

## COUNTY OF MONTEREY STANDARD AGREEMENT

This **Agreement** is made by and between the County of Monterey, a political subdivision of the State of California (hereinafter “County”) and:

Smile Business Products, Inc.

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(hereinafter “CONTRACTOR”).

In consideration of the mutual covenants and conditions set forth in this Agreement, the parties agree as follows:

### 1.0 GENERAL DESCRIPTION:

The County hereby engages CONTRACTOR to perform, and CONTRACTOR hereby agrees to perform, the services described in **Exhibit A** in conformity with the terms of this Agreement. The goods and/or services are generally described as follows:

**Provide:** Printer/Copier/Multi-function machine with needed accessories, lease, equipment maintenance, repair, customer education & analyst services to all Department of Social Services facilities as needed and requested.

### 2.0 PAYMENT PROVISIONS:

2.1 County shall pay the CONTRACTOR in accordance with the payment provisions set forth in **Exhibit A**, subject to the limitations set forth in this Agreement. The total amount payable by County to CONTRACTOR under this Agreement shall not exceed the sum of: \$ **368,000.00**

### 3.0 TERM OF AGREEMENT:

3.01 The term of this Agreement is from July 1, 2024 to June 30, 2028, unless sooner terminated pursuant to the terms of this Agreement. This Agreement is of no force or effect until signed by both CONTRACTOR and County and with County signing last, and **CONTRACTOR may not commence work before County signs this Agreement.**

3.02 The County reserves the right to cancel this Agreement, or any extension of this Agreement, without cause, with a thirty day (30) written notice, or with cause immediately.

### 4.0 SCOPE OF SERVICES AND ADDITIONAL PROVISIONS:

The following attached exhibits are incorporated herein by reference and constitute a part of this Agreement:

**Exhibit A Scope of Services/Payment Provisions**

**Exhibit B Other:** See page 11(a) for a list of Exhibits

## 5.0 PERFORMANCE STANDARDS:

- 5.01 CONTRACTOR warrants that CONTRACTOR and CONTRACTOR's agents, employees, and subcontractors performing services under this Agreement are specially trained, experienced, competent, and appropriately licensed to perform the work and deliver the services required under this Agreement and are not employees of the County, or immediate family of an employee of the County.
- 5.02 CONTRACTOR, its agents, employees, and subcontractors shall perform all work in a safe and skillful manner and in compliance with all applicable laws and regulations. All work performed under this Agreement that is required by law to be performed or supervised by licensed personnel shall be performed in accordance with such licensing requirements.
- 5.03 CONTRACTOR shall furnish, at its own expense, all materials, equipment, and personnel necessary to carry out the terms of this Agreement, except as otherwise specified in this Agreement. CONTRACTOR shall not use County premises, property (including equipment, instruments, or supplies) or personnel for any purpose other than in the performance of its obligations under this Agreement.

## 6.0 PAYMENT CONDITIONS:

- 6.01 Prices shall remain firm for the initial term of the Agreement and, thereafter, may be adjusted annually as provided in this paragraph. The County does not guarantee any minimum or maximum amount of dollars to be spent under this Agreement.
- 6.02 Negotiations for rate changes shall be commenced, by CONTRACTOR, a minimum of ninety days (90) prior to the expiration of the Agreement. Rate changes are not binding unless mutually agreed upon in writing by the County and the CONTRACTOR.
- 6.03 Invoice amounts shall be billed directly to the ordering department.
- 6.04 CONTRACTOR shall submit such invoice periodically or at the completion of services, but in any event, not later than 30 days after completion of services. The invoice shall set forth the amounts claimed by CONTRACTOR for the previous period, together with an itemized basis for the amounts claimed, and such other information pertinent to the invoice. The County shall certify the invoice, either in the requested amount or in such other amount as the County approves in conformity with this Agreement and shall promptly submit such invoice to the County Auditor-Controller for payment. The County Auditor-Controller shall pay the amount certified within 30 days of receiving the certified invoice.
- 6.05 The Parties agree that CONTRACTOR and its subcontractors shall be reimbursed for mileage based upon the Internal Revenue Service (IRS) standard business mileage rate at the time of travel.

## 7.0 TERMINATION:

- 7.01 During the term of this Agreement, the County may terminate the Agreement for any reason by giving written notice of termination to the CONTRACTOR at least thirty (30) days prior to the effective date of termination. Such notice shall set forth the effective date of termination. In the event of such termination, the amount payable under this Agreement shall be reduced in proportion to the services provided prior to the date of termination.

- 7.02 The County may cancel and terminate this Agreement for good cause effective immediately upon written notice to CONTRACTOR. "Good cause" includes the failure of CONTRACTOR to perform the required services at the time and in the manner provided under this Agreement. If County terminates this Agreement for good cause, the County may be relieved of the payment of any consideration to CONTRACTOR, and the County may proceed with the work in any manner, which County deems proper. The cost to the County shall be deducted from any sum due the CONTRACTOR under this Agreement.
- 7.03 The County's payments to CONTRACTOR under this Agreement are funded by local, state and federal governments. If funds from local, state and federal sources are not obtained and continued at a level sufficient to allow for the County's purchase of the indicated quantity of services, then the County may give written notice of this fact to CONTRACTOR, and the obligations of the parties under this Agreement shall terminate immediately, or on such date thereafter, as the County may specify in its notice, unless in the meanwhile the parties enter into a written amendment modifying this Agreement.

## 8.0 INDEMNIFICATION:

CONTRACTOR shall indemnify, defend, and hold harmless the County, its officers, agents, and employees, from and against any and all claims, liabilities, and losses whatsoever (including damages to property and injuries to or death of persons, court costs, and reasonable attorneys' fees) occurring or resulting to any and all persons, firms or corporations furnishing or supplying work, services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims, liabilities, and losses occurring or resulting to any person, firm, or corporation for damage, injury, or death arising out of or connected with the CONTRACTOR's performance of this Agreement, unless such claims, liabilities, or losses arise out of the sole negligence or willful misconduct of the County. "CONTRACTOR's performance" includes CONTRACTOR's action or inaction and the action or inaction of CONTRACTOR's officers, employees, agents and subcontractors.

## 9.0 INSURANCE REQUIREMENTS:

- 9.01 **Evidence of Coverage:** Prior to commencement of this Agreement, the Contractor shall provide a "Certificate of Insurance" certifying that coverage as required herein has been obtained. Individual endorsements executed by the insurance carrier shall accompany the certificate. In addition, the Contractor upon request shall provide a certified copy of the policy or policies.

This verification of coverage shall be sent to the County's Contracts/Purchasing Department, unless otherwise directed. The Contractor shall not receive a "Notice to Proceed" with the work under this Agreement until it has obtained all insurance required and the County has approved such insurance. This approval of insurance shall neither relieve nor decrease the liability of the Contractor.

- 9.02 **Qualifying Insurers:** All coverages, except surety, shall be issued by companies which hold a current policy holder's alphabetic and financial size category rating of not less than A- VII, according to the current A.M. Best's Rating Guide or a company of equal financial stability that is approved by the County's Purchasing Agent.

- 9.03 **Insurance Coverage Requirements:** Without limiting CONTRACTOR's duty to indemnify, CONTRACTOR shall maintain in effect throughout the term of this Agreement a policy or policies of insurance with the following minimum limits of liability:

**Commercial General Liability Insurance:** including but not limited to premises and operations, including coverage for Bodily Injury and Property Damage, Personal Injury, Contractual Liability, Broad form Property Damage, Independent Contractors, Products and Completed Operations, with a combined single limit for Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence, and \$2,000,000 in the aggregate.

