



Sourcewell   
Awarded Contract

**CCA Use Only:**  
**Sourcemap Region Code:**  
**AR#**  
**Ship to Customer #**  
**Bill to Customer #**  
**Sourcemap Rev 1 Effective 10-7-25**  
**Annual Contract Value:**  
**\$1,829.91**

## Inspect Month(s):

Inspect Month(s):

**\$0.00**  
**\$1,529.91**

**MONITORING:** By ordering this service you are agreeing to the Master Monitoring Terms and Conditions applicable with this contract. These terms can be referenced in the monitoring tab below.

### Monitoring Accounts

\$0.00  
\$0.00

## inspect Month(s)

Please Select  
Please Select  
Please Select[illegible]

Please Complete in Row 75 Please Complete in Row 75

Please Select

No

**\$0.00**

**\$0.00**

\$0.00  
\$0.00

05-03  
05-03

**\$0.00**

**\$0.00**

50.00

**\$0.00**

**\$0.00**

\$0.00  
\$0.00

10.00  
10.00

**\$0.00**

\$0.00  
\$0.00

\$0.00  
\$0.00

**\$0.00**

**\$0.00**

**\$0.00**

|                                                                                           |              |            |                       |                   |
|-------------------------------------------------------------------------------------------|--------------|------------|-----------------------|-------------------|
| Annual Standpipe Cost                                                                     |              | \$0.00     |                       |                   |
|                                                                                           |              | \$0.00     |                       |                   |
| Annual Fire Hydrant Cost                                                                  |              | \$0.00     |                       |                   |
| <b>Special Hazards (Test &amp; Inspect)</b>                                               |              |            |                       |                   |
| FM200 or Halon System - Up to 300# Tank (Note: Use A&D prices for the testing of devices) | Quantity:    |            | Inspect Frequency:    | Inspect Month(s): |
| Panel                                                                                     | 0            |            | Please Select         |                   |
| Clean Agent System additional cylinder less than 350lbs                                   | 0            |            |                       |                   |
| Clean Agent System additional cylinder greater than 350lbs                                | 0            |            |                       |                   |
| SmokeDetectors - Test & Inspect                                                           | 0            |            |                       |                   |
| SmokeDetector - Cleaning                                                                  | Not Included |            |                       |                   |
| SmokeDetector - Sensitivity                                                               | Not Included |            |                       |                   |
| Heat Detectors                                                                            | 0            |            |                       |                   |
| Pull Stations                                                                             | 0            |            |                       |                   |
| Above Ceiling Smoke Detector (functionality test of smoke detector above ceiling grid)    | 0            |            |                       |                   |
| Subfloor Detector - Test & Inspect                                                        | 0            |            |                       |                   |
| Subfloor Detector - Cleaning                                                              | Not Included |            |                       |                   |
| Subfloor Detector - Sensitivity                                                           | Not Included |            |                       |                   |
| Audio/Visual                                                                              | 0            |            |                       |                   |
| Abort                                                                                     | 0            |            |                       |                   |
| After-Hours Special Hazard Inspection                                                     | No           |            |                       |                   |
| Annual Cost                                                                               |              | \$0.00     |                       |                   |
|                                                                                           |              | \$0.00     |                       |                   |
| <b>Extinguishers (Test &amp; Inspect)</b>                                                 |              |            |                       |                   |
| ABC Portable Units                                                                        | Quantity:    |            | Inspect Frequency:    | Inspect Month:    |
| Clean Agent/Halon                                                                         | 0            |            | Please Select         |                   |
| CO2/K-Class                                                                               | 0            |            |                       |                   |
| Water - stored pressure                                                                   | 0            |            |                       |                   |
| Wheeled Unit - stored pressure                                                            | 0            |            |                       |                   |
| Nevada (includes parts and chemicals)                                                     | 0            |            |                       |                   |
| Optional Enhanced (parts, recharge, service)                                              | No           |            |                       |                   |
| After-Hours Extinguisher Inspection                                                       | No           |            |                       |                   |
| Annual Cost                                                                               |              | \$0.00     |                       |                   |
| <b>Emergency Lighting (Test &amp; Inspect)</b>                                            |              |            |                       |                   |
| Emergency Lights with Battery Pack                                                        | Quantity:    |            | Inspect Frequency:    | Inspect Month:    |
| Exit Lights with Battery Pack                                                             | 0            |            | Please Select         |                   |
| Optional Enhanced Coverage                                                                | No           |            |                       |                   |
| After-Hours Emergency Lighting Inspection                                                 | No           |            |                       |                   |
| Annual Cost                                                                               |              | \$0.00     |                       |                   |
|                                                                                           |              | \$0.00     |                       |                   |
| <b>Kitchen Hoods (Test &amp; Inspect)</b>                                                 |              |            |                       |                   |
| Hood System (incl test & inspection of 1 tank & up to 3 links)                            | Quantity:    |            | Inspect Frequency:    | Inspect Month(s): |
| Additional Tanks                                                                          | 0            |            | Please Select         |                   |
