

**COUNTY OF ESSEX, NEW JERSEY**



**REQUEST FOR PROPOSALS # 15-229**

**PROVIDE COMPUTER AIDED DISPATCH (CAD) AND RECORDS  
MANAGEMENT SYSTEM (RMS) SOFTWARE AND THE INTERGRATED  
LAW ENFORCEMENT INITIATIVE (ILEI) SOFTWARE WARRANTY &  
MAINTENANCE SUPPORT**

**PROPOSAL DUE DATE AND TIME: January 13, 2016 at 11:00 AM**

**CONTACT PERSON: Office of Purchasing/BP  
Fax#: 973-621-5109**

**COUNTY OF ESSEX**

If the box contains a  
 vendor submit the executed form. If a  
 vendor must read.

**RFP DOCUMENT CHECKLIST**

Please initial each item below once executed

		<b>Page</b>	
<input type="checkbox"/>	<b>General Information</b>	3	
<input checked="" type="checkbox"/>	<b>Vendor Certification - sign</b>	6	
<input checked="" type="checkbox"/>	<b>Non-Collusion Affidavit Form - sign and notarize</b>	7	
<input checked="" type="checkbox"/>	<b>Stockholder Disclosure Certification Form - sign and notarize</b>	8	
<input checked="" type="checkbox"/>	<b>Hold Harmless Agreement</b>	9	
<input checked="" type="checkbox"/>	<b>Statement of Certain Political Contributions complete, sign and seal</b>	10	
<input checked="" type="checkbox"/>	<b>Applicant's Qualifications and Representations – complete</b>	11-16	
<input checked="" type="checkbox"/>	<b>Consent Of Insurance Coverage – read and sign</b>	17-19	
<input checked="" type="checkbox"/>	<b>Applicant/Proposer's Affidavit – complete and sign</b>	20	
<input checked="" type="checkbox"/>	<b>Disclosure Statement</b>	21	
<input type="checkbox"/>	<b>Mandatory Equal Employment Opportunity Language Exhibit A - read</b>	22	
<input checked="" type="checkbox"/>	<b>Affirmative Action Language Acknowledgement Form - sign</b>	24	
<input type="checkbox"/>	<b>Americans with Disabilities Act of 1990 Language - sign</b>	26	
<input type="checkbox"/>	<b>Business Registration Certificate Form</b>	27	
<input checked="" type="checkbox"/>	<b>Vendor Information Sheet - Complete</b>	29	
<input checked="" type="checkbox"/>	<b>Disclosure of Investment Activities in Iran</b>	30	
<input checked="" type="checkbox"/>	<b>Authorization and Release– sign</b>	31	
<input checked="" type="checkbox"/>	<b>Addenda Acknowledgement Form – sign</b>	32	
<input checked="" type="checkbox"/>	<b>Specifications and Signature Page</b>	<b>Last Pages</b>	

- means read the item(s)

Respondent Signature: \_\_\_\_\_

- means provide the required form(s)



**4. Submissions of Proposals**

To facilitate the evaluation process, proposer is to submit one (1) original and two (2) copies of the proposal and any supporting documentation. Additional copies may be requested at a later date for the selected proposal.

Proposals must be received by 11:00 a.m. on the Submission Deadline for Receipt of Proposal (found on Page 3 of this document). Proposer mailing their proposals should allow sufficient mail delivery time to ensure receipt of their proposals by the deadline.

**Delivery is the sole responsibility of the proposer.**

Proposals are to be delivered or sent to:

Hall of Records, Room 335  
465 Dr. Martin Luther King Jr. Blvd.  
Newark, New Jersey 07102

**NOTE: ALL PROPOSALS ARE TO BE SEALED** and clearly marked on the outermost packaging or envelope with the project name and project/bid number (see cover page), and must be received by mail or other method of delivery by no later than the submission deadline date and time so stated on the cover of this document.

**5. Restriction on Contact with County Employees**

From the issue date of the RFP until a determination is made regarding the selection of a proposal, all contacts with county employees on this matter must be cleared by the Agency Contact person. Proposer shall not approach County personnel with respect to employment during this period.

**6. Security of Proposals**

The content of each proposal will be held in strictest confidence and no details of any proposal will be discussed with other proposer or anyone other than those employees or consultants of the County involved in the evaluation process.

**7. Prime Contractor Responsibilities**

In the event that a proposal includes the performance of work by another vendor or organization, it shall be mandatory for the prime contractor (i.e., the successful Proposer) to assume full responsibility for such tasks specified in the Proposal.

The County will contract only with the successful Proposer. The County will consider the prime Contractor to be the sole contract with regard to all provisions of the proposal. Payment of all charges resulting from the negotiated contract shall be the Prime Contractor only.