*(Note: any proposed modifications to these general liability insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

**Auto Liability Coverage:** must include all motor vehicles, including owned, leased, non-owned, and hired vehicles, used in providing services under this Agreement, with a combined single limit or Bodily Injury and Property Damage of not less than \$1,000,000 per occurrence.

*(Note: any proposed modifications to these auto insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

**Workers' Compensation Insurance:** if CONTRACTOR employs others in the performance of this Agreement, in accordance with California Labor Code section 3700 and with Employer's Liability limits not less than \$1,000,000 each person, \$1,000,000 each accident and \$1,000,000 each disease.

*(Note: any proposed modifications to these workers' compensation insurance requirements shall be attached as an Exhibit hereto, and the section(s) above that are proposed as not applicable shall be lined out in blue ink. All proposed modifications are subject to County approval.)*

**Professional Liability Insurance:** if required for the professional services being provided, (e.g., those persons authorized by a license to engage in a business or profession regulated by the California Business and Professions Code), in the amount of not less than \$1,000,000 per claim and \$2,000,000 in the aggregate, to cover liability for malpractice or errors or omissions made in the course of rendering professional services. If professional liability insurance is written on a "claims-made" basis rather than an occurrence basis, the CONTRACTOR shall, upon the expiration or earlier termination of this Agreement, obtain extended reporting coverage ("tail coverage") with the same liability limits. Any such tail coverage shall continue for at least three years following the expiration or earlier termination of this Agreement.

*(Note: Professional liability insurance coverage is required if the contractor is providing a professional service regulated by the state. Examples of service providers regulated by the state are insurance agents, professional architects and engineers, doctors, certified public accountants, lawyers, etc. However, other professional Contractors, such as computer or software designers, technology services, and services providers such as claims administrators, should also have professional liability. If in doubt, consult with your risk or contract manager.)*

If the contractor maintains broader coverage and/or higher limits than the minimums shown above, the County requires and shall be entitled to the broader coverage and/or higher limits maintained by the contractor.

#### **9.04 Other Requirements:**

All insurance required by this Agreement shall be with a company acceptable to the County and issued and executed by an admitted insurer authorized to transact Insurance business in the State of California. Unless otherwise specified by this Agreement, all such insurance shall be written on an occurrence basis, or, if the policy is not written on an occurrence basis, such policy with the coverage required herein shall continue in effect for a period of three years following the date CONTRACTOR completes its performance of services under this Agreement.

Each liability policy shall provide that the County shall be given notice in writing at least thirty days in advance of any endorsed reduction in coverage or limit, cancellation, or intended non-renewal thereof. Each policy shall provide coverage for Contractor and additional insureds with respect to claims arising from each subcontractor, if any, performing work under this Agreement, or be accompanied by a certificate of insurance from each subcontractor showing each subcontractor has identical insurance coverage to the above requirements.

#### **Additional Insured Status:**

The County of Monterey, its officers, officials, employees, and volunteers are to be covered as additional insureds on the commercial general liability policy with respect to liability arising out of work or operations performed by or on behalf of the CONTRACTOR including materials, parts, or equipment furnished in connection with such work or operations. General liability coverage shall be provided in the form of an endorsement to the CONTRACTOR'S insurance (at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10, CG 20 26, CG 20 33, or CG 20 38; and CG 20 37 if a later edition is used).

#### **Primary Coverage:**

For any claims related to this contract, the CONTRACTOR'S insurance coverage shall be primary and non-contributory and at least as broad as ISO CG 20 01 04 13 as respects the County, its officers, officials, employees, and volunteers. Any insurance or self-insurance maintained by the County, its officers, officials, employees, or volunteers shall be excess of the CONTRACTOR'S insurance and shall not contribute with it. This requirement shall also apply to any Excess or Umbrella liability policies.

#### **Waiver of Subrogation:**

CONTRACTOR hereby grants to County a waiver of any right to subrogation which any insurer of said CONTRACTOR may acquire against the County by virtue of the payment of any loss under such insurance. CONTRACTOR agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the County has received a waiver of subrogation endorsement from the insurer.

Prior to the execution of this Agreement by the County, CONTRACTOR shall file certificates of insurance with the County's contract administrator and County's Contracts/Purchasing Division, showing that the CONTRACTOR has in effect the insurance required by this Agreement. The CONTRACTOR shall file a new or amended certificate of insurance within five calendar days after any change is made in any insurance policy, which would alter the information on the certificate then on file. Acceptance or approval of insurance shall in no way modify or change the indemnification clause in this Agreement, which shall continue in full force and effect. CONTRACTOR shall always during the term of this Agreement maintain in force the insurance coverage required under this Agreement and shall send, without demand by County, annual certificates to County's Contract Administrator and County's Contracts/Purchasing Division. If the certificate is not received by the expiration date, County shall notify CONTRACTOR and CONTRACTOR shall have five calendar days to send in the certificate, evidencing no lapse in coverage during the interim. Failure by CONTRACTOR to maintain such insurance is a default of this Agreement, which entitles County, at its sole discretion, to terminate this Agreement immediately.

## **10.0 RECORDS AND CONFIDENTIALITY:**

- 10.1 **Confidentiality:** CONTRACTOR and its officers, employees, agents, and subcontractors shall comply with any and all federal, state, and local laws, which provide for the confidentiality of records and other information. CONTRACTOR shall not disclose any confidential records or other confidential information received from the County or prepared in connection with the performance of this Agreement, unless County specifically permits CONTRACTOR to disclose such records or information. CONTRACTOR shall promptly transmit to County any and all requests for disclosure of any such confidential records or information. CONTRACTOR shall not use any confidential information gained by CONTRACTOR in the performance of this Agreement except for the sole purpose of carrying out CONTRACTOR's obligations under this Agreement.
- 10.2 **County Records:** When this Agreement expires or terminates, CONTRACTOR shall return to County any County records which CONTRACTOR used or received from County to perform services under this Agreement.
- 10.3 **Maintenance of Records:** CONTRACTOR shall prepare, maintain, and preserve all reports and records that may be required by federal, state, and County rules and regulations related to services performed under this Agreement. CONTRACTOR shall maintain such records for a period of at least three years after receipt of final payment under this Agreement. If any litigation, claim, negotiation, audit exception, or other action relating to this Agreement is pending at the end of the three-year period, then CONTRACTOR shall retain said records until such action is resolved.
- 10.4 **Access to and Audit of Records:** The County shall have the right to examine, monitor and audit all records, documents, conditions, and activities of the CONTRACTOR and its subcontractors related to services provided under this Agreement. Pursuant to Government Code section 8546.7, if this Agreement involves the expenditure of public funds in excess of \$10,000, the parties to this Agreement may be subject, at the request of the County or as part of any audit of the County, to the examination and audit of the State Auditor pertaining to matters connected with the performance of this Agreement for a period of three years after final payment under the Agreement.

- 10.5 **Royalties and Inventions:** County shall have a royalty-free, exclusive and irrevocable license to reproduce, publish, and use, and authorize others to do so, all original computer programs, writings, sound recordings, pictorial reproductions, drawings, and other works of similar nature produced in the course of or under this Agreement. CONTRACTOR shall not publish any such material without the prior written approval of County.

## 11.0 NON-DISCRIMINATION:

- 11.1 During the performance of this Agreement, CONTRACTOR, and its subcontractors, shall not unlawfully discriminate against any person because of race, religious creed, color, sex, national origin, ancestry, physical disability, mental disability, medical condition, marital status, age (over 40), sexual orientation, or any other characteristic set forth in California Government code § 12940(a), either in CONTRACTOR's employment practices or in the furnishing of services to recipients. CONTRACTOR shall ensure that the evaluation and treatment of its employees and applicants for employment and all persons receiving and requesting services are free of such discrimination. CONTRACTOR and any subcontractor shall, in the performance of this Agreement, fully comply with all federal, state, and local laws and regulations which prohibit discrimination. The provision of services primarily or exclusively to such target population as may be designated in this Agreement shall not be deemed to be prohibited discrimination.

