document represents a contract to accept the proposition of	nd that if my proposal is accepted and approved, this esal as submitted.
Patsy Simmons Printed name of Authorized Signatory	Signature 2 / 15 / 2021 Date
Board Chairman Garrard County Board of Education	/

ATTACHMENT F

STATEMENT OF SUBMISSION

We have read all the conditions and requirements of the request for proposal. In compliance with all general and specific terms and conditions of the RFP, in consideration of the detailed description attached hereto, and subject to the statements of Authentication, Non-Collusion, and Non-Conflict of Interest thereof, the undersigned agrees that, upon proper acceptance by the Garrard County Board of Education of any part of the bid offer within the time stipulated, a contract shall thereby be created in accordance with the specifications for that part of the offer accepted.

School Outfitters LLC	Izzy Wilson
Bidding Firm	Contact Name
3736 Regent Ave	izzy.wilson@schooloutfitters.com
Address	Contact E-mail
Cincinnati, OH 45212	800-260-2776
City, State, Zip	Phone #
Patsy Simmons	Patsy Simmons
Printed name of Authorized Signatory	Patsy Simmons Signature
	2 / 15 / 2021
	Date

ATTACHMENT E

NON-COLLUSION STATEMENT

I state that I am Sales Manager of School Outfitters LLC (Name of Firm)				
and that I am authorized to make this statement on behalf of my firm, and its owners, directors and officers. I am the person responsible in my firm for the price(s) and the amount of this bid. I state that:				
(1) The price(s) and amount of this bid have been arrived at independently and without consultation, communication or agreement with any other contractor, bidder or potential bidder.				
(2) Neither the price(s) nor the amount of this bid, and neither the approximate price(s) nor approximate amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder, and they will not be disclosed before bid opening.				
(3) No attempt has been made or will be made to induce any firm or person to refrain from bidding on this contract, or to submit a bid higher than this bid, or to submit any intentionally high or noncompetitive bid or other form of complementary bid.				
(4) The bid of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from, any firm or person to submit a complementary bid or other noncompetitive bid.				
(5) My firm, its affiliates, subsidiaries, officers, directors and employees are not currently under investigation by any governmental agency and have not in the last three years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding on any public contract, except as follows:				
I state that my firm understands and acknowledges that the above representations are material and important and will be relied on by the schools in awarding the contract(s) for which this bid is submitted. I understand, and my firm understands that any misstatement is and shall be treated as fraudulent in concealment from the schools of the true facts relating to the submission of bids for this contract.				
Patsy Simmons {Signature}				
√ {Signature}				
Sales Manager {Title}				
(I IIIO)				

ATTACHMENT D

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

- (1) The prospective lower tier participant certifies, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation on this document.

School Outfitters LLC	Cafeteria Tables			
Company Name	Proposal Reference			
Patsy Simmons - Sales Manger Name and Title of Authorized Representative				
Name and Title of Authorized Representative				
Octor Silver	0/45/0004			
Palsy Simmons	2/15/2021			
Patsy Simmons Signature	Date			

ATTACHMENT C:

CONFLICT OF INTEREST

It shall be a breach of ethical standards for any employee with procurement authority to participate directly in any proceeding or application; request for ruling or other determination; claim or controversy; or other particular matter pertaining to any contract or subcontract; and any solicitation or proposal therefore, in which to his/her knowledge:

- (A) He/she, or any member of his/her immediate family, has a financial interest herein; or
- (B) A business or organization in which he/she or any member of his/her immediate family has a financial interest as an officer, director, trustee, partner, or employee is a party; or
- (C) Any other person, business, or organization with whom he/she or any member of his/her immediate family is negotiating or has an arrangement concerning prospective employment is a party. Direct or indirect participation shall include, but is not limited to, involvement through decision, approval, disapproval, recommendation, preparation of any part of a purchase request, influencing the content of any specification or purchase standard, rendering of advice, investigation, auditing or in any other advisory capacity.

It is a violation of Kentucky law for any Board member or employee with procurement authority, or a member of his/her immediate family, to have a pecuniary interest either directly or indirectly in an amount exceeding \$25.00 per year in any purchase of goods or services by the Board of Education or any school thereof. Violation of this provision subjects the Board member or employee to forfeiture of his/her position and/or employment with the school system.