**8. Incurring Costs**

The County of Essex is not liable for any cost incurred by Proposer in the preparation of proposals or for any work performed prior to the approval of an executed contract.

**9. Notification of Selection**

After the successful proposal has been selected, all Proposers will be notified of the results. The name of the successful Proposer will be disclosed. Upon selection, the successful Proposer will be invited to negotiate a contract with the County. The contents of the selected proposal, subject to possible updating due to negotiations, together with this RFP and any formal questions and answers disseminated during the proposal process will be incorporated with and made a part of the final contract as developed by the County. Should negotiations fail to result in a signed contract within two weeks, the County reserves the right to terminate negotiations and select the next most responsive Proposer.

**10. Type of Contract Anticipated**

The County expects to enter into a contract subject to the approval of the Board of Chosen Freeholders, whose general terms are specified in Appendix A. The conduct of the work described in this RFP is to be on either a “fixed fee” or “time and materials, not to exceed” basis.

**11. Performance Period**

The Performance Period is: **Twenty-four (24) months from date of award from** by the Essex County Board of Chosen Freeholders.

**12. Basis of Award**

The award of a contract will be made to that proposer whose proposal is deemed to be most advantageous to the County, cost and other factors considered. Where circumstances and/or the needs of the County significantly change, or the contract is otherwise deemed no longer to be in the public interest, the County of Essex may modify quantities or terminate a contract entered into as a result of this RFP, upon no less than thirty (30) days’ notice to the vendor.

**13. Open Public Records Act**

Respondents should be aware that responses to this [Bid/RFQ/P] will be available, upon request, for public inspection. The County, as an instrumentality of the State of New Jersey, is subject to the New Jersey Open Public Records Act (N.J.S.A. 47:1A-1) and New Jersey Right-to-Know statutory law and relevant case law.

**14. Appearance at Governing Body Meeting**

Be advised that for award of bid your organization may need to attend Essex County Board of Chosen Freeholder meeting, unless otherwise notified by the county.

**15. Stockholder Disclosure**

Chapter 33 of the Public Laws of 1977 provides that no corporation or partnership shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, the cost of which is to be paid with or out of any public funds, by the State, or any county, municipality or school district, or any subsidiary or agency of the State, or of any county, municipality or school district, or by any authority, board, or commission which exercises governmental functions, unless prior to the receipt of the bid or accompanying the bid, of said corporation or said partnership, there is submitted a statement setting forth the names and addresses of all stockholders in the corporation or partnership who own 10% or more of its stock, of any class or of all individual partners in the partnership who own a 10% or greater interest therein, as the case may be. If one or more such stockholder or partner is itself a corporation or partnership, the stockholders holding 10% or more of that corporation's stock, or the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, exceeding the 10% ownership criteria established in this act, has been listed.

**VENDOR CERTIFICATION**

I, \_\_\_\_\_, am duly authorized representative of

\_\_\_\_\_

(Hereinafter referred to as "Vendor") who has submitted a proposal to provide the following services to the County of Essex (hereinafter referred to as "County").

**NOTARY:**

I have reviewed and I am aware of the representations made by the Vendor to the County in its proposal for said contract, dated \_\_\_\_\_.

I am also aware that the County will rely upon said representations in the award of said contract and I certify that said representations made by the vendor are true and accurate.

\_\_\_\_\_.

Subscribed and sworn to

before me this day \_\_\_\_\_ of

\_\_\_\_\_, 2 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

(seal)

\_\_\_\_\_  
Vendor Signature

\_\_\_\_\_  
(Type or print name)

**NON-COLLUSION AFFIDAVIT**

State of New Jersey  
County of \_\_\_\_\_

ss:

I, \_\_\_\_\_ residing in \_\_\_\_\_  
(name of affiant) (name of municipality)

in the County of \_\_\_\_\_ and State of \_\_\_\_\_ of full age, being  
duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_ of the firm of \_\_\_\_\_  
(title or position) (name of firm)

\_\_\_\_\_ the respondent

entitled \_\_\_\_\_ and that I executed the said Response with  
(title of request)

full authority to do so that said respondent has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said Response and in this affidavit are true and correct, and made with full knowledge that the County of Essex relies upon the truth of the statements contained in said Response and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by \_\_\_\_\_.

