State of California, California 1 Emergency Communications

COMMITMENT TO FUND 9-1-1 EQUIPMENT AND SERVICES

'ce (9-1-1 Office)

TD-288 (Rev. 12/06)

Public Agency:	Monterey Co	ounty ECC		Contractor I	Name:	Xybix			
Address:	1322 Nativid	1322 Natividad Road			Mailing Address: 820		207 South Park Circle		
City, State, Zip:	Salinas, CA	Salinas, CA 93906			City, State, Zip Littleton, CO 80120				
PSAP Manager:	Bill Harry	Bill Harry			Representative:				
E-mail Address:	HarryW1@cc	HarryW1@co.monterey.ca.us			E-Mail Address:				
Phone Number:	831-769-888	831-769-8880			Phone Number:				
Fax Number:	831-769-889	831-769-8896			Fax Number:				
Type of Funding Reques	t:					¥			
) 9-1-1 Equipment		() 9-1-1 Network () Training							
) 9-1-1 Education		() County Coordinator Ex			xpense () 7-Digit Phone Lines				
() Maintenance		(X) Other: CPE Allotment Incremental Cost Reimbursement							
Payment is required by the proof of payment and vender of payment	dor invoices in order	to receive rei	mbursement		•				
monthly cost, tax and total							autori ooot,		
Description	Quantity	Service/ Eqmt. ID#	Unit Cost	Installation	Monthly Cost	Total Recurring Cost	Total Non- Recurring Co		
Console Furniture	1		399,816.66			-	399,816.66		
							_		
							-		
						-	-		
						_	-		
						-	-		
						-	-		
						-	-		
						5 0	1.7		
						-	1-		
					Subtotal	-	399,816.66		
Tax and Sure									
	TOTAL APPROVED		\$399,816.66						
All invoices	TD-288 exp shall refer to track	iration date:			iscal Year:	2702			
The State of California's contingent upon, availal commitment to fund doe	monetary obligation	on under this e State Emer	agreement gency Telep	in subseque hone Accou	nt fiscal yea	rs is subject	to, and		
RECOMMENDED FOR APPROVAL BY		Telephone Number		APPROVED B			Date		
KYLE S. PEASE		(916) 657-9145		mon mebro		th	11-21-14		

State of California, California 9-1-1 Emergency Communications Office (9-1-1 Office) **COMMITMENT TO FUND 9-1-1 EQUIPMENT AND SERVICES**

Monterey County ECC

This Form To Be Completed By The State 9-1-1 Office Only

Contractor Name:

TD-288 (Rev. 12/06)

Public Agency:

	Monterey County ECC			Contractor Name: Xybix				
Address:	1322 Natividad Road			Mailing Addre	ess:	s: 8207 South Park Circle		
City, State, Zip:	Salinas, CA 93906			City, State, Zip Littleton, CO 80120			30120	
PSAP Manager:	Bill Harry			Representative:				
E-mail Address:	HarryW1@co	.monterey.ca	ı.us	E-Mail Address:				
Phone Number:	831-769-888	0		Phone Number:				
Fax Number:	831-769-8896			Fax Number:				
Type of Funding Request:								
() 9-1-1 Equipment		() 9-1-1 Net						
() 9-1-1 Education	() 9-1-1 Network () T () County Coordinator Expense () 7-					none Lines		
() Maintenance	(X) Other: CPE Allotment Incremental Cost Reimbursement							
PSAP's primary communications Note: Payment is required by the their proof of payment and vendo	center. PSAP directl	y to vendors.	A TD-290 c	aim must be				
Purchase/Service Information: monthly cost, tax and total cost.	Include equip Attach contra	ment or servi	ice descriptio r PSAP purch	n, quantity, pa nase order, wh	art number, u nere applicab	nit cost, install le.	ation cost,	
Description	Quantity	Service/ Eqmt. ID#	Unit Cost	Installation	Monthly Cost	Total Recurring Cost	Total Non- Recurring Cost	
Console Furniture	1		4,143.74			□ 9	4,143.74	
						-	-	
						-	s=	
						-	-	
						F	-	
						-	-	
						=	£_	
		8				-	-	
						-	2-	
						-	77 <u>-</u>	
	Subtotal		-	4,143.74				
	Tax and Surcharge							
	TOTAL APPROVED		\$4,143.74					
All invoices shall I	Fiscal Year: Account Name: 2702							
The State of California's mone					Designation of the Best States	NAME OF TAXABLE PARTY.		
contingent upon, availability o commitment to fund does not	f funds in the	e State Emer	gency Telep	hone Accou				
RECOMMENDED FOR APPROVAL BY		Telephone Number			PPROVED E	BY	Date	
KYLE S. PEASE		(916) 657-9145		De	ra Ea	d	2/13/15	