

Insight Investments, LLC
Essential Use Form

Borrower's legal name as shown on audited financials	County of Monterey
If Borrower's parent is different, input parent name here:	
Website to obtain 3 years of audited financials can be found at:	

Invoices to be sent to:

Street Address	1590 MOFFETT STREET	Contact	ACCOUNTS PAYABLE
City	SALINAS	Department	INFORMATION TECHNOLOGY
State	CALIFORNIA	Address	1590 MOFFETT STREET
Zip Code	93905	City, State, Zip	SALINAS, CA 94905
Contact	ROB MASTEN	Phone	
Phone Number	(831) 759-6918	Email Address	193FISCALADMINISTRATION@ COUNTYOFMONTEREY.GOV
Fax Number		Special Instructions	
Email Address	mastenr@countyofmonterey.gov		

	YES	NO
1. Have you ever defaulted or non-appropriated on a lease purchase, loan or bond obligation?		NO
2. Are you currently operating under emergency financial/fiscal management or have you in the past 3 years?		NO
3. Are you currently operating as a 501(c)(3) or Public Benefit Corporation?		NO
4. Are there any known issues that could impact the future repayment of this financing?		NO
5. Will any loan or grant proceeds be used as the dedicated source of repayment for this financing?		NO
6. For any payments due in your current FY, have those payments been formally appropriated?		YES
If no, or if your 1st payment is due in the next fiscal year, has this been formally approved by board resolution?		
7. Will payments be made from your General Fund?		YES
If no, which fund and provide page in most recent audit where found.		
8. Will any portion of the financed property be used by a private corporation or individual?		NO
If yes, what % will be used by a private corporation or individual?		
9. Do you operate under home-rule (a charter)?		NO

	YES	NO
10. Will the proceeds of this lease be used entirely for software? Not Applicable		
If "Yes", will the software be installed on equipment that you own or are financing?		

11. Will any portion of the financed property be affixed to real property?		YES
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12. Are you self-insured for property damage?		YES
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13. Are you self-insured for liability?		YES
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14. Are you a member of a managed risk pool for insurance?		YES
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	Replacement	Expansion	New
15. Is this replacing equipment, expanding an existing system or completely brand new?	X		
If replacement, what is the age of the equipment it is replacing?	3 to 5 years old		
If replacement or expansion, is the existing equipment paid off?	Equipment is paid off		

16. What is your population or enrollment?	
As of what date?	

17. What is your tax based assessed value?	
As of what date?	

18. Equipment/Product Description (please refrain from using acronyms or part numbers):
Palo Alto Firewalls, Palo alto 5 yr Support/Licensing, 5 yr Falco Advanced, 5 yr Plixir Scrutinizer.

19. What is the purpose of this acquisition, what makes it essential & what benefits are expected (eg, cost savings, productivity, functionality, etc.)? If this financing is for entirely prepaid services, please also provide a description of the departments/functions being supported.

Submitted By (Name): _____

Title: _____

Signature: _____

Date: _____