



CITY OF HOLLYWOOD, FLORIDA

PROCUREMENT SERVICES DIVISION

Quote Approval Form (Use for purchase(s) from \$15,000 - \$24,999)

Date 7/27/2016

Department/Office Development Services

Division/Area 1410

Contact Person Luis Lopez

Title City Engineer

Phone 3900

Email llopez@hollywoodfl.org

1. Requested Vendor Wood Business Solutions/KIP America, Inc. Vendor Number 31806

Address 5350 NW 35th Terrace, Suite 101, Fort Lauderdale, FL 33309

Contact Person Michael Cozzens

Title President

Phone 954-493-7422

Email mcozzens@wbsfla.com

2. Product/Service being requested (be specific.) Lease of one (1) KIP 7170 Digital Wide Format - Plotter

3. Detailed description of the product's/service's function and purpose. The KIP 7170 is a digital wide format system with high definition print technology (600X2400 dpi print, copy and scan) and has 2 integrated media rolls. This machine can print, scan (black or color) and copy plans. This machine has the capability of scanning to SMB, email or USB drive, also a PDF print package is included.

Please list alternative products/services capable of performing the required function. _____

4. Copies of all written quotes are attached (minimum of 3 quotes are required) and valid for at least 30 days from the date in the header of this form.

Yes No

5. Is the request to purchase from the lowest quote? Yes No

If not, please provide detailed justification as to why the lowest quote is not being requested.

Procurement Service Division use only

Requisition # R _____
BPO 6002909
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)

6. Requesting approval of:

Purchase Order

Blanket Purchase Order (quote pricing must be fixed for one year)

7. Total cost of the requested product/service? \$424.76 per month

8. Total estimated annual (fiscal year) cost of requested product/service? \$5,097.12 per year

Account Number(s) 01.1410.00134.541.004404 _____

9. Is this product/service covered by a warranty? Yes No

If yes, please attach a copy of the warranty details.

10. Would this purchase(s) result in the potential of future purchases for related products/services being restricted to a particular vendor or create a specific vendor as sole source provider for related items?

Yes No

If yes, please describe the related products/services and estimated cost (s.) _____

11. Would this purchase(s) result in any future maintenance costs which are not included in the initial purchase?

Yes No

If yes, please attach a draft maintenance plan which includes cost estimates and funding source(s.) _____

12. Is this a grant related purchase Yes No

If yes, please provide details (timeline, expiration dates, milestones, special procurement requirements, etc.) _____

Will this require matching funds? Yes No

What is the grant (dollar) amount? _____

What is the grant source? _____

13. Please complete an advanced search of the vendor recommended for award on the Federal Government's Systems for Award Management at www.sam.gov.

Date of Advanced Search _____

Company Name(s) Searched _____

Search Results _____

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Requisition # R _____
BPO 2002909
(As Applicable)

Purchase Order # P _____
(As Applicable)

Blanket Purchase Order # _____
(As Applicable)

REQUESTING DEPARTMENT RECOMMENDATION

Note: By signing and returning this form, you are verifying and acknowledging that you have reviewed all portions (scope, terms, conditions, pricing, etc.) of the requested contract and recommend its approval based on the contract complying with the City of Hollywood's scope and pricing requirements and to the best of you knowledge the contract does not violate any applicable policy, statute, governing rule or regulation.

[Signature]
 Contact Person's Signature

7/29/2016
 Date

[Signature]
 Supervisor's Signature
Thomas Burnett
 Director's Signature

 Date

 Date

APPROVAL (Procurement Service Division Use Only)			
Verified By:	<u>Rona DIERKE</u>	Date	<u>8/9/16</u>
Approved By:	<u>Paul Zam</u>	Date	<u>8/11/2016</u>

Procurement Service Division use only

Requisition # R _____
 BPO 002909
 (As Applicable)

Purchase Order # P _____
 (As Applicable)

Blanket Purchase Order # _____
 (As Applicable)

COMPARISON CHART

Vendor Name	Monthly Investment (\$)	Estimated Black & White Impression (sq. ft./month)	Impression Charge after the first 4000 sq. ft./month (\$/sq. ft.)	Lease time (month)	Service & Maintenance
Wood Business Solution/KIP America, Inc.	424.76	4000	0.033	60	All parts, labor and supplies included, except paper and toner
Saxon Business System	485.96	4000	0.032	60	All parts, labor and supplies included, except paper
Office Printing Systems (Option I)	713.13	4000	0.069	60	All parts, labor and supplies included, except paper and toner
Office Printing Systems (Option II)	512.13	2000	0.037	60	All parts, labor and supplies included, except paper and toner