## 12.0 COMPLIANCE WITH TERMS OF STATE OR FEDERAL GRANTS:

If this Agreement has been or will be funded with monies received by the County pursuant to a contract with the state or federal government in which the County is the grantee, CONTRACTOR will comply with all the provisions of said contract, to the extent applicable to CONTRACTOR as a subgrantee under said contract, and said provisions shall be deemed a part of this Agreement, as though fully set forth herein. Upon request, County will deliver a copy of said contract to CONTRACTOR, at no cost to CONTRACTOR.

## 13.0 COMPLIANCE WITH APPLICABLE LAWS:

- 13.1 CONTRACTOR shall keep itself informed of and in compliance with all federal, state, and local laws, ordinances, regulations, and orders, including but not limited to all state and federal tax laws that may affect in any manner the Project or the performance of the Services or those engaged to perform Services under this AGREEMENT as well as any privacy laws including, if applicable, HIPAA. CONTRACTOR shall procure all permits and licenses, pay all charges and fees, and give all notices require by law in the performance of the Services.
- 13.2 CONTRACTOR shall report immediately to County's Contracts/Purchasing Officer, in writing, any discrepancy or inconsistency it discovers in the laws, ordinances, regulations, orders, and/or guidelines in relation to the Project of the performance of the Services.
- 13.3 All documentation prepared by CONTRACTOR shall provide for a completed project that conforms to all applicable codes, rules, regulations, and guidelines that are in force at the time such documentation is prepared.

#### 14.0 INDEPENDENT CONTRACTOR:

In the performance of work, duties, and obligations under this Agreement, CONTRACTOR is always acting and performing as an independent contractor and not as an employee of the County. No offer or obligation of permanent employment with the County or County department or agency is intended in any manner, and CONTRACTOR shall not become entitled by virtue of this Agreement to receive from County any form of employee benefits including but not limited to sick leave, vacation, retirement benefits, workers' compensation coverage, insurance or disability benefits. CONTRACTOR shall be solely liable for and obligated to pay directly all applicable taxes, including federal and state income taxes and social security, arising out of CONTRACTOR's performance of this Agreement. In connection therewith, CONTRACTOR shall defend, indemnify, and hold County harmless from any and all liability which County may incur because of CONTRACTOR's failure to pay such taxes.

#### 15.0 NOTICES:

Notices required under this Agreement shall be delivered personally or by first-class, postage pre-paid mail to the County and CONTRACTOR'S contract administrators at the addresses listed below:

<b>FOR COUNTY:</b>	<b>FOR CONTRACTOR:</b>
Lori A. Medina, Director	Cathy Hetherington, Chief Operating Officer
Name and Title	Name and Title
1000 S Main St, Suite 306, Salinas, CA 93901	40 Clark St., Unit H, Salinas, CA 93901
Address	Address
(831) 755-4430	916-481-7695
Phone:	Phone:

#### 16.0 MISCELLANEOUS PROVISIONS.

16.01 **Conflict of Interest:** CONTRACTOR represents that it presently has no interest and agrees not to acquire any interest during the term of this Agreement, which would directly, or indirectly conflict in any manner or to any degree with the full and complete performance of the services required to be rendered under this Agreement.

16.02 **Amendment:** This Agreement may be amended or modified only by an instrument in writing signed by the County and the CONTRACTOR.

16.03 **Waiver:** Any waiver of any terms and conditions of this Agreement must be in writing and signed by the County and the CONTRACTOR. A waiver of any of the terms and conditions of this Agreement shall not be construed as a waiver of any other terms or conditions in this Agreement.

16.04 **Contractor:** The term "CONTRACTOR" as used in this Agreement includes



CONTRACTOR's officers, agents, and employees acting on CONTRACTOR's behalf in the performance of this Agreement.

- 16.05 **Disputes:** CONTRACTOR shall continue to perform under this Agreement during any dispute.
- 16.06 **Assignment and Subcontracting:** The CONTRACTOR shall not assign, sell, or otherwise transfer its interest or obligations in this Agreement without the prior written consent of the County. None of the services covered by this Agreement shall be subcontracted without the prior written approval of the County. Notwithstanding any such subcontract, CONTRACTOR shall continue to be liable for the performance of all requirements of this Agreement.
- 16.07 **Successors and Assigns:** This Agreement and the rights, privileges, duties, and obligations of the County and CONTRACTOR under this Agreement, to the extent assignable or delegable, shall be binding upon and inure to the benefit of the parties and their respective successors, permitted assigns, and heirs.
- 16.08 **Headings:** The headings are for convenience only and shall not be used to interpret the terms of this Agreement.
- 16.09 **Time is of the Essence:** Time is of the essence in each and all of the provisions of this Agreement.
- 16.10 **Governing Law:** This Agreement shall be governed by and interpreted under the laws of the State of California; venue shall be Monterey County.
- 16.11 **Non-exclusive Agreement:** This Agreement is non-exclusive and both County and CONTRACTOR expressly reserve the right to contract with other entities for the same or similar services.
- 16.12 **Construction of Agreement:** The County and CONTRACTOR agree that each party has fully participated in the review and revision of this Agreement and that any rule of construction to the effect that ambiguities are to be resolved against the drafting party shall not apply in the interpretation of this Agreement or any amendment to this Agreement.
- 16.13 **Counterparts:** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same Agreement.
- 16.14 **Authority:** Any individual executing this Agreement on behalf of the County or the CONTRACTOR represents and warrants hereby that he or she has the requisite authority to enter into this Agreement on behalf of such party and bind the party to the terms and conditions of this Agreement.
- 16.15 **Integration:** This Agreement, including the exhibits, represent the entire Agreement between the County and the CONTRACTOR with respect to the subject matter of this Agreement and shall supersede all prior negotiations, representations, or agreements, either written or oral, between the County and the CONTRACTOR as of the effective date of this Agreement, which is the date that the County signs the Agreement.

- 16.16 **Interpretation of Conflicting Provisions:** In the event of any conflict or inconsistency between the provisions of this Agreement and the Provisions of any exhibit or other attachment to this Agreement, the provisions of this Agreement shall prevail and control.

## 17.0 **CONSENT TO USE OF ELECTRONIC SIGNATURES.**

- 17.1 The parties to this Agreement consent to the use of electronic signatures via DocuSign to execute this Agreement. The parties understand and agree that the legality of electronic signatures is governed by state and federal law, 15 U.S.C. Section 7001 et seq.; California Government Code Section 16.5; and, California Civil Code Section 1633.1 *et. seq.* Pursuant to said state and federal law as may be amended from time to time, the parties to this Agreement hereby authenticate and execute this Agreement, and any and all Exhibits to this Agreement, with their respective electronic signatures, including any and all scanned signatures in portable document format (PDF).

### 17.2 **Counterparts.**

The parties to this Agreement understand and agree that this Agreement can be executed in two (2) or more counterparts and transmitted electronically via facsimile transmission or by delivery of a scanned counterpart in portable document format (PDF) via email transmittal.

### 17.3 **Form: Delivery by E-Mail or Facsimile.**

Executed counterparts of this Agreement may be delivered by facsimile transmission or by delivery of a scanned counterpart in portable document format (PDF) by e-mail transmittal, in either case with delivery confirmed. On such confirmed delivery, the signatures in the facsimile or PDF data file shall be deemed to have the same force and effect as if the manually signed counterpart or counterparts had been delivered to the other party in person.

