DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

- New
- OTR
- Sole Source
- Bid Waiver
- Emergency

Previous Contract/Project No.: BW7123-3/07-3

Requisition No./Project No.: ROAV1200023
TERM OF CONTRACT 2 MONTHS WITH 0 YEAR(S) OTR

Requisition /Project Title: Copier Leases

Description: Emergency contract to allow Miami-Dade Aviation to continue to pay the leases currently in place on a month to month basis for copiers in use throughout the Aviation Department.

Issuing Department: ISD  Contact Person: Ruth Laureano  Phone: (305) 375-5765
Estimate Cost: $60,000.00

Funding Source: [ ] GENERAL  [ ] FEDERAL  [ ] OTHER  [ ] Proprietary

ANALYSIS

Commodity Codes: 985-26

Contract/Project History of previous purchases three (3) years
Check here [ ] if this is a new contract/purchase with no previous history.

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<th>EXISTING</th>
<th>2&lt;sup&gt;ND&lt;/sup&gt; YEAR</th>
<th>3&lt;sup&gt;RD&lt;/sup&gt; YEAR</th>
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RECOMMENDATIONS

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<th>SBE</th>
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<th>Sub-contractor goal</th>
<th>Bid preference</th>
<th>Selection factor</th>
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Basis of recommendation:

Signed: Ruth Laureano  Date sent to SBD: 5/08/12

Date returned to DPM:  Revised April 2005
SECTION #3
EMERGENCY PURCHASES

RESOLUTION

REQUISITION NUMBER: RQAV1200023

ACQUISITION DATE: 05/01/2012
(date order placed)

Title: Copier leases

Description: * Leases of 57 Canon copiers.

Purpose: * To continue the leases of 57 Canon Copiers at the Aviation Dept.

Department(s) Allocation(s)
Aviation $60,000.00

Term of Contract: *
□ One □ Two □ Three □ Four □ Five * Year(s)
☒ 2 * Month(s)
□ Period * From ______________ to ______________
□ Upon Completion * From ______________ to ______________
□ Upon Delivery * ___ Days A.R.O. (After Receipt of Order)

Special Conditions: *
□ Insurance Type
□ Performance/Payment Bond
□ Certificate of Competency
□ Termination Language

☐ Set Aside ☐ BBE ☐ HBE ☐ WBE
☐ Bid Preference ☐ BBE ☐ HBE ☐ WBE
☐ Goal ☐ BBE ☐ HBE ☐ WBE
☐ CSBE Level ___
☐ Local Preference
☐ Other: _____

Number of Price Quotation(s): * Requested: ___ Received: ___

Awarded To Low Bidder: * ☐ YES ☐ NO

Vendor(s): * Ikon Office Solutions

Contract: * $60,000.00
SECTION #3
EMERGENCY PURCHASES

MDAD is requesting an emergency 2 month contract be issued to Ikon Office Solutions, Inc. for the continuation of the leases currently in place on a month to month basis for 57 copiers in use throughout the Aviation Department. These leases were entered into at different times throughout the last 6 years using County accessed State and Federal contracts and later continued through a County Bid Waiver contract (BW/7123-3/07). Contract BW/7123-3/07 has now run out of funds to allocate to Departments to continue with lease payments and ISD has advised that no additional funding can be added to the contract.

The County recently (end of Feb 2012) awarded a new all inclusive Multi Functional Device contract (9301-0/20). MDAD had requested and was issued a 3 month emergency contract on 02/01/2012 to allow time for the contract to be approved and a solicitation sent out to replace the copiers. That emergency contract has now ended on 04/30/2012 and although MDAD has issued and awarded the replacement of the copiers. The purchase order was awarded on 04/30/2012 and it will take a few weeks to complete the replacements of all 57 copiers.

This emergency contract will allow MDAD to continue to pay the monthly lease payments until the copiers are replaced.

Justification:

(Attach Additional Sheets If Necessary)

Signature(s):

Neivy Garcia Contact Person

(305) 876-8482 Telephone

Carlos Jose Department Director Approval

Date

Date

Department of Procurement Management,
Bids and Contracts Division Use Only

Signatures(s):

Procurement Agent Date

Procurement Supervisor Date

Procurement Manager Date

Revised 09/01/00 section #3 emergency purchases.doc

2 of 3
SECTION #3
EMERGENCY PURCHASES

Bids and Contracts Division Director

Date

Vendor Assistance Section

Release

Date

Instructions for Completion:

Attach:
1. Explanation of the emergency situation.
2. Written price quotation(s) including terms and conditions.
3. Vendor(s) Certificate of Insurance
4. Copy of invoice(s).

Items marked with an asterisk (*) to be completed by the Department of Procurement Management,
Bids & Contracts Division

3 of 3
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**Total Monthly Cost:** $56,000.00
Vivian:

Please update your records to show that requisition number **no. PW1100013 is has been cancelled by the user department**: and Internal Service Department will process the new ITB with requisition number PW1200025.

Thank You,

Mary Hammett

Procurement Contracting Associate

INTERNAL SERVICES DEPARTMENT

Miami-Dade County

Phone: 305-375-5471

Fax: 305-375-4407

E-mail: mhammet@miamidade.gov

Visit our website: www.miamidade.gov/dpm

Delivering Excellence Every Day

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