Subscribed and sworn to

before me this day \_\_\_\_\_ of

\_\_\_\_\_, 2 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Type or print name)

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

(seal)

**STOCKHOLDER DISCLOSURE CERTIFICATION**

N.J.S.A. 52:25-24.2 (P.L. 1977 C.33)

Name of Business: \_\_\_\_\_

**(BIDDER MUST CHECK ONE OF THE FOLLOWING)**

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

**OR**

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

**NOTE: If a corporation owns all or part of the stock of the corporation or partnership submitting the bid, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that owning corporation. If no one owns 10% or more stock, attest to that.**

**Check the box that represents the type of business organization (MUST CHECK ONE):**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Partnership              | <input type="checkbox"/> Corporation               | <input type="checkbox"/> Sole Proprietorship           |
| <input type="checkbox"/> Limited Partnership      | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership |
| <input type="checkbox"/> Subchapter S Corporation | <input type="checkbox"/> Non-Profit (501c3)        |  |

**Bidder MUST Sign and notarize the form, and, if necessary, complete the stockholder list below.**

Stockholders/Partners:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_.

\_\_\_\_\_  
(Bidder/Respondent Authorized Signature)

\_\_\_\_\_  
(Notary Public)

\_\_\_\_\_  
(Print name of authorized signatory)

My Commission expires:

(Corporate Seal)

(Notary Seal)

HOLD HARMLESS AGREEMENT

BETWEEN:                   The County of Essex  
                                  Hall of Records  
                                  465 Dr. Martin Luther King, Jr. Blvd.  
                                  Newark, NJ 07102

AND

\_\_\_\_\_  
Contractor's Name

\_\_\_\_\_  
Address – not a post office box

\_\_\_\_\_  
Telephone Number; Fax Number; & e-mail address

It is understood and agreed the Contractor is:

1. An independent Contractor and not an employee of the County of Essex.
2. *The Contractor agrees to indemnify and hold harmless the County of Essex, the Essex County Board of Chosen Freeholders, and all of its respected elected officials, officers, agents and employees of and from and against any and all liability for damages for injury to person and property, including death, and from and against all suits and actions and all costs, damages and charges of whatsoever kind and nature, including attorneys' fees to which they or any of them may be put for, or on account of, any injury or alleged injury to person, including death, or property, resulting from the performance of the Contractor's operations under this contract, or by or in consequence of any neglect or omission on the part of the Contractor in the performance of operations under this contract, whether such operations, or the absence thereof, be by the Contractor or anyone directly or indirectly contracted with or employed by the Contractor.*
3. The Contractor shall hold the County of Essex harmless for damages to the Contractor's equipment utilized during the term of this contract.

S/ \_\_\_\_\_  
President, Vice President or Signature of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date



APPLICANT/PROPOSER'S QUALIFICATIONS AND REPRESENTATIONS

The Applicant/Proposer makes the following statements and representations as part of the Proposal:

1. Applicant/Proposer (firm name or individual): \_\_\_\_\_  
\_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Federal Employee Identification Number: \_\_\_\_\_

4. How long have you been in business? \_\_\_\_\_

5. How long at present address? \_\_\_\_\_

6. If incorporated, state date of incorporation and in what state incorporated in and designate whether you are a Not-For-Profit corporation or other classification. (If not a domestic corporation, attach a copy of the Certificate of Authority issued by the Secretary of State of New Jersey pursuant to the General Corporation Law).

\_\_\_\_\_

7. List below names and addresses of all officers of the Corporation (attach additional sheet(s) if necessary):

Name

Address

Title



**APPLICANT/PROPOSER'S QUALIFICATIONS AND REPRESENTATIONS**

8. Are you a partnership? \_\_\_\_\_

If so, list names and addresses of all partners (attach additional sheet(s) if necessary):

9. If you are doing business under a trade name, give state and county in which certificate is filed.

10. Average number of employees: \_\_\_\_\_

11. Have you ever submitted a proposal on County of Essex business under another name?

\_\_\_\_\_ If the answer is yes, list below the name or names:

12. Have you any outstanding bids or proposals for contracts with the County of Essex? \_\_\_\_\_ If the answer is yes, list them.

Subject

Requesting Agency

13. Have you any current contract awards from the County? \_\_\_\_\_. If the answer is Yes, please list them including the amount of the award.

Subject

Amount

Awarding Agency



## APPLICANT/PROPOSER'S QUALIFICATIONS AND REPRESENTATIONS

17. That the Applicant/Proposer and each person signing on behalf of any Applicant/Proposer certifies, and in the case of a joint proposal, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his/her knowledge and belief:

(a) The prices in the proposal have been arrived at independently without collusion, consultation, communication, or agreement for the purpose of restricting competition as to any matter relating to such prices with any other proposer or with any competitor,

(b) Unless otherwise required by law, the prices which have been quoted in the proposal have not been knowingly disclosed by the Applicant/Proposer and will not knowingly be disclosed by the Applicant/Proposer prior to opening, directly or indirectly, to any other Applicant/Proposer or to any competitor;

(c) No attempt has been made or will be made by the Applicant/Proposer to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition;

(d) That no freeholder or other officer or employee or person whose salary is payable in whole or in part from the County Treasury is directly or indirectly interested in the proposal, or in the supplies, materials, equipment, work, or labor to which it relates, or in any of the profits thereof;

(e) That said Applicant/Proposer is not in arrears to the County of Essex upon any debt or contract, and is not a defaulter, as to surety or otherwise, upon any obligation to the County of Essex, and has not been declared not responsible, or disqualified, by an agency of the County of Essex or State of New Jersey. Nor is there any proceeding pending relating to the responsibility or qualification of the Applicant/Proposer to receive public contracts except:

(if none, Applicant/Proposer will insert "none").