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**LIST OF EXHIBITS**  
**Smile Business Products Inc.**

Exhibit A	Scope of Services/Payment Provisions
Exhibit B	Service Level Agreement
Exhibit C	Budget
Exhibit D	Invoice Sample
Exhibit E	Lease Agreements
Exhibit F	Cooperative Agreement

**SCOPE OF SERVICES/PAYMENT PROVISIONS  
SMILE BUSINESS PRODUCTS INC.**

July 1, 2024 – June 30, 2028

**1. CONTACT INFORMATION:**

County Contract Monitor:

Monterey County Department of Social Services  
Sylvia Solis, Administrative Operations Manager  
1000 S. Main Street, Suite 306 Salinas, CA 93901  
Phone: 831-755-4483  
Fax: 831-755-8476  
[soliss@countyofmonterey.gov](mailto:soliss@countyofmonterey.gov)

Ashley Arness Administrative Services Assistant  
1488 Schilling Place  
Salinas, CA 93901  
Phone: 831-796-4482  
Fax: 831-755-8476  
[arnessa@countyofmonterey.gov](mailto:arnessa@countyofmonterey.gov)

Contractor Information:

Smile Business Productions Inc.  
Scott Harvey, Account Manager  
40 Clark St., Unit H  
Salinas, CA 93901  
[aharvey@smilebpi.com](mailto:aharvey@smilebpi.com)  
831-758-1474

**2. DESCRIPTION OF SERVICES**

CONTRACTOR shall provide services and staff, and otherwise do all things necessary for or incidental to the performance of work, as set forth below:

Maintenance, supplies, and replacement, as needed, for all leased multi-function printers, copiers, scanners, and faxes located at Department of Social Services facilities.

**2.1 Basic Device Standards**

- a. Multi-function printers, copiers, scanners, and faxes
- b. High volume printing and copying productivity of 55PPM or higher
- c. High volume scanning productivity of 160 IPM or higher
- d. Duplex mode operation
- e. Universal staple and hole punch
- f. Bypass tray for specialized paper and envelopes
- g. Copy quality: Legible contrast, no streaking, white background (not grey), correct color separation, and true color
- h. Size of paper: Copy and print onto 8 1/2 x 11", 8 1/2 x 14" and 11 x 17" paper
- i. Reduction/Enlargement: Provide up to 50% reduction of original and up to 200% enlargement of original documents in 1% increments
- j. Double-sided printing and copying

- k. Single pass dual scanning
- l. Scan to email or network file server

## **2.2 Installation/Transition:**

Program implementation date is anticipated to be July 1, 2024, for the employee-use copiers and printers. CONTRACTOR will include a transition plan and schedule that includes a timeline for the delivery, installation and removal of all equipment and consumables and include costs for temporary equipment during the transition, if any to meet this date.

## **2.3 Training:**

CONTRACTOR will include training for Information Technology Administrators, assigned key operators from each Department section, and general staff. CONTRACTOR will provide a detailed plan for training the appropriate groups during installation and providing ongoing support as needed.

CONTRACTOR will include support for all devices, including onsite and/or virtual training as required or requested, and will include onsite and/or remote Analyst Support to assist with set up of the Xerox devices.

## **3. TECHNOLOGY / SERVICES COVERED**

**3.1 Multifunction Equipment** as described and referenced in **Exhibit E, Lease Agreements** part of the Managed Services Agreement. All equipment listed on “**Exhibit E**” will be covered and maintained according to the Managed Services Agreement as described in **Exhibit B, Service Level Agreement**.

**3.2 Desktop Laser Printers** Laser Printers have the same SLA Uptime Targets, Service and Supply Process and Service Escalation Process as described in **Exhibit B, Service Level Agreement**.

## **4. SERVICE AND SUPPLY PROCESS**

### **4.1 Toner Auto-Replenishment and Device Monitoring.**

CONTRACTOR will supply and COUNTY obtains automated meter reads, supply auto-replenishment operates effectively, and monitor fault codes, which improves remote analyst support.

## **5. Monitoring and Reporting:**

**5.1** CONTRACTOR will provide monthly electronic reports on the use of each multi-function device. Reports should include:

- a. Volume of copies made
- b. Number of scans sent
- c. Number of faxes sent
- d. Number of pages printed
- e. Number of copies made by CONTRACTOR during service calls

**5.2 Pricing Summary:** CONTRACTOR will provide a detailed annual cost of all services provided which must be for the firm fixed pricing for the term of the

lease. Any variable costs must be detailed. The pricing summary will describe costs for the following categories:

- a. Lease and maintenance of multi-function devices, inclusive of all related services as described above in Section 2.1.
- b. Cost of relocating the equipment if relocation is requested by COUNTY.

**5.3** CONTRACTOR will meet quarterly with COUNTY to address performance and maintenance issues.

**5.4** Quarterly Reviews;  
CONTRACTOR will provide in-depth quarterly reviews to assess each model covered under the agreement. The review will contain and address the following:

1. Spreadsheet on each model number, ID number, and location within the organization.
2. Detailed review on average monthly volume per machine
3. Detailed review of how many service calls were placed on each machine within the organization
4. Average response time for each machine within the organization
5. An in-depth graph demonstrating average monthly volume per machine.
6. A detailed look at annual volumes throughout the life of the contract creating an overview of copies done so far versus the expected life of the machine.
7. CONTRACTOR will evaluate each machine and volume on a quarterly basis and if necessary, make recommendations to move higher volume machines in order to maximize the expected life of each model.
8. CONTRACTOR will provide up to date, factual information on newest products and updates available on each machine placed within COUNTY. CONTRACTOR agrees to follow best business practices and always provide information to the best of the industry knowledge to assist COUNTY in their need for up-to-date technology information.

## **6. INVOICING AND PAYMENT**

CONTRACTOR shall submit monthly invoices no later than the 10<sup>th</sup> day of the month following the month in which services are performed. Invoices shall be submitted in the form contained in **Exhibit D** and shall be submitted electronically to: [501-MCDSSAccountsPayable@co.monterey.ca.us](mailto:501-MCDSSAccountsPayable@co.monterey.ca.us)

CONTRACTOR shall abide pricing based on **Exhibit F, Cooperative Agreement**.

The maximum amount payable by COUNTY to CONTRACTOR under this Agreement shall not exceed **three hundred sixty-eight thousand dollars (\$368,000) per Exhibit C, Budget**.

Smile Support

Relax knowing your system is backed by *Smile Support*. Smile Support compliments traditional maintenance agreements for On-Site service that includes parts, labor, and toner, plus Smile Support provides Remote Desktop Copier/Printer support and more.

Smile Support includes the following services:

- Help Desk Support
  - Print Driver Updates
  - Use of Power Filter- copier only
  - \*Additional Fiery Support
- Network Scanning Resolution
  - Network Fax Issue Resolution
  - Network Connectivity Troubleshooting
- No Charge Service Loaner
  - Response Time Guaranteed
  - Toner Shipping and Handling

*\*Fiery Support Includes: Firmware Upgrades, Parts, Labor, Onsite Support, Remote Support, New User-Set up and Training.*

Additional Monthly Cost Associated with Smile Support – based on number of MFP’s	Included with Service Agreement	Initials
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How to Request Service

**PPM & NOC:** The Principal Period of Maintenance (PPM) and The Network Operating Center (NOC) is 8:00am – 5:00pm Monday – Friday. (Excluding Holidays)

SMILE offers three easy methods to obtain service to resolve any equipment or service issues that you may have. We want to ensure that you receive the best level of service in the quickest amount of time to minimize any potential downtime. By using the below method’s, we can insure that if an escalation of service is required our Technicians will make Best Effort to resolve the issue within the PPM.