I hereby certify that no member of my immediate family is an employee with procurement authority or Board member of the Garrard County Board of Education.

School Outfitters LLC	
Name of Company	
Patsy Simmons	2/15/2021
Authorized Signature	Date

References: KRS 156.480, OAG 80-32, Model Procurement Code 45A.455

Note: This certificate must be signed and attached to the proposal form in order for your proposal to be qualified.

ATTACHMENT B:

CERTIFICATION OF COMPLIANCE WITH SPECIFICATIONS

Project: Garrard County Schools Cafeteria Tables - GMS, LES, CDR

To: Stacy Coffey, Finance Director
Garrard County Board of Education
322 W. Maple Avenue
Lancaster, KY 40444

In compliance with the REQUEST FOR PROPOSAL, and subject to all the conditions thereof, the undersigned hereby certifies that all items and/or services included in this proposal shall be in compliance with all requirements and technical specifications included in this proposal, except as noted below:

Exceptions:

Name of Company/Individual <u>School Outfitters LLC</u>					
Address_3736 Regent Ave					
Cincinnati, OH 45212					
Authorized Signature Patsy Simmons					
Please Print or Type Name Patsy Simmons					
Official Title Sales Manager	Date <u>2/15/2021</u>				
Telephone # 800-260-2776	Fax # <u>800-494-1036</u>				
Email Address contracts@schooloutfitters.com					

For assistance, please contact:

Izzy Wilson Phone: 866-619-5309

Fax: 866-619-4309

izzy.wilson@schooloutfitters.com

www.schooloutfitters.com • 1-800-260-2776 • 3736 Regent Ave. • Cincinnati, Ohio 45212-3724

Item Details



Learniture

Mobile Stool Cafeteria Table w/ MDF Core, Protect Edge & Powder-Coat Frame - 16 Stools (30" W x 12' L x 27" H)

The Learniture[®] Mobile Stool Cafeteria Table is perfect for quick assemblies and lunches. With obstacle-free entry points, students and staff can easily move in and out of their seats. The laminate surface with medium-density fiberboard core resists stains and scratches, and the durable steel frame can withstand even your toughest class. A protect-edge coating offers protection against food build-up, chips and dings. EasyLift torsion bars provide a smooth operation when opening and closing the tables, and the dual release storage latch allows you to safely release and unlock the tables from either side. Thermo-polyurethane casters with non-marring nylon steel glide inserts allows your custodial staff to move and store the table with little effort, and the caster lift-off design feature enhances the safety of this table.

Specifications

Table Shape:	Rectangle
Tabletop Material:	Fiberboard w/ high-pressure laminate
Frame Material:	14-gauge steel
Edge Band Material:	Protect Edge (epoxy resin)
Frame Finish:	Powder coat
Casters/Glides:	4 thermo-polyurethane casters (2 locking), w/ tamper-proof non-marring nylon steel insert glides
Seating Capacity:	16
Weight Capacity:	300 lbs./table; 250 lbs./stool
Testing Certifications:	MAS Green certified; UL Listed
Warranty:	15-year limited
Overall Width:	30" (56" including stools)
Overall Length:	12' L
Overall Height:	27"
Seat Height:	15" H
Stool/Bench Material:	Polystyrene plastic
Seat Size:	13" diameter
Storage Dimensions:	59" W x 35" D x 81 5/8" H
Assembly:	Minor assembly required
Product Weight (Lbs):	295

Options



Item	SKU#	Description	Qty.	List	% Off	Price Per Item (including options)	Total Price
1.	LNT-GNI3019	Mobile Stool Cafeteria Table w/ MDF Core, Protect Edge & Powder-Coat Frame - 16 Stools (30" W x 12' L x 27" H) Options: Laminate - Oak (+ \$0.00) Stool - Burgundy (+ \$0.00)	20	\$3,012.00	47%	\$1,600.00*	\$32,000.00

For assistance, please contact:

Izzy Wilson

Phone: 866-619-5309

Fax: 866-619-4309 izzy.wilson@schooloutfitters.com

www.schooloutfitters.com • 1-800-260-2776 • 3736 Regent Ave. • Cincinnati, Ohio 45212-3724