18. That the Applicant/Proposer, if an individual, is of lawful age; that the Applicant/Proposer is the only one interested in this proposal; and that no person, firm or corporation other than that named has any interest in the proposal, or in the contract proposed to be taken.

19. That the Applicant/Proposer fully understands and submits its proposal with the specific knowledge that:

(a) All proposals must be approved by the County of Essex.

(b) In the event Applicant/Proposers proposal is accepted and receives all necessary approvals, the proposal will be incorporated into a contract containing provisions provided by the County of Essex, and that the resultant contract must be approved as to form by the County Counsel of the County of Essex, and approved by the Board of Chosen Freeholders of the County of Essex (if in an amount of \$21,000.00 or more)

## **APPLICANT/PROPOSER'S 'QUALIFICATIONS AND REPRESENTATION**

20. That the Applicant/Proposer certifies that it is duly licensed to do business in the State of New Jersey and will provide with the proposal all licenses necessary to perform their duties in the State of New Jersey and to obtain necessary insurance coverage as directed by the County of Essex.
21. That the Applicant/Proposer will not alter the personnel assignments shown in the proposal without written consent of the County.

## STANDARD PROFESSIONAL SERVICES AGREEMENT INSURANCE REQUIREMENTS



**Consultant, please promptly give this to your broker**  
**These requirements constitute the Contract Insurance requirements**

Throughout the life of this Contract, the Consultant shall pay for and maintain in full force and effect with an insurance company(s) (Company) admitted by the New Jersey Department of Banking & Insurance to do business in the State of New Jersey and rated not less than "A- VIII" in Best Insurance Key Rating Guide, the following policies of insurance:

**REQUIRED COVERAGES - the following may be provided through a combination of primary and excess policies in order to meet the minimum limits set forth below:**

1. **Workers' Compensation and Employer's Liability:**

Provided in the State of New Jersey and elsewhere as may be required and shall include:

- |    |   |                           |
|----|---|---------------------------|
| a) | Workers' Compensation Coverage:           | Statutory Requirements    |
| b) | Employers Liability Limits not less than: |                           |
|    | Bodily Injury by Accident:                | \$1,000,000 Each Accident |
|    | Bodily Injury by Disease:                 | \$1,000,000 Each Employee |
|    | Bodily Injury by Disease:                 | \$1,000,000 Policy Limit  |

2. **Commercial General Liability:**

Occurrence Form with the following limits:

- |     |                                  |             |
|-----|----------------------------------|-------------|
| (1) | Each Occurrence:                 | \$1,000,000 |
| (2) | General Aggregate:               | \$2,000,000 |
|     | Products/Completed Operations    |             |
| a)  | Each Occurrence:                 | \$1,000,000 |
| b)  | General Aggregate:               | \$2,000,000 |
| (3) | Personal and Advertising Injury: | \$1,000,000 |

3. **Professional Liability:**

Claims Made Form with the following limits:

- |    |                       |             |
|----|-----------------------|-------------|
| a. | Per Occurrence/Claim: | \$1,000,000 |
| b. | General Aggregate:    | \$2,000,000 |
- Three (3) year tail coverage for Claims Made policies is required

4. **Automobile Liability:**

When autos are used in conjunction with contracts/agreements with Essex County entities coverage must include All Owned, Hired and Non-Owned vehicles.

- |    |                                    |             |
|----|------------------------------------|-------------|
| a) | Per Accident Combined Single Limit | \$1,000,000 |
|----|------------------------------------|-------------|

5. **Privacy Liability:**

Provider of Professional Services shall maintain coverage for third party liability arising out of breach of privacy, inclusive of confidential and proprietary business information, HIPAA violations and other breaches of personally identifiable information and/or protected health information that may arise from their work with this contract. Minimum Limits of Liability:

- a. Per Claim: \$1,000,000
- b. Aggregate: \$1,000,000

6. **Indemnification:**

Provider of Goods and Services shall indemnify and hold harmless, the County, and the County's respective members, elected officials, employees, agents and representatives from and against claims, damages, losses, demands, suits, actions, recoveries, judgments, and costs and expenses, arising out of or resulting from performance of work, provided that such claim, damage, loss, or expense is attributable to bodily injury, sickness, disease, or death, or injury to or destruction of tangible property but only to the extent caused by the negligent acts or omissions of the Provider of Goods and Services, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, regardless of whether or not such claim, damage, loss, expense, is caused in part by any Indemnified Parties

7. **Deductibles/Self-Insured Retentions:**

Deductibles and Self-Insured Retentions must be declared. Provider of Goods and Services shall not have a Deductible or Self Insured Retention (SIR) on any policy greater than \$25,000. Higher values must be approved by the County Risk Manager.