- **Phone** – You can call our Dispatch team at 800-790-7701 and they will route your call to the first available technician who is most qualified to resolve your issue.
- **Online** – You may request service by accessing our CLIENT portal at [www.smilebpi.com](http://www.smilebpi.com) and your ticket will be placed in the appropriate queue based on the severity of your issue.
- **E-Mail** – You may send an e-mail to [serviceweb@smilebpi.com](mailto:serviceweb@smilebpi.com). You will need to include your Company Name, Equipment ID, and a Description of the issue before any service can be rendered.

Coverage

- **Manufacturer Specifications** – SMILE shall make best effort to perform all maintenance service and repair and furnish all labor, materials and replacement parts to maintain the Equipment to meet or exceed manufacturer specifications.
- **Normal Service Response** – Times are an average of 2-4 hours for standard service within the PPM and within the defined Service Area.
- **Smile Support** – Any normal service call will be first handled by our NOC staff to provide resolution. If an issue cannot be resolved remotely then an On-Site technician will be paged to complete the needed service. Shipping and supplies are included at no extra cost. See above for all support services.
- **Power Filter** – If a power filter is provided in an agreement as part of a SMILE Support Fee, this power filter will remain the sole & exclusive property of SMILE. CLIENT agrees that the power filter will remain on the equipment at CLIENT’s facility as long as a SMILE maintenance agreement with a SMILE Support Fee is in force. If the maintenance agreement is allowed to lapse, as evidenced by a cancellation letter sent to Smile by CLIENT or by non-payment, CLIENT agrees to allow a service technician access to the equipment to retrieve the power filter. If a power or data line related incident causes irreparable damage to CLIENT’s equipment while a SMILE power filter is in use, CLIENT will receive a replacement machine of like features at no charge. The specific terms & conditions for a replacement machine are available upon request. If a SMILE power filter is lost or removed from the installed site, CLIENT agrees to pay a replacement fee of \$150.00
- **Technicians** – All service technicians are factory trained and certified.
- **Equipment Exchange** – In the event that Smile deems an exchange beneficiary the equipment will be exchanged for a like printer or copier. If equipment is older than 5 years, it must be replaced and cannot be exchanged.
- **Toner Usage** – Toner use within the manufacturer’s specified yield is included. SMILE reserves the right to use compatible toner in the fulfillment of this Agreement. If CLIENT requests OEM toner a surcharge will be applicable. Toner may only be used for the machine in which a toner request has been placed. Usage is calculated by using the industry standard of an 8 ½ x 11 single sided page @ 5% coverage for B/W and 20% coverage for color.
- **Travel** – Travel is included at no cost to the CLIENT.
- **Parts & Labor Only Contract** – Excludes supplies (toner and developer)
- **Volumes** – The covered volume(s) under this agreement billed Monthly are:
  - Monthly B/W Base
  - Monthly Color Base

Color

B/W

Initials



Excluded Coverage

- Maintenance & warranty service provided by SMILE under any type of service agreement does not include any of the following:
  - Repair of damage or increase in service time due caused by:
    - Failure of the CLIENT to provide a continually suitable environment for covered Equipment as prescribed by the manufacturer in the covered Equipment operating manual.
    - Failure to provide appropriate electrical power, air conditioning, or humidity control, or improper moving or relocation of covered Equipment.
  - Repair of damage or increase in service caused by accident (including but not limited to power surges (unless machine has a SMILE approved power filter installed), abuse, misuse, moving, etc.
    - Disaster (including but not limited to vandalism, fire, flood, water, wind, etc.), use of covered Equipment contrary to the manufacturer’s operating guide or for purposes other than for which designed & unauthorized modifications or repair by persons other than authorized SMILE representatives.
  - Painting or refinishing the covered Equipment, inspecting altered equipment, performing services connected with relocation of Equipment, or adding or removing accessories, attachments or other devices.
  - Repair of damage, replacement of parts (due to other than normal wear) or repetitive service calls caused by use of incompatible supplies, toner brands not approved by SMILE, or copy paper not in compliance with manufacturer’s specification.
  - Complete unit replacement or overhauling the covered Equipment (unless otherwise specified).
  - Electrical work external to the covered Equipment or maintenance of accessories, attachments or other devices not furnished by SMILE.
  - Increase in service time or repeat calls caused by CLIENT denial of full & free access to the Equipment or denial of departure from CLIENT’s site.
  - Connectivity (including at time of delivery), application, printer driver, any networked device, any locally connected printer or copier, desktop operating system, network operating system or software, whether sold or not sold by SMILE to CLIENT if Smile Support is not included in Agreement.
  - Training beyond the initial key operator training given upon installation of the Equipment (unless otherwise specified).
  - Onsite replenishment of toner, staple cartridges or paper, or emptying toner collection bottles.
  - Maintenance agreements do not include dies, knives, staples, or paper (unless specifically noted in writing).
  - Relocation or moving of covered Equipment. (CLIENT must notify SMILE of Equipment moves).
  - SMILE reserves the right to charge CLIENT for toner requested during the term of this Agreement in excess of the manufacturer’s specified yield for the number of copies or images run by CLIENT.
  - Any additional machines will require a contract addendum before any service will be performed.

The foregoing items excluded from maintenance service, if performed by SMILE, will be charged to CLIENT at SMILE’s applicable time & materials rates & terms then in effects.

General Responsibilities of the CLIENT

CLIENT is responsible for providing SMILE with domain credentials, remote access capabilities and connectivity to be able to properly setup the equipment as configured in the proposal. CLIENT agrees to inform SMILE of any modification, installation, or service performed on the Network by individuals not employed by SMILE in order to assist SMILE in providing an efficient and effective equipment support response.

In the performance of all services set forth herein, SMILE shall have, and CLIENT hereby grants, full and unrestricted access to the premises on which the Equipment is located. SMILE’s responsibility to repair shall be limited to CLIENT’s side of the point of connection between CLIENT’s Equipment and the utility service or ISP.

- Meter Readings** – Where required to ensure accurate invoicing, meter readings shall be provided by CLIENT at the request of SMILE, or CLIENT shall agree to have remote meter gathering software, Print Tracker, installed by SMILE. Failure to submit meter readings in a timely manner will allow SMILE, at its discretion, to estimate the meter & bill CLIENT accordingly, or to dispatch a technician to CLIENT location to retrieve an accurate meter reading. Each time it is necessary for a technician to be dispatched to the CLIENT’s location to retrieve a meter reading; CLIENT agrees to pay SMILE a \$60 meter retrieval fee per machine. CLIENT also agrees to pay for overage charges (if applicable) that may be incurred at the end of each billing cycle, plus applicable sales taxes.
- Overages:** Per Copy/Overages covered under the terms of this agreement.

Color

B/W

Initials

- Power** – Power must meet the manufacturer’s specifications. If any damage occurs due to the result of improper power the CLIENT assumes all responsibility
- Data Security** – In order to protect CLIENT’s & CLIENT’s customer’s confidential information & comply with applicable laws, SMILE strongly recommends that all data from all disk drives or magnetic media in computers & multifunction equipment be securely removed prior to the disposal of such equipment. CLIENT is responsible for selecting the appropriate removal standard to meet its business needs. SMILE is not responsible or liable for any damages that may arise from CLIENT’s failure to comply with this provision. SMILE offers several methods of data removal at chargeable rates.
- Print Types:** The CLIENT is liable for all charges incurred from any printer/copy options and/or driver settings for the equipment operation and print output.

