

CONTRACT APPROVAL FORM

(Contract Management Use only)
**CONTRACT TRACKING NO.
CM2633**

CONTRACTOR INFORMATION

Name: Rapiscan Systems
Address: 2805 Columbia Street Torrance CA. 90503
City State Zip
Contractor's Administrator Name: Janel Doumerc Title: Contracts Administrator
Tel#: (888) 258-6684 Fax: _____ Email: jdoumerc@rapiscansystems.com

CONTRACT INFORMATION

Contract Name: Annual Service Agreement Contract Value: \$5060.00
Brief Description: Service Agreement for the X-ray machine at the Justice Center
Contract Dates : From: 10/1/18 to: 9/30/19 Status: New Renew Amend# WA/Task Order
How Procured: Sole Source Single Source ITB RFP RFQ Coop. Other _____

If Processing an Amendment:

Contract #: _____ Increase Amount of Existing Contract: _____
New Contract Dates: _____ to _____ TOTAL OR AMENDMENT AMOUNT: _____

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

1. [Signature] 11-5-18
Department Head Signature Date
2. [Signature] 11/7/18
Contract Management Date
3. [Signature] 11/8/18
Office of Management & Budget Date
4. [Signature] 11/9/18
County Attorney (approved as to form only) Date

Facilities Maintenance

Submitting Department
01074712-546020 ms
Funding Source/Acct # 11/11/18

RCVD COUNTY MGR
7 NOV '18 PM4:18

Comments: _____

COUNTY MANAGER – FINAL SIGNATURE APPROVAL

[Signature] 11/5/18
Michael Mullin Date

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- Original: Clerk's Services; Contractor (original or certified copy)
- Copy: Department
- Office of Management & Budget
- Contract Management
- Clerk Finance



Service Contract Quote

Service Plan Type 8X5
Contract No. CS004549
Accept Before 10/24/18
Starting Date 10/01/18
Expiration Date 09/30/19
Invoice Period Year
Next Invoice Date 10/01/18
Annual Amount 5,060.00

Rapiscan Systems Inc
2805 Columbia Street
Torrance, California 90503

Phone No. +1 310-978-1457
Fax No. +1 310-349-2492

Buyer
Nassau County
Facilities Maintenance Dept.
Bill Howard
76347 Vertrans Way
YULEE, FL 32097
United States of America

Invoice-to
Nassau County
Facilities Maintenance Dept.
76347 Vertrans Way
YULEE, FL 32097
United States of America

Buyer Address
NASSAU COUNTY MAINTENANCE DEPT.
Bill Howard
45195 MUSSELWHITE ROAD
CALLAHAN, FL 32011
United States of America

Phone No. 904-548-4969
E-Mail bhoward@nassaucountyfl.com

Table with 8 columns: Service Item No., Description, Item No., Serial No., Unit of Measure, Response Time (Hour), Service Period, Line Value. Row 1: FSI00159, RAPISCAN 515, X-RAY SYST, 515115, 60605N12, FT, 48, 1Y, 5,060.00

Sub-Total 5,060.00
Discount

Total USD : 5,060.00

Prepared by: Janel Doumerc

This Service Contract Quote is subject to Rapiscan Service Terms and Conditions G502 (the "Service Terms"), available at www.rapiscansystems.com/termsandconditions. By accepting this Service Contract Quote and/or our performance hereunder, Buyer agrees to be bound by the Service Terms.

Buyer Signature: [Handwritten Signature]
Name: Doug Padak
Title: FACILITIES DIRECTOR
Date: 11-5-18



January 25, 2018

Valued Customer

To Whom It May Concern:

Rapiscan Systems maintains proprietary ownership over all intellectual concepts pertaining to its manufactured products. As such Rapiscan products may only receive service from Rapiscan trained, and authorized individuals. Any service to Rapiscan products by an un-authorized individual will result in voiding of any and all warranty privileges associated with purchase and may result in non-serviceable equipment.

Rapiscan Service Engineers are strategically positioned all over the world to ensure that prompt, quality service solutions are accessible to all Rapiscan Customers.

Please feel free to call me at our toll free number (888) 258-6684 to answer any additional questions and or to schedule your service needs.

Best regards,

A handwritten signature in cursive script that reads "Lillian Gale".

Lillian Gale
Sr Dir, Global Service Admin Service Management

Sole Source/Single Source Certification Form

Vendor Name: Rapiscan Systems Inc. Department: Facilities Maintenance
Address: 2805 Columbia St, Torrance, Ca. 90503 Department Head Signature: _____
Phone: 310-349-2467 Date: 9-24-18
Contact Name: Lillian Gales Account: _____

Description of Commodity:
service agreement for Rapiscan Xray machine.

Check one (1) of the following two (2) choices:

- Sole Source: The required goods or services can only be procured from one vendor.
- Single Source: The required goods or services can be purchased from multiple vendors, but in order to meet certain functional or performance requirements only one economically feasible source exists.


Please check all of the following that apply:

- Purchase can only be obtained from original manufacturer-not available through distributors.
- Only authorized area distributor of the original manufacturer.
- Parts/Equipment are not interchangeable with similar parts of another manufacturer.
- This is the only known source that will meet the specialized needs of this department or perform the intended function.
- This source must be used to meet warranty or service maintenance requirements.
- This source is required for standardization.
- None of the above apply.

Comments/Explanations: (required)

The Rapiscan X-ray machine can only be serviced by Rapiscan as the software and diagnostic tools for the machine are proprietary and are not available to other X-ray service contractors.

Approval:


County Manager


Date:

18/19

In House Purchase Order

**All information needs to be complete before requisition can be processed.

VENDOR INFORMATION		PO/CM# Funding Acct: DATE: 9/24/2018 REQUISITION BY: <i>Bill Howard</i> By signing, I certify this purchase is compliant with the County Purchasing Policy and I have reviewed the quote for accuracy. Request for which Department <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Facilities Maintenance</td> <td style="width: 50%; text-align: center;">x</td> <td style="width: 50%;">DET</td> <td style="width: 50%;"></td> </tr> <tr> <td>Parks & Recreation</td> <td></td> <td></td> <td></td> </tr> </table>		Facilities Maintenance	x	DET		Parks & Recreation			
Facilities Maintenance	x			DET							
Parks & Recreation											
If not provided on the Quote.											
Name (Required)	Rapiscan Systems										
Address	<i>On File</i>										
City, St. Zip											
Phone#											
Fax #											
Documents Attached	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No								
Yes	No										

ITEM NO.	ITEM DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1	service contract for xray machine at Justice Center	1	\$5,060.00	\$5,060.00
		0	\$ -	\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
			Total	\$5,060.00

Total of Purchase Requested

Purchases >\$200 but < \$1000 requires pre-purchase approval

Pre-Purchase Approved by one of the following

Douglas Podiak: *[Signature]* Date: 11-5-18

William Stonebreaker: _____ Date: _____

Suzie Fontes: _____ Date: _____

Project Description

Facility: Justice Center
(Building, truck, or equipment #)

Scope of Work:

Yearly service contract for Xray Machine at Justice Center

Attached Quote #

Purchase >\$1000 but <\$5000 = 3 verbal quotes
Purchase >\$5000 but <\$50000 = 3 written quotes

Quotes Received

Vendor	Amount