8. **Additional Insurance Requirements:**

- a. Each insurance policy required by this clause shall be endorsed to state that coverage shall not be cancelled by either party, except that after thirty (30) days' prior to written notice by certified mail, return receipt requested, has been given to the County. The Insurer shall provide the County with notification of any cancellation, non-renewal, major change, modification or reduction in coverage.
- b. Regardless of these contract minimum insurance requirements, the Provider of Goods and Service's and its insurer shall agree to commit the Provider of Goods and Service's full policy limits and these minimum requirements shall not restrict the Provider of Goods and Service's liability or coverage limit obligations.
- c. The Provider of Goods and Services shall furnish the County of Essex with the Insurance Certificates and applicable Endorsements for all required insurance, prior to the County's execution of the Agreement and start of work. Proper Address for Certificates, Endorsements and Notices shall be:

**County of Essex  
Risk Management Department  
Hall of Records/Room 510  
465 Dr. Martin Luther King Blvd.  
Newark, NJ 07102**

- d. Provider of Goods and Services shall waive all rights of recovery against the County and all the additional insured's for loss or damage covered by any of the insurance maintained by the Provider of Goods and Services, where applicable by law.

**PRINCIPAL:**

Sworn to and subscribed  
before me on this \_\_\_\_ day

of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
(Respondent's Company Name)

\_\_\_\_\_  
(Authorized Signature on Behalf of the Principal)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
NOTARY PUBLIC

**INSURER:**

\_\_\_\_\_  
(Insurer's Company Name)

\_\_\_\_\_  
(Authorized Signature on behalf of the Insurer)

**APPLICANT/PROPOSER'S AFFIDAVIT**

The following affidavit must be subscribed and sworn to before a Notary Public or Commissioner of Deeds. (If the applicant is an individual he must be the subscriber; if applicant is a partnership, one of the partners must be the subscriber; if applicant is a corporation, the affidavit must be subscribed by an officer of the corporation who must state what office he holds).

STATE OF NEW JERSEY

ss:

COUNTY OF \_\_\_\_\_

**AFFIDAVIT**

The undersigned hereby certifies to the truth and accuracy of all statements, answers and data contained in this proposal and application, and hereby authorizes the County of Essex to make any necessary examination or inquiry in order to make a determination as to his qualifications and responsibility. The undersigned has examined all parts of the Request for Proposal and understands that it is completely discretionary with the County officials whether to accept, reject, or negotiate its proposal submitted pursuant thereto.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
Title

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public or Commissioner of Deeds

**DISCLOSURE STATEMENT**

The attention of prospective vendors is drawn to the provisions of the Local Government Ethics Law (N.J.S.A. 40A:9-22-1, et seq.) which prohibits a County Officer or employee or member of his/her immediate family from having an interest in a business organization or engaging in any business transaction, or professional activity which is in substantial conflict with the proper discharge of his/her duties in the public interest.

In furtherance thereof, every vendor must disclose below, being an Essex County officer or employee or whether an immediate family member is an Essex County officer or employee. If the vendor is a business organization, then disclosure shall be made with respect to anyone having an interest in the business and their immediate family members.

Please answer the following:

Is the vendor or a member of the vendor’s immediate family, or anyone having an interest in the vendor’s business organization including their immediate family members, an officer or employee of Essex County?

NO \_\_\_\_\_

YES \_\_\_\_\_

S\ \_\_\_\_\_

\* President, Vice President or Signature of  
Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

If yes, provide the name of the individual and identify the position held, below, and notify in writing the Office of County Counsel, Hall of Records, 465 Dr. Martin Luther King, Jr. Blvd., Room 535, Newark, NJ 07102. (Attach a copy of the correspondence to this form).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: All terms used herein are to be construed in accordance with their meaning under the Local Government Ethics Law, cited above.

**EXHIBIT A**

(revised 4/10)

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**

**N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)**

**N.J.A.C. 17:27**

**GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at [www.state.nj.us/treasury/contract~compliance](http://www.state.nj.us/treasury/contract~compliance))

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

**AFFIRMATIVE ACTION COMPLIANCE NOTICE**

N.J.S.A. 10:5-31 et seq. and N.J.A.C.17:27

**GOODS AND SERVICES CONTRACTS**

**(INCLUDING PROFESSIONAL SERVICES)**

This form is a summary of the successful respondent’s requirement to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C.17:27.