Smile Business Products Inc.  
Multi-Year Budget

DESCRIPTION	Budget 07/01/2024 - 06/30/2025	Budget 07/01/2025 - 06/30/2026	Budget 07/01/2026 - 06/30/2027	Budget 07/01/2027 - 06/30/2028	Incidentals 07/01/2024- 06/30/2028	Total Budget 07/01/2024 - 06/30/2028
Provide leases multi-function printers, copiers, scanners, faxes, maintenance, supplies and replacements as needed for the Department of Social Services.	85,000	85,000	85,000	85,000	28,000	368,000
Total	85,000	85,000	85,000	85,000	28,000	368,000

The amounts listed above in the Budget are estimates by year only and unused funds can roll-over to future years for the term of the agreement and the total expended shall not exceed \$368,000.



4525 Auburn Blvd.  
Sacramento, CA 95841  
800-790-7701

www.smilebpi.com

# CONTRACT INVOICE

**Invoice Number:**

**Invoice Date:**

**Account Number:** 7554444-TC

**Balance Due:**

**Bill To:** Monterey County - Social Services  
Accounts Payable  
1000 South Main Street, Suite 306  
SALINAS, CA 93901

**Customer:** Monterey County - Social Services  
1000 South Main Street  
SALINAS, CA 93901

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
7554444-TC				
Invoice Remarks				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
Contract Remarks					

\*\*\*Rental Service Agreement\*\*\*

## Summary:

Contract base rate charge for the 00/00/0000 to 00/00/0000 billing period

\$0.00\*

Contract overage charge for the 00/00/0000 to 00/00/0000 overage period

\$0.00\*\*

\*Sum of equipment base charges \*\*See overage details below

\$0.00

## Detail:

### Equipment included under this contract

#### Sharp/MX- Number

#### Serial Number

#### Base Charge

#### Location

XXXX	XXXXXXXX	\$0.00	Monterey County - Social Services 1000 South Main Street SALINAS, CA 93901
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Meter Type	Meter Group	Begin Meter	End Meter	Total	Minimum	Billable	Rate	Overage
B/W	Black MFP	0	0	0	0	0	0.000000	\$0.00
Color	Color MFP	0	0	0	0	0	0.000000	\$0.00
								\$0.00

Thank you for your business; we are always here to serve your needs.

Please contact us at [accountsreceivable@smilebpi.com](mailto:accountsreceivable@smilebpi.com) if you would prefer to receive your invoices via email!

Invoice SubTotal	\$0.00
Tax:	\$0.00
Invoice Total	\$0.00
<b>Balance Due:</b>	<b>\$0.00</b>

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP BP-50C31	<b>\$158.92/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:	SHARP BP-TU10 Exit Tray	Included	
Add-on:	SHARP BP-DE12 Paper drawer	Included	
Add-on:	SHARP BP-FX11 Fax	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP MX-PK131 Postscript	Included	
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$158.92/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**200 Broadway**  
**King City, CA 93930**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St. Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

-----  
 \*IF THIS DEVICE WILL BE CONNECTED TO THE COUNTY NETWORK AND USED AS A SHARED PRINTING DEVICE, ITD REVIEW AND APPROVAL IS REQUIRED. PLEASE ROUTE THIS FORM TO "IT SUPPORT SERVICES" TO FACILITATE IT APPROVAL AND ASSURE TIMELY ASSISTANCE FOR INSTALLATION.

ITD Technical and Security Review Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Security review summary shall be attached to this form if machine is networked)

ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

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Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP MX-C428F	<b>\$70.26/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:			
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:			
Add-on:			
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$70.26/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy: Black \$0.0128 Color \$0.0610**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**1000 South Main St., Suite 202**  
**Salinas, CA 93905**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

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 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

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Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
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Copier Model:	SHARP BP-70C31	<b>\$227.47/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:	SHARP BP-FN11 Int. Finisher	Included	
Add-on:	SHARP BP-DE14 Paper drawer	Included	
Add-on:	SHARP BP-FX11 Fax	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP MX-PN14B Hole Punch	Included	
Add-on:	SHARP MX-SCX1 Staples	Included	
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$227.47/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**730 La Guardia, 2<sup>nd</sup> Floor Mailroom**  
**Salinas, CA 93905**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

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 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

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Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
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Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$227.47/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

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**Ship To: Mo. Co. Dept. of Social Services**  
**730 La Guardia, Suite 212**  
**Salinas, CA 93905**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

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# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP BP-50C31	<b>\$158.92/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
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**Ship To: Mo. Co. Dept. of Social Services**  
**730 La Guardia, Suite 209A**  
**Salinas, CA 93905**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

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ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department



# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
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Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**730 La Guardia, Suite 211**  
**Salinas, CA 93905**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

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 \*IF THIS DEVICE WILL BE CONNECTED TO THE COUNTY NETWORK AND USED AS A SHARED PRINTING DEVICE, ITD REVIEW AND APPROVAL IS REQUIRED. PLEASE ROUTE THIS FORM TO "IT SUPPORT SERVICES" TO FACILITATE IT APPROVAL AND ASSURE TIMELY ASSISTANCE FOR INSTALLATION.

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ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

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Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP BP-50C31	<b>\$158.92/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:	SHARP BP-TU10 Exit Tray	Included	
Add-on:	SHARP BP-DE12 Paper drawer	Included	
Add-on:	SHARP BP-FX11 Fax	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP MX-PK131 Postscript	Included	
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$158.92/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**2620 First Ave,**  
**Marina, CA 93955**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

-----  
 \*IF THIS DEVICE WILL BE CONNECTED TO THE COUNTY NETWORK AND USED AS A SHARED PRINTING DEVICE, ITD REVIEW AND APPROVAL IS REQUIRED. PLEASE ROUTE THIS FORM TO "IT SUPPORT SERVICES" TO FACILITATE IT APPROVAL AND ASSURE TIMELY ASSISTANCE FOR INSTALLATION.

ITD Technical and Security Review Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Security review summary shall be attached to this form if machine is networked)

ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP BP-50C31	<b>\$158.92/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:	SHARP BP-TU10 Exit Tray	Included	
Add-on:	SHARP BP-DE12 Paper drawer	Included	
Add-on:	SHARP BP-FX11 Fax	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP MX-PK131 Postscript	Included	
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$158.92/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**1000 South Main St., Suite 107**  
**Salinas, CA 93901**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

-----  
 \*IF THIS DEVICE WILL BE CONNECTED TO THE COUNTY NETWORK AND USED AS A SHARED PRINTING DEVICE, ITD REVIEW AND APPROVAL IS REQUIRED. PLEASE ROUTE THIS FORM TO "IT SUPPORT SERVICES" TO FACILITATE IT APPROVAL AND ASSURE TIMELY ASSISTANCE FOR INSTALLATION.

ITD Technical and Security Review Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
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ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP BP-50C31	<b>\$158.92/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:	SHARP BP-TU10 Exit Tray	Included	
Add-on:	SHARP BP-DE12 Paper drawer	Included	
Add-on:	SHARP BP-FX11 Fax	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP MX-PK131 Postscript	Included	
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$158.92/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**1000 South Main St., Suite 111**  
**Salinas, CA 93901**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

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ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP MX-C428F	<b>\$70.26/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:			
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:			
Add-on:			
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$70.26/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy: Black \$0.0128 Color \$0.0610**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**1000 South Main St., Suite 202**  
**Salinas, CA 93905**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

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 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP BP-50C31	<b>\$158.92/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:	SHARP BP-TU10 Exit Tray	Included	
Add-on:	SHARP BP-DE12 Paper drawer	Included	
Add-on:	SHARP BP-FX11 Fax	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP MX-PK131 Postscript	Included	
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$158.92/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**1000 South Main St., Suite 205**  
**Salinas, CA 93901**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

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ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department



# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP MX-C428F	<b>\$70.26/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:			
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:			
Add-on:			
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$70.26/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy: Black \$0.0128 Color \$0.0610**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**1000 South Main St., Suite 206**  
**Salinas, CA 93905**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

-----  
 \*IF THIS DEVICE WILL BE CONNECTED TO THE COUNTY NETWORK AND USED AS A SHARED PRINTING DEVICE, ITD REVIEW AND APPROVAL IS REQUIRED. PLEASE ROUTE THIS FORM TO "IT SUPPORT SERVICES" TO FACILITATE IT APPROVAL AND ASSURE TIMELY ASSISTANCE FOR INSTALLATION.

