



REQUEST FOR QUOTATION - This Is Not an Order

April 19, 2022

RFQ-2022-6835

Estimated Start of Work (<i>To be entered by City</i>)	Quote Not Later Than (<i>To be entered by City</i>)	F. O. B.
ASAP	3:00pm May 10, 2022	DESTINATION.

Insurance: Required coverage: A) The Contractor shall provide Worker's Compensation Insurance and Employer's Liability Insurance as required under the New York State Worker's Compensation Law. B) The Contractor shall maintain Commercial General Liability Insurance, listing YONKERS as an additional insured, in the minimum amount of \$1,000,000 in the aggregate, \$500,000 each incident, with a company or companies licensed in New York State with an A or better Best Rating. The Certificate of Insurance for the above coverage **must** bear a notation evidencing a **minimum of 30-day cancellation notice** to YONKERS, and **list the City of Yonkers as an additional insured with no right of subrogation.**

RETURN QUOTATION VIA EMAIL or FAX TO: alex.schenck@YonkersNY.gov or (914) 377-6032

48-MONTH EQUIPMENT LEASE: OCE PLOTWAVE 3500 PRINTER (or equal)

Delivery/Service Location:
City Hall Department of Engineering
40 S Broadway, 3rd Floor
Yonkers, NY 10701

*Note: No loading dock, Contractor to deliver using truck with lift-gate.
No stairs to enter building, there is an elevator to reach the 3rd Floor.*

SCOPE OF WORK: 48-month Lease service. Deliver, install, setup, and provide training for Oce Plotwave 3500 Printer inclusive of the following features, accessories, supplies, etc. Include support, maintenance and repair services for the full lease term.

1. PLOTWAVE 3X00 PRINT ENGINE #4265C001; PW3500 PRODUCT LEASE #4266C002; PW3500 ACCESSORY KIT #3738V625; SCANNER EXPRESS IV 8782B015; SCANNER EXPRESS IV ACTIVATION LICENSE 1 #4266C005; PLOTWAVE SERIES 2ND ROLL #4265C006; PW3000/3600 ADOBE PS PDF #4266C003; 2 HELP DESK INCIDENTS (ONLY W/ HMA OR SMA) #7344B038; LV MONOCHROM IPAK #7653B051; EASYPAC TONER PROGRAM #7344B064;
2. Monthly print allowance of 2,000 square feet per month. Printing in excess of 2,000 SF during any given month will result in the extra per square foot cost indicated by the Contractor below.
3. Pricing shall include any and all costs, including but not limited to processing, financing, inside delivery, setup, removal of equipment at end of lease term, S21 maintenance and repair service program during lease M-F 8am-6pm.
4. One (1) unit of toners shall be automatically shipped on a semi-annual basis, eight units total during lease term.
5. Submit fully inclusive, Lump Sum pricing for the 48-month lease term. This amount shall be prorated for payment purposes, payable on a monthly or quarterly basis.

QUOTATION: (*To be entered by Contractor*) *The undersigned Vendor, with a complete understanding of the aforementioned requirements, specifications, and the existing conditions at the Work Site (if required), and having inspected the Work Site (if required) and having become familiar with all conditions likely to be encountered affecting the cost and scheduling of the work, and having a complete understanding of the work specifications and insurance requirements hereby offers the amount set forth below as full compensation for all costs and expenses of completing the work in accordance with the terms, conditions and specifications presented herein, including, but not limited to all labor, materials, tools, equipment, overhead, fees and profit.*

1. Total Price in figures: \$ _____

2. Total Price in words: _____

3. Per Square Foot Price for print overages: Extra charge of \$ _____ per SF for printing in excess of 2,000 SF per month.

Number of days until delivery and installation, upon receipt of purchase order: _____

CONTRACTOR Date: _____ Telephone No: _____ Fax No: _____

Name of Company _____ Federal ID # _____

Address _____

Name of person quoting (please print) _____ Title _____

Signature _____ E-Mail _____