The successful respondent shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

- (a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

OR

- (b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;

OR

- (c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

Sample of Certificate



The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours.

The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C.17:27 and agrees to furnish the required forms of evidence.

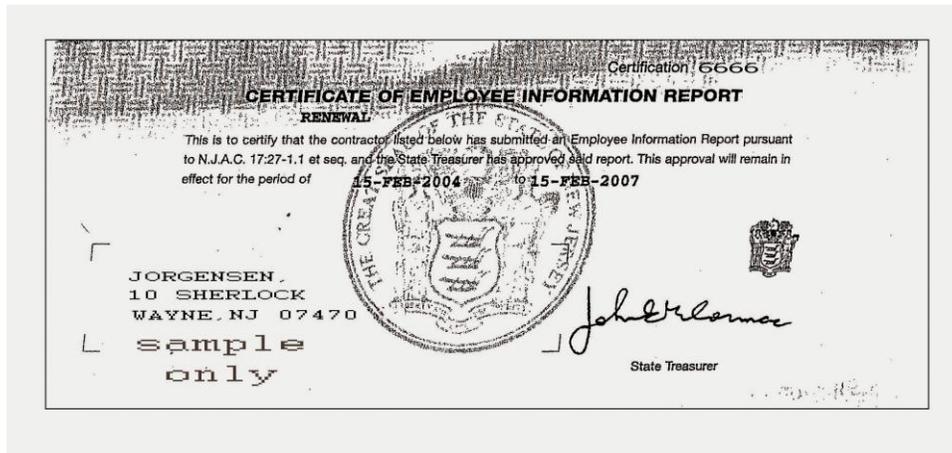
The undersigned vendor further understands that his/her response shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C.17:27.

COMPANY: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_

**PLACE HERE  
A COPY OF THE  
CERTIFICATE OF  
EMPLOYEE INFORMATION  
REPORT**



**AMERICANS WITH DISABILITIES ACT**

**EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES**

*The contractor and the County of Essex, (hereafter "Owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S121.01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the Owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the Owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the Owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the Owner's grievance procedure, the contractor agrees to abide by any decision of the Owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Owner, or if the Owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.*

*The Owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the Owner or any of its agents, servants, and employees, the Owner shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the Owner or its representatives.*

*It is expressly agreed and understood that any approval by the Owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the Owner pursuant to this paragraph.*

*It is further agreed and understood that the Owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the Owner from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.*

S/ \_\_\_\_\_

\_\_\_\_\_  
President, Vice President or Signature of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## PROOF OF BUSINESS REGISTRATION (Revised)

Pursuant to PL 2004, Chapter 57, each respondent (contractor) is required to be registered at or before time of response award. Proof of registration shall be a copy of the respondent's Business Registration Certificate (**BRC**), which must be submitted by or before award of contract. A BRC is obtained from the New Jersey Division of Revenue.

A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of \$25 for each day of violation, not to exceed \$50,000 for each business registration not properly provided or maintained under a contract with a contracting agency. The NJ State website address for getting registered is as follows: <http://www.state.nj.us/treasury/revenue/gettingregistered.htm> or contact the state by phone at (609) 292-1730.

N.J.S.A. 52:32-44 imposes the following requirements on contractors and all subcontractors that **knowingly** provide goods or perform services for a contractor fulfilling this contract:

- 1) The contractor shall provide written notice to its subcontractors and suppliers to submit proof of business registration to the contractor;
- 2) Prior to receipt of final payment from a contracting agency, a contractor must submit to the contacting agency an accurate list of all subcontractors or attest that none was used;
- 3) During the term of this contract, the contractor and its affiliates shall collect and remit, and shall notify all subcontractors and their affiliates that they must collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into this State.

A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of \$25 for each day of violation, not to exceed \$50,000 for each business registration not properly provided or maintained under a contract with a contracting agency. Information on the law and its requirements is available by calling (609) 292-9292.