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ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP MX-C428F	<b>\$70.26/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:			
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:			
Add-on:			
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$70.26/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0111 Color \$0.0531**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**1000 South Main St., Suite 209**  
**Salinas, CA 93905**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

-----  
 \*IF THIS DEVICE WILL BE CONNECTED TO THE COUNTY NETWORK AND USED AS A SHARED PRINTING DEVICE, ITD REVIEW AND APPROVAL IS REQUIRED. PLEASE ROUTE THIS FORM TO "IT SUPPORT SERVICES" TO FACILITATE IT APPROVAL AND ASSURE TIMELY ASSISTANCE FOR INSTALLATION.

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ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department



# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP BP-50C31	<b>\$158.92/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
Finisher Model:	SHARP BP-TU10 Exit Tray	Included	
Add-on:	SHARP BP-DE12 Paper drawer	Included	
Add-on:	SHARP BP-FX11 Fax	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP MX-PK131 Postscript	Included	
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$158.92/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**1000 South Main St., Suite 216 Reception**  
**Salinas, CA 93901**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

-----  
 \*IF THIS DEVICE WILL BE CONNECTED TO THE COUNTY NETWORK AND USED AS A SHARED PRINTING DEVICE, ITD REVIEW AND APPROVAL IS REQUIRED. PLEASE ROUTE THIS FORM TO "IT SUPPORT SERVICES" TO FACILITATE IT APPROVAL AND ASSURE TIMELY ASSISTANCE FOR INSTALLATION.

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ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP BP-50C31	<b>\$158.92/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
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Add-on:	SHARP BP-DE12 Paper drawer	Included	
Add-on:	SHARP BP-FX11 Fax	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP MX-PK131 Postscript	Included	
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$158.92/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**1000 South Main St., Suite 216 Translator**  
**Salinas, CA 93901**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

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# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP BP-50C31	<b>\$158.92/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
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Add-on:	SHARP BP-DE12 Paper drawer	Included	
Add-on:	SHARP BP-FX11 Fax	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP MX-PK131 Postscript	Included	
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$158.92/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
☒ All delivery, installation, and machine pick-up shall be included in pricing above  
☒ Toner included as needed (no limitations) ☒ Staples included as needed (no limitations)

**Ship To: Mo. Co. Dept. of Social Services**  
**1000 South Main St., Suite 216**  
**Salinas, CA 93901**

**Bill To: Mo. Co. Dept. of Social Services**  
**Attn: Accounts Payable**  
**1000 South Main St., Suite 306**  
**Salinas, CA 93901**

Equip Contact: **TBD**  
 For Meter Reading: TBD

Billing Contact: **Ashley Arness, 831-755-4482**

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 (Security review summary shall be attached to this form if machine is networked)

ITD Management Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
 ITD Manager, County of Monterey Information Technology Department

# COUNTY OF MONTEREY, CONTRACTS/PUR DIVISION

168 W. Alisal Street 3<sup>rd</sup> Floor, Salinas CA 93901  
Phone (831) 755-4990



## PRINTER/COPIER/MULTIFUNCTION MACHINE QUOTE FORM

Date: 5/30/2024	Sales Rep Name: Scott Harvey, Account Manager
Company Name: Smile Business Products, Inc.	Sales Rep Phone: 831-758-1474 ext. 1099
Company Address 1550 Moffett Street Salinas, CA 93905	Sales Rep Signature:

The following equipment shall be provided on a; ☒ 36 month term ☐ 24 month term ☐ 12 month term  
\***NETWORKED:** ☒ Yes ☐ No

Copier Model:	SHARP BP-50C31	<b>\$158.92/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
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Add-on:	SHARP BP-DE12 Paper drawer	Included	
Add-on:	SHARP BP-FX11 Fax	Included	
Add-on:	SHARP AR-D5133NT Surge Suppressor	Included	
Add-on:	SHARP BP50C Toner Kit	Included	
Add-on:	SHARP MX-PK131 Postscript	Included	
Add-on:			
Add-on:			
Security Add-on:			
<b>Total Monthly Rental:</b>		<b>\$158.92/month</b>	

Monthly Copies Included (if any): **Black 0 Color 0**

**Cost-Per-Copy:** **Black \$0.0089 Color \$0.0524**

- ☒ All maintenance and repair costs shall be included in pricing above, including drums & rollers  
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**1000 South Main St., Suite 303**  
**Salinas, CA 93901**

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**Salinas, CA 93901**

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Copier Model:	SHARP MX-C428F	<b>\$70.26/month</b>	<u>Note:</u> Do not list standard features as Add-ons.  <u>Security Note:</u> The County requires full hard disk encryption and data overwrite capabilities. If these are standard features do not list them as add-ons. However, if add-ons are required to meet these requirements, please list those.
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**Cost-Per-Copy: Black \$0.0128 Color \$0.0610**

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**Salinas, CA 93905**

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**Salinas, CA 93901**

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 ITD Manager, County of Monterey Information Technology Department





Sharp's awarded Sourcewell Contract for Multifunction Copiers, Printers & Equipment enables our authorized MFP Dealers and direct sales offices, Sharp Business Systems, the ability to offer technology solutions to Sourcewell Members. This overview provides a summary and outline of the essential contract functions and various roles and responsibilities.

## I) CONTRACT OVERVIEW

### A. CONTRACT NUMBER

030321-SEC

### B. CONTRACT TERM

7/01/21 – 4/19/25

### C. GUARANTEED DELIVERY

1. 14 Business Days ARO
2. FOB Destination within 25 miles of Authorized Dealer or SBS location

### D. ORDERING ADDRESS

SHARP ELECTRONICS CORPORATION  
c/o Local Authorized Dealer OR  
Sharp Business Systems (Insert Name)  
100 Paragon Drive, Box Q  
Montvale, NJ 07645

Contact:

[snapcustomerservice@sharpsec.com](mailto:snapcustomerservice@sharpsec.com)

## II) CONTRACT SCOPE

### A. USAGE & TERM

This contract may be used by any Sourcewell Member. Membership is open to State Governments & Political Subdivisions; Non-profit/tax-exempt Schools, Colleges and Universities; Non-profit/tax-exempt Hospitals and other Non-profit/tax-exempt Organizations.

[Click here to become a member](#)

## B. AWARDED PRODUCT OFFERINGS

1. Multifunction Copiers and Printers
2. AQUOS BOARD Interactive and Professional Displays
3. Customized Software Solutions

## C. ANCILLARY PRODUCT OFFERINGS

Related ancillary products such as software solutions, vend equipment, card readers, etc. which will enhance the overall customized solution may be acquired under the Sourcewell contract. Allowance for ancillary products is ultimately the ordering member's decision and should comply with ordering member's policies. Ancillary products may not exceed 25% of total order value.

## III) CONTRACT PRICING

### A. EQUIPMENT

The basis for Sourcewell pricing is calculated on a percentage discount from Manufacturer Suggested Retail Price. Mainframe and Accessory discounts may differ.