| Additional Links                                                                          | 0            |            |                       |                   |
| Optional Enhanced Coverage                                                                | No           |            |                       |                   |
| After-Hours Kitchen Hood Inspection                                                       | No           |            |                       |                   |
| Annual Cost                                                                               |              | \$0.00     |                       |                   |
|                                                                                           |              | \$0.00     |                       |                   |
| <b>Emergency Shower / Eyewash Stations (Test &amp; Inspect)</b>                           |              |            |                       |                   |
| Initial Shower / Eyewash Station                                                          | Quantity:    |            | Inspect Frequency:    | Inspect Month:    |
| Each Additional                                                                           | 0            |            | Please Select         |                   |
| Additional Hours for Training or to meet Monthly Requirements                             | 0            |            |                       |                   |
| Annual Cost                                                                               |              | \$0.00     |                       |                   |
|                                                                                           |              | \$0.00     |                       |                   |
| <b>Closed Circuit Television (Test &amp; Inspect)</b>                                     |              |            |                       |                   |
| Multiplexer                                                                               | Quantity:    |            | Inspect Frequency:    | Inspect Month:    |
| Camera's (Indoors)                                                                        | 0            |            | Please Select         |                   |
| Camera's (Outdoor)                                                                        | 0            |            |                       |                   |
| Monitors                                                                                  | 0            |            |                       |                   |
| Input Switcher                                                                            | 0            |            |                       |                   |
| Lense Cleaning                                                                            | 0            |            |                       |                   |
| Pan/Tilt                                                                                  | 0            |            |                       |                   |
| Controller                                                                                | 0            |            |                       |                   |
| Heater/Blower                                                                             | 0            |            |                       |                   |
| Battery Testing /Per Battery                                                              | 0            |            |                       |                   |
| Annual Cost                                                                               |              | \$0.00     |                       |                   |
|                                                                                           |              | \$0.00     |                       |                   |
| <b>AI-RGUS for CCTV</b>                                                                   |              |            |                       |                   |
| AI-RGUS Predictive™ per camera/encoder                                                    | Quantity:    |            | Service Frequency:    | Inspect Month:    |
| Standard Labor Coverage (M-F, 8 to 5)                                                     | 0            |            | Please Select         |                   |
| 24/7 Labor Coverage                                                                       | No           |            | 8-5 Standard Coverage |                   |
|                                                                                           | No           |            | 24/7 Labor Coverage   |                   |
| Annual Cost                                                                               |              | \$0.00     |                       |                   |
|                                                                                           |              | \$0.00     |                       |                   |
| <b>Additional FA Inspector Time</b>                                                       |              |            |                       |                   |
| Additional SP Inspector Time                                                              | 0            | \$0.00     | Service Type:         |                   |
| Additional EX/EJ/John/KH Inspector Time                                                   | 0            | \$0.00     |                       |                   |
| Additional Special Hazard Inspector Time                                                  | 0            | \$0.00     |                       |                   |
| Total Additional Inspector Time                                                           | 0            | \$0.00     |                       |                   |
| <b>Insert add'l svc coverage desc. (hood clean, parts, union labor)</b>                   |              |            |                       |                   |
|                                                                                           |              | \$0.00     | Frequency             | Month             |
|                                                                                           |              | \$0.00     | Please Select         |                   |
|                                                                                           |              | \$0.00     | Please Select         |                   |
|                                                                                           |              | \$0.00     | Please Select         |                   |
|                                                                                           |              | \$0.00     | Please Select         |                   |
|                                                                                           |              | \$0.00     | Please Select         |                   |
|                                                                                           |              | \$0.00     | Please Select         |                   |
|                                                                                           |              | \$0.00     | Please Select         |                   |
|                                                                                           |              | \$0.00     | Please Select         |                   |
| <b>Annual Recurring Cost:</b>                                                             |              |            |                       |                   |
|                                                                                           |              | \$1,629.91 | Date:                 |                   |
|                                                                                           |              |            | Customer Signature:   |                   |