***PLEASE NOTE: NON-PROFIT ORGANIZATIONS ARE EXEMPT-HOWEVER, NON-PROFIT ORGANIZATIONS MUST PROVIDE A COPY OF THEIR 501C STATUS OR EQUIVALENT***

STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE  
FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS

DEPARTMENT OF TREASURY  
DIVISION OF REVENUE  
PO BOX 252  
TRENTON, N.J. 08646-0252

TAXPAYER NAME:  
TAX REGISTRATION TEST ACCOUNT

TRADE NAME:  
CLIENT REGISTRATION

TAXPAYER IDENTIFICATION#:  
970-097-362/500

SEQUENCE NUMBER:  
0107030

ADDRESS:  
847 ROEBLING AVE  
TRENTON NJ 08611

ISSUANCE DATE:  
07/14/04

EFFECTIVE DATE:  
01/01/01

FORM BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

*John S. Tully*  
Acting Director

STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: TAX REG TEST ACCOUNT

Trade Name: CLIENT REGISTRATION

Address: 847 ROEBLING AVE  
TRENTON, NJ 08611

Certificate Number: 1095907

Date of Issuance: October 14, 2004

For Office Use Only:  
20041014112823533

AS A PROFESSIONAL  
COURTESY,  
PLEASE PLACE HERE  
A PHOTOCOPY OF  
YOUR NJ BRC

**VENDOR'S INFORMATION SHEET**

Please fill in the following information and submit with your Response:

COMPANY/RESPONDENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

FEDERAL I.D. NUMBER: \_\_\_\_\_

NAME OF PERSON PREPARING RESPONSE: \_\_\_\_\_

**REMITTANCE ADDRESS**

REMITTANCE NAME: \_\_\_\_\_

REMITTANCE ADDRESS: \_\_\_\_\_

REMITTANCE PHONE: PERSON TO CONTACT: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

**PROJECT MANAGER / POINT OF CONTACT**

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

PAGER NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

PERSON TO CONTACT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMPLOYER I.D. # or S.S. #: \_\_\_\_\_

**DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

**Bid Number:** \_\_\_\_\_ **Bidder Name:** \_\_\_\_\_

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity’s parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

**I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to bid/renew: (Please check all statements that are true)**

is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran, **AND**

is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

**In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Division of Purchase under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.**

**PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

You must provide, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

NAME: \_\_\_\_\_

Relationship to Bidder \_\_\_\_\_

Description of Activities \_\_\_\_\_

Duration of Engagement \_\_\_\_\_

Anticipated Cessation Date: \_\_\_\_\_

Bidder Contact Name \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that Essex County is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the County to notify the County in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with Essex County, New Jersey and that the County at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print) \_\_\_\_\_ Signature: \_\_\_\_\_

Title \_\_\_\_\_ Date: \_\_\_\_\_

## AUTHORIZATION AND RELEASE

The undersigned hereby:

Authorizes any person, association, firm, company, law enforcement agency or personnel office to furnish any information including but not limited to business reputation, credit history, references, performance, criminal conviction record, civil record, and any other record, as well as any records or reports relating to me or the Company.

Releases Essex County, New Jersey, and its affiliates, their respective officers, employees and agents from any liability for any damage whatsoever as a result of any investigation, inquiry, consumer report or investigative consumer report made or received by the County, its representatives and designees.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (Include maiden name if applicable)

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone (Daytime)

\_\_\_\_\_  
Phone (Evening)

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Date

**COUNTY OF ESSEX**

**ACKNOWLEDGMENT OF RECEIPT OF ADDENDA**

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

<u>Addendum Number</u>	<u>Dated</u>	<u>Acknowledge Receipt</u> (initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**No addenda were received or included with the bid package:**

Acknowledged for: \_\_\_\_\_  
(Name of Bidder/company)

By: \_\_\_\_\_  
(Signature of Authorized Representative)

Name: \_\_\_\_\_  
(Print or Type)

Title: \_\_\_\_\_

Date: \_\_\_\_\_

NOTE: Includes any Addenda whether distributed or attached to the bid/RFP package

**REQUEST FOR PROPOSAL  
SHERIFF'S OFFICE COMPUTER AIDED DISPATCH (CAD) AND RECORDS MANAGEMENT  
SYSTEM (RMS) SOFTWARE AND THE INTEGRATED LAW ENFORCEMENT INITIATIVE  
(ILEI) SOFTWARE WARRANTY & MAINTENANCE SUPPORT**

**SECTION I**

**SCOPE OF WORK**

**Computer Aided Dispatch (CAD) and Records Management System (RMS) Software and the Integrated Law Enforcement Initiative (ILEI) Software Warranty & Maintenance Support**

The vendor must provide complete Warranty and Maintenance Coverage for the Sheriff's Office existing Computer Aided Dispatch (CAD) and Records Management System (RMS) Software solution and the Integrated Law Enforcement Initiative (ILEI) Software solution, including all application software, customized software development, associated interfaces, third party integrated application software, approved change orders and documentation for two (2) years.

The Computer Aided Dispatch (CAD) and Records Management System Software includes the following software:

- *Enforsys PoliSys<sup>EE</sup>* CAD Computer Aided Dispatch; and
- *Enforsys PoliSys<sup>EE</sup>* RMS Records Management System.