### SHIPPING CHARGES

All deliveries are F.O.B. destination as freight and handling charges are calculated into the pricing schedules. Portions of an order shipped due to back-orders are shipped at no charge.

**B. PRICING**

**CEILING PRICING** – The contract award is based upon ceiling pricing which may not be exceeded.

**C. START-UP SUPPLIES**

Start-up Supplies are NOT included. Installing local authorized dealer or Sharp SBS may charge for start-up supplies.

**IV) ACQUISITION METHODS****A. PURCHASE****B. FINANCING OPTIONS**

Financing options may be offered directly by Sharp authorized dealers or SBS locations. Specific terms should be reviewed and approved by the Sourcewell member.

**V) ORDER DOCUMENTATION****A. DOCUMENTATION****PURCHASE ORDER REQUIREMENT**

Purchase Orders must contain the following:

- Dealer (or SBS Branch) Name, Address, Email & Phone
- End User Name, Address, Contact, Email & Phone
- Itemized list of equipment and accessories with Contract Pricing
- Signed Lease Agreement, if applicable
- Tax-Exempt form where applicable

**FINANCING OPTION**

In addition to the requirements above, additional terms and conditions related to the agreed upon financing must be

incorporated into the Purchase Order OR a signed finance document must accompany the Purchase Order.

**B. PAYMENT TERMS**

Payment terms: Net 30 days

**VI) DELIVERY, INSTALLATION, MOVES****DELIVERY**

Sourcewell member will confirm delivery, installation and acceptance of all products covered by each order, by signing a Delivery and Acceptance Certificate (D&A) which shows acceptance of the product(s) and allows local authorized dealer or SBS location to invoice for the product(s).

**INSTALLATION**

Purchase price includes standard installation within 25 mile radius of Authorized Dealer or Branch Location.

**EXCESSIVE INSTALLATION**

Installing local authorized dealer or SBS location may charge for excessive installation requirements, including rigging, access alterations, and access to non-ground floors via stairs. Any such excessive installation charges must be quoted to the Sourcewell member prior to the signature of any Order and shall be based on the actual expenditures.

**NETWORK INSTALLATION**

Network installation includes configuration of the Device for the proper network protocols, and installation of the appropriate print drivers on up to five (5) computers per device. Requests for network installation on additional devices will be negotiated between the Sourcewell member and the servicing local authorized dealer or SBS location.

**EQUIPMENT MOVES**

Cost for equipment moves is dependent upon the distance of the move and the size of unit. One move (per life of installation) within the same building is provided at no charge. All other equipment moves will be negotiated and a cost estimate will be provided to the requesting Sourcewell member.

**CUSTOMER TRAINING**

Local authorized dealer or SBS location will provide 2-4 hours on-site initial training, depending on model and number of key operator participants. Additional training will be negotiated, and a cost estimate will be provided to the requesting Sourcewell member.

**VII) SERVICE PROVISIONS****A. WARRANTIES & DOWNTIME****WARRANTY**

Standard warranty is 90-days for all products offered, beginning with the date of acceptance of delivery. In addition, Sharp provides a Three Year Performance Guarantee for all orders placed under Sourcewell Contract 030321-SEC.

**REPLACEMENT OF EQUIPMENT**

If the MFP is not performing within the machine's design specifications and cannot be repaired by the Authorized Sharp Dealer and Sharp Service Technician, Sharp will replace the equipment with a like model with comparable features at no additional cost per the terms of the Three Year Performance Guarantee.

The 3-Year Performance Guarantee begins at the date of installation. All equipment must be maintained under a full Service Maintenance Agreement with a Sharp Authorized Dealer or SBS location, and operated using only genuine Sharp supplies and parts.

This guarantee applies to all products procured through and billed under the Sourcewell contract and is not applicable to equipment that has been damaged by accident or misuse, including improper voltage. If it is determined that the equipment was maintained using other than genuine Sharp supplies and parts, the 3-Year Performance Guarantee will no longer be valid.

**LOANERS**

If any Device is inoperable for more than (8) hours due to equipment malfunction, a Service Technician will determine if a Service Loaner is necessary. If required, a loaner device of similar speed and capabilities will be provided within (2) Business Days by the local authorized dealer or SBS location until such time as the inoperable device is operable.

**B. SERVICE ZONES****STANDARD URBAN SERVICE**

Service rates are calculated based on service zones. Standard Urban Service applies to units located within 25 miles from a service provider.

**RURAL SERVICE**

For units located 25 miles+ from a service provider, additional rates may apply.

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## VIII) SERVICE BILLING OPTIONS & METER COLLECTION

### **PURCHASED / FINANCED EQUIPMENT**

Sourcwell service and supply pricing includes all parts, labor and consumables, except staples and paper.

Sourcwell Members may source a customized service contract directly from the installing Authorized Sharp Dealer or SBS Branch Location.

### **SERVICE ESCALATION**

Annual maintenance agreement pricing may be increased up to 5% by the servicing Sharp Dealer or SBS Branch. This price adjustment will be based upon market conditions, age of equipment and potential price increases of parts and supplies.

### **METER COLLECTION**

Meter read collection instructions will be presented during the installation / training process.

## IX) END OF TERM RELATED ISSUES

### **SECURITY/END OF LIFE**

Sharp's End-Of-Lease feature is standard on all advanced series MFPs. This feature ensures that all data is overwritten before returning, or relinquishing control of the MFP. After the erasing process is completed, the MFP will be rebooted automatically and a completion report can be printed.

### **HARD DRIVE REMOVAL / REPLACEMENT**

As directed, the authorized servicing dealer or SBS location will remove the hard drive upon written direction from the Sourcwell member.

The hard drive will be provided to the Sourcwell member for their disposal. The cost of hard drive removal and replacement is \$350 per device.

## X) CONTRACT DOCUMENTATION

Contract information is provided on [Sharp's customized Sourcwell website](#).

### **CONTRACT QUESTIONS AND PRICING:**

[Government and Major Account Manager Listing](#)



## Monterey County Board of Supervisors

### Board Order

168 West Alisal Street,  
1st Floor  
Salinas, CA 93901  
831.755.5066

[www.co.monterey.ca.us](http://www.co.monterey.ca.us)

A motion was made by Supervisor Wendy Root Askew, seconded by Supervisor Mary L. Adams to:

#### Agreement No.: A-16963

- a. Approve and authorize the Director or designee of the Department of Social Services to sign an agreement with Smile Business Products, Inc. to provide lease equipment maintenance, repair, customer education and analyst services to all Department of Social Services facilities as needed, for the period of July 1, 2024 through June 30, 2028 in the amount of \$368,000; and
- b. Authorize the Director or designee of the Department of Social Services to sign up to three amendments to this Agreement where the total amendments do not exceed 10% (\$36,800) of the amended contract amount, do not significantly change the scope of work, and not to exceed the maximum aggregate amount of \$404,800.

PASSED AND ADOPTED on this 25<sup>th</sup> day of June 2024, by roll call vote:

AYES: Supervisors Alejo, Church, Lopez, Askew, and Adams

NOES: None

ABSENT: None

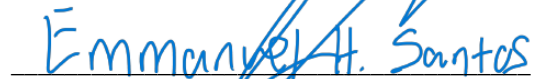
I, Valerie Ralph, Clerk of the Board of Supervisors of the County of Monterey, State of California, hereby certify that the foregoing is a true copy of an original order of said Board of Supervisors duly made and entered in the minutes thereof of Minute Book 82 for the meeting June 25, 2024.

Dated: June 27, 2024

File ID: A 24-315

Agenda Item No.: 62

Valerie Ralph, Clerk of the Board of Supervisors  
County of Monterey, State of California



Emmanuel H. Santos, Deputy