Item Details



Learniture

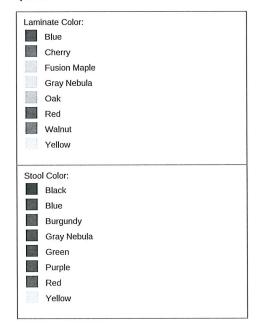
Mobile Stool Cafeteria Table w/ MDF Core, Protect Edge & Powder-Coat Frame - 16 Stools (30" W x 12' L x 27" H)

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Specifications

Table Shape:	Rectangle
Tabletop Material:	Fiberboard w/ high-pressure laminate
Frame Material:	14-gauge steel
Edge Band Material:	Protect Edge (epoxy resin)
Frame Finish:	Powder coat
Casters/Glides:	4 thermo-polyurethane casters (2 locking), w/ tamper-proof non-marring nylon steel insert glides
Seating Capacity:	16
Weight Capacity:	300 lbs./table; 250 lbs./stool
Testing Certifications:	MAS Green certified; UL Listed
Warranty:	15-year limited
Overall Width:	30" (56" including stools)
Overall Length:	12' L
Overall Height:	27"
Seat Height:	15" H
Stool/Bench Material:	Polystyrene plastic
Seat Size:	13" diameter
Storage Dimensions:	59" W x 35" D x 81 5/8" H
Assembly:	Minor assembly required
Product Weight (Lbs):	295

Options



Item	SKU#	Description	Qty.	List	% Off	Price Per Item (including options)	Total Price
2.	LNT-GNI3019	Mobile Stool Cafeteria Table w/ MDF Core, Protect Edge & Powder-Coat Frame - 16 Stools (30" W x 12' L x 27" H). Options: Laminate – Oak (+ \$0.00) Stool – Blue (+ \$0.00)	15	\$3,012.00	47%	\$1,600.00*	\$24,000.00

For assistance, please contact:

Izzy Wilson

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izzy.wilson@schooloutfitters.com

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Item Details



Learniture

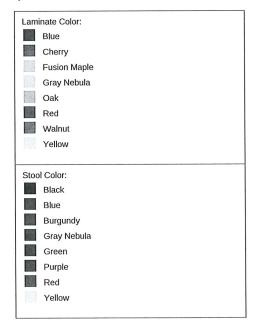
Mobile Stool Cafeteria Table w/ MDF Core, Protect Edge & Powder-Coat Frame - 16 Stools (30" W x 12' L x 27" H)

The Learniture[®] Mobile Stool Cafeteria Table is perfect for quick assemblies and lunches. With obstacle-free entry points, students and staff can easily move in and out of their seats. The laminate surface with medium-density fiberboard core resists stains and scratches, and the durable steel frame can withstand even your toughest class. A protect-edge coating offers protection against food build-up, chips and dings. EasyLift torsion bars provide a smooth operation when opening and closing the tables, and the dual release storage latch allows you to safely release and unlock the tables from either side. Thermo-polyurethane casters with non-marring nylon steel glide inserts allows your custodial staff to move and store the table with little effort, and the caster lift-off design feature enhances the safety of this table.

Specifications

Table Shape:	Rectangle
Tabletop Material:	Fiberboard w/ high-pressure laminate
Frame Material:	14-gauge steel
Edge Band Material:	Protect Edge (epoxy resin)
Frame Finish:	Powder coat
Casters/Glides:	4 thermo-polyurethane casters (2 locking), w/ tamper-proof non-marring nylon steel insert glides
Seating Capacity:	16
Weight Capacity:	300 lbs./table; 250 lbs./stool
Testing Certifications:	MAS Green certified; UL Listed
Warranty:	15-year limited
Overall Width:	30" (56" including stools)
Overall Length:	12' L
Overall Height:	27"
Seat Height:	15" H
Stool/Bench Material:	Polystyrene plastic
Seat Size:	13" diameter
Storage Dimensions:	59" W x 35" D x 81 5/8" H
Assembly:	Minor assembly required
Product Weight (Lbs):	295

Options



Item	SKU#	Description	Qty.	List	% Off	Price Per Item (including options)	Total Price
3.	LNT-GNI3019	Mobile Stool Cafeteria Table w/ MDF Core, Protect Edge & Powder-Coat Frame - 16 Stools (30" W x 12' L x 27" H) Options: Laminate – Oak (+ \$0.00) Stool – Green (+ \$0.00)	15	\$3,012.00	47%	\$1,600.00*	\$24,000.00