Note: The *SoftCode* Civil processing application will be maintained under a separate maintenance agreement.

The Integrated Law Enforcement Initiative (ILEI) Software Solution encompasses all components awarded to New Jersey Business Systems under State Contract #A81214 by the Board of Chosen Freeholders Resolution # R-08-0063 and all associated approved Change Order Requests.

The vendor shall maintain the Computer Aided Dispatch (CAD) and Records Management Systems Software and the Integrated Law Enforcement Initiative (ILEI) Software and shall provide warranty and maintenance services including periodic updates, releases, debugging, and MDT application installation services. Vendor will offer training classes for specialized modules on-site and at their offices as part of this Maintenance Agreement.

The vendor must include, as part of the proposed pricing, telephone support and on-site maintenance services when required; provide, install and test software "updates", provide MDC application installation services; and update the affected documentation. Software updates include corrections, patches, Priority Level fixes, new features or other modifications, including custom modifications to the software supplied with the system. The vendor must also offer training classes for specialized modules on-site and at their offices as part of this Maintenance Agreement.

The vendor shall have a single 7x24 365 days a year 1-800 telephone number for hotline and on-site support for all system and application software and customized software development provided as part of the proposed solution.

The vendor must provide the following technical support response time Service Level Agreement (SLA) for system trouble tickets:

<b>Support Type – Priority Level</b>	<b>Response Time SLA</b>
Telephone Support	30 minutes
On Site – Priority 1 (System Failure)	4 hours
On-Site – Priority 2 (Component Failure – No Workaround)	4 hours
On-Site – Priority 3 (Component Failure - Workaround)	Next business day

Note: Priority Level 4 (Cosmetic) items will be completed based on a mutually agreed to schedule between the Sheriff's Office and the vendor.

Note: Priority Level 5 (New Feature Request) items, if agreed to, will be completed on a mutually agreed to schedule between the Sheriff's Office and the vendor.

The vendor must describe their procedures for documenting and fixing software issues (Priority Levels 1-5) identified during the Maintenance Period.

The County will provide the vendor remote access to the Department's application and database server through a high-speed Internet connection with a static IP address for the ability to perform remote fixes.

## **SECTION II QUALIFICATIONS**

### **QUALIFICATIONS**

The vendor will be required to demonstrate that he/she has the qualifications and experience to perform such work. Vendor's employees shall be capable to demonstrate that he/she has been in the business of supporting the Computer Aided Dispatch (CAD) and Records Management System (RMS) Software and the Integrated Law Enforcement Initiative (ILEI) Software solutions installed at the Essex County Sheriff's Office and maintains office and support facilities in the State of New Jersey. Proper documentation of References of previous contracts, including contract name, cost and description, MUST be attached to bid proposal.

### **METHOD OF EVALUATION**

The following factors will be considered by the County in evaluating the proposals submitted. The factors to be evaluated will not necessarily be evaluated in the order presented:

- Vendor's Technical Response;
- Vendor's status as a WBE, MBE, or SBE;
- The vendor's general experience;
- The vendor's qualifications and experience of key personnel to be used on the account;
- Price; and
- Location of the vendor's technical and support personnel.

**SECTION III  
PROPOSAL PRICING FORM**

CONTRACT PERIOD: The undersigned recognizes that this contract period is for twenty-four (24) months from date of award by the Essex County Board of Chosen Freeholders.

The County reserves the right to offer a two (2) year extension to the awarded bidder, at the end of the awarded contract, if mutually agreeable at such time.

<u>Itemized List for Extended Warranty and Maintenance Support</u>	<u>Total Cost</u>
Warranty and Maintenance Support Year 1 – PoliSys <sup>EE</sup> CAD	\$ _____
Warranty and Maintenance Support Year 1 – PoliSys <sup>EE</sup> RMS	\$ _____
Warranty and Maintenance Support Year 1 - ILEI	\$ _____
<b><i>Total Warranty and Maintenance Support Year 1 Cost:</i></b>	<b>\$ _____</b>

<u>Itemized List for Extended Warranty and Maintenance Support</u>	<u>Total Cost</u>
Warranty and Maintenance Support Year 2 – PoliSys <sup>EE</sup> CAD	\$ _____
Warranty and Maintenance Support Year 2 – PoliSys <sup>EE</sup> RMS	\$ _____
Warranty and Maintenance Support Year 2 - ILEI	\$ _____
<b><i>Total Warranty and Maintenance Support Year 2 Cost:</i></b>	<b>\$ _____</b>

**Grand Total 2 Year Warranty and Maintenance Support Cost:** \$ \_\_\_\_\_

VENDOR'S COMPANY NAME \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ TITLE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_