Sourcewell   
Awarded Contract

CCA Use Only:  
Sourcewise Region Code#  
AR#  
Ship to Customer #  
Bill to Customer #  
Sourcewise Rev 1 Effective 10-7-25  
Annual Contract Value:  
\$497,877

### Pricing Breakout by Product Line & Inspection Information

## Quantity:

**Make/Model:**

**Inspect Frequency:**

Inspect Month(s)

Simplex 4003

- Fire Panel(s)
- Pull Stations
- Beam Detector Test & Inspect
- Flame Detector Test & Inspect
- Smoke Detector - Sensitivity report from panel per 250
- SmokeDetectors - Test & Inspect
- SmokeDetector - Cleaning
- SmokeDetector - Sensitivity
- Duct Detectors - Functional test
- Duct Detectors - Cleaning
- Duct Detectors - Sensitivity
- Elevator Recall
- AV's, Horn/Strobes
- Speakers
- Heat Detectors
- Warden Phone Jacks
- Transponder
- NAC
- Annunciator
- Other (AHJ input, relays, etc.)
- Vesda Early Detection Device
- WaterFlow
- Tamper Switches
- Dact (Dialer Panel)
- Door Holder
- Enhanced Labor & Panel Parts Option
- Expert Standard Labor Coverage Option
- Expert 24/7 Labor Coverage Option
- Expert Full Service Parts Coverage Option
- After-Hours Fire Alarm Inspection

1  
3  
0  
0  
0  
2  
Not included  
Not included  
0  
Not included  
Not included  
0  
12  
0  
1  
0  
0  
0  
1  
0  
0  
0  
0  
0  
0  
0  
0  
No  
No  
No  
No  
No

**\$0.00**  
**\$462.67**

### Monitoring

Single building fire alarm service  
Single building burglar alarm service  
Multi building applications / and or partitions  
Single building combo panel service (fire/security)  
Elevator Monitoring  
UL Certified Fire Alarm Monitoring  
Cellular Monitoring Fee

Quantity:

\$0.00  
\$0.00

**MONITORING:** By ordering this service you are agreeing to the Master Monitoring Terms and Conditions applicable with this contract. These terms can be referenced in the monitoring tab below.

### Monitoring Accounts

### Sprinkler System (Test & inspect)

Wet Risers  
Dry Risers  
Dry Sprinkler Trip Test

Quantity:

### Internet Emergency

**Inspect Month(s):**

**Pre-Action** (Quarterly pricing includes trip test. Pricing does not reflect additional FA panel or devices. If needed, see FA pricing above).

Additional Control Assemblies (Tamper and Flow)  
PIV's (Post Indicator valve)  
Deluge Risers (Quarterly pricing includes trip test)  
AFFF (Foam tank inspect & lab analysis of foam)  
Fire Hose Stations  
Standpipe  
Anti-Freeze Loops  
Fire Pump  
Monthly Pump Run (each)  
Private Fire Hydrants  
Backflow Preventer (Sprinkler, Domestic, Irrigation)  
Backflow preventer: LA, IN, MI, MD, IL, MO, MN

0000000000

[illegible]

Parse Complete in Row 75

Monthly Valve Inspections (# of Valves - select inspection frequency)

### After-Hours Sprinkler Inspection

No

### Page Select

**Annual Wet Sprinkler Cost**

### Annual Cost of Monthly Valve Inspections

**Annual Dry Sprinkler Cost**

### Annual Anti-Freeze Cost

**Annual Backflow Cost**

**Annual Deluxe Cost**

**Annual Fire Vessel Cost**

**Annual Fee: \$— tree**

\_\_\_\_\_

1500

[illegible]

|                                                                                           |              |          |                           |                   |
|-------------------------------------------------------------------------------------------|--------------|----------|---------------------------|-------------------|
| Annual Standpipe Cost                                                                     |              | \$0.00   |                           |                   |
| Annual Fire Hydrant Cost                                                                  |              | \$0.00   |                           |                   |
| <b>Special Hazards (Test &amp; Inspect)</b>                                               | Quantity:    |          | Inspect Frequency:        | Inspect Month(s): |
| FM200 or Halon System - Up to 300# Tank (Note: Use A&D prices for the testing of devices) | 0            |          | Please Select             |                   |
| Panel                                                                                     | 0            |          |                           |                   |
| Clean Agent System additional cylinder less than 350lbs                                   | 0            |          |                           |                   |
| Clean Agent System additional cylinder greater than 350lbs                                | 0            |          |                           |                   |
| SmokeDetectors - Test & Inspect                                                           | 0            |          |                           |                   |
| SmokeDetector - Cleaning                                                                  | Not Included |          |                           |                   |
| SmokeDetector - Sensitivity                                                               | Not Included |          |                           |                   |
| Heat Detectors                                                                            | 0            |          |                           |                   |
| Pull Stations                                                                             | 0            |          |                           |                   |
| Above Ceiling Smoke Detector (functionality test of smoke detector above ceiling grid)    | 0            |          |                           |                   |
| Subfloor Detector - Test & Inspect                                                        | 0            |          |                           |                   |
| Subfloor Detector - Cleaning                                                              | Not Included |          |                           |                   |
| Subfloor Detector - Sensitivity                                                           | Not Included |          |                           |                   |
| Audio/Visual                                                                              | 0            |          |                           |                   |
| Abort                                                                                     | 0            |          |                           |                   |
| After-Hours Special Hazard Inspection                                                     | No           |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Extinguishers (Test &amp; Inspect)</b>                                                 | Quantity:    |          | Inspect Frequency:        | Inspect Month:    |
| ABC Portable Units                                                                        | 0            |          | Please Select             |                   |
| Clean Agent/Halon                                                                         | 0            |          |                           |                   |
| CO2/K-Class                                                                               | 0            |          |                           |                   |
| Water - stored pressure                                                                   | 0            |          |                           |                   |
| Wheeled Unit - stored pressure                                                            | 0            |          |                           |                   |
| Nevada (includes parts and chemicals)                                                     | 0            |          |                           |                   |
| Optional Enhanced (parts, recharge, service)                                              | No           |          |                           |                   |
| After-Hours Extinguisher Inspection                                                       | No           |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Emergency Lighting (Test &amp; Inspect)</b>                                            | Quantity:    |          | Inspect Frequency:        | Inspect Month:    |
| Emergency Lights with Battery Pack                                                        | 0            |          | Please Select             |                   |
| Exit Lights with Battery Pack                                                             | 0            |          |                           |                   |
| Optional Enhanced Coverage                                                                | No           |          |                           |                   |
| After-Hours Emergency Lighting Inspection                                                 | No           |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Kitchen Hoods (Test &amp; Inspect)</b>                                                 | Quantity:    |          | Inspect Frequency:        | Inspect Month(s): |
| Hood System (incl test & inspection of 1 tank & up to 3 links)                            | 0            |          | Please Select             |                   |
| Additional Tanks                                                                          | 0            |          |                           |                   |
| Additional Links                                                                          | 0            |          |                           |                   |
| Optional Enhanced Coverage                                                                | No           |          |                           |                   |
| After-Hours Kitchen Hood Inspection                                                       | No           |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Emergency Shower / Eyewash Stations (Test &amp; Inspect)</b>                           | Quantity:    |          | Inspect Frequency:        | Inspect Month:    |
| Initial Shower / Eyewash Station                                                          | 0            |          | Please Select             |                   |
| Each Additional                                                                           | 0            |          |                           |                   |
| Additional Hours for Training or to meet Monthly Requirements                             | 0            |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Closed Circuit Television (Test &amp; Inspect)</b>                                     | Quantity:    |          | Inspect Frequency:        | Inspect Month:    |
| Multiplexer                                                                               | 0            |          | Please Select             |                   |
| Camera's (Indoors)                                                                        | 0            |          |                           |                   |
| Camera's (Outdoor)                                                                        | 0            |          |                           |                   |
| Monitors                                                                                  | 0            |          |                           |                   |
| Input Switcher                                                                            | 0            |          |                           |                   |
| Lense Cleaning                                                                            | 0            |          |                           |                   |
| Pan/Tilt                                                                                  | 0            |          |                           |                   |
| Controller                                                                                | 0            |          |                           |                   |
| Heater/Blower                                                                             | 0            |          |                           |                   |
| Battery Testing /Per Battery                                                              | 0            |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>AI-RGUS for CCTV</b>                                                                   | Quantity:    |          | Service Frequency:        | Inspect Month:    |
| AI-RGUS Predictive™ per camera/encoder                                                    | 0            |          | Please Select             |                   |
| Standard Labor Coverage (M-F, 8 to 5)                                                     | No           |          | 8-5 Standard Coverage     |                   |
| 24/7 Labor Coverage                                                                       | No           |          | 24/7 Labor Coverage       |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Additional FA Inspector Time</b>                                                       | 0            | \$0.00   | Service Type:             |                   |
| <b>Additional SP Inspector Time</b>                                                       | 0            | \$0.00   |                           |                   |
| <b>Additional EX/E-L lab/KH Inspector Time</b>                                            | 0            | \$0.00   |                           |                   |
| <b>Additional Special Hazard Inspector Time</b>                                           | 0            | \$0.00   |                           |                   |
| <b>Total Additional Inspector Time</b>                                                    |              | \$0.00   |                           |                   |
| <b>Insert add'l svc coverage desc. (hood clean, parts, union labor)</b>                   |              |          | Frequency                 | Month             |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
| <b>Annual Recurring Cost:</b>                                                             |              | \$462.67 | Date: _____               |                   |
|                                                                                           |              |          | Customer Signature: _____ |                   |



Fire Protection

Sourcewell Cooperative Contract #121024-JHN Note:  
this form is completed by JCFP and provided to the  
customer

Sourcewell  
Awarded Contract

Sourcewell Customer:

Site Name:

Street Address:

City, State, Zip

Location ACE Customer#

Sourcewell Member #:

Sales Representative

Contract Period Begin and End Date

Burnet County Courthouse

Burnet County Courthouse Annex North

1701 E Polk St.

Burnet, TX, 78611

1610199

117780

Carrie Trade Day

Renewal Contract# 80948608

12/1/2025

11/30/2028

GCA Use Only:

Sourcewell Region Code#

ARS

Ship to Customer #

Bill to Customer #

Sourcewell Rev 1 Effective 10-7-25

Annual Contract Value:

\$941.52

Pricing Breakout by Product Line & Inspection Information

Fire Alarm (Test & Inspect)

Make/Model:

Simplex 4010

Quantity:

Inspect Frequency:

Annual

Inspect Month(s):

January

Fire Panel(s) 3  
Pull Stations 8  
Beam Detector Test & Inspect 0  
Flame Detector Test & Inspect 0  
Smoke Detector - Sensitivity report from panel per 250 0  
SmokeDetectors - Test & Inspect 22  
SmokeDetector - Cleaning Not Included  
SmokeDetector - Sensitivity Not Included  
Duct Detectors - Functional test 0  
Duct Detectors - Cleaning Not Included  
Duct Detectors - Sensitivity Not Included  
Elevator Recall 0  
AV's, Horn/Strobes 28  
Speakers 0  
Heat Detectors 1  
Warden Phone Jacks 0  
Transponder 0  
NAC 0  
Annunciator 0  
Other (AHU input, relays, etc.) 0  
Vesda Early Detection Device 0  
WaterFlow 0  
Temper Switches 0  
Duct (Dialer Panel) 0  
Door Holder 0  
Enhanced Labor & Panel Parts Option No  
Expert Standard Labor Coverage Option No  
Expert 24/7 Labor Coverage Option No  
Expert Full Service Parts Coverage Option No  
After-Hours Fire Alarm Inspection No

\$0.00

\$941.52

Annual Cost

Monitoring

Single building fire alarm service 0  
Single building burglar alarm service 0  
Multi building applications / and or partitions 0  
Single building combo panel service (fire/security) 0  
Elevator Monitoring 0  
UL Certified Fire Alarm Monitoring 0  
Cellular Monitoring Fee 0

Quantity:

0

0

0

0

0

0

0

\$0.00

\$0.00

MONITORING: By ordering this service you are agreeing to  
the Master Monitoring Terms and Conditions applicable with  
this contract. These terms can be referenced in the  
monitoring tab below.

Monitoring Account#

Sprinkler System (Test & Inspect)

Wet Risers

Dry Risers

Dry Sprinkler Trip Test

Quantity:

0

0

0

Inspect Frequency:

Please Select

Please Select

Please Select

Inspect Month(s):

Pre-Action (Quarterly pricing includes trip test. Pricing does not reflect  
additional FA panel or devices. If needed, see FA pricing above). 0  
Additional Control Assemblies (Tamper and Flow) 0  
PIV's (Post Indicator valve) 0  
Deluge Risers (Quarterly pricing includes trip test) 0  
AFFF (Foam tank inspect & lab analysis of foam) 0  
Fire Hose Stations 0  
Standpipe 0  
Anti-Freeze Loops 0  
Fire Pump 0  
Monthly Pump Run (each) 0  
Private Fire Hydrants 0  
Backflow Preventer (Sprinkler, Domestic, Irrigation) 0  
Backflow preventer: LA, IN, MN, MD, IL, MO, MI 0

0

Please Complete in Row 75

Please Complete in Row 75

Monthly Valve Inspections (# of Valves - select inspection frequency)

Please Select

After-Hours Sprinkler Inspection

No

\$0.00

Annual Wet Sprinkler Cost

\$0.00

Annual Cost of Monthly Valve Inspections

\$0.00

Annual Dry Sprinkler Cost

\$0.00

Annual Anti-Freeze Cost

\$0.00

Annual Backflow Cost

\$0.00

Annual Deluge Cost

\$0.00

Annual Fire Hose Cost

\$0.00

Annual Fire Pump Inspection Cost

\$0.00

Annual Monthly Fire Pump Run Cost

\$0.00

Annual Pre-Action Cost

\$0.00

\$0.00

Annual Standpipe Cost \$0.00  
Annual Fire Hydrant Cost \$0.00

**Special Hazards (Test & Inspect)**

FM200 or Halon System - Up to 300# Tank (Note: Use A&D prices for the testing of devices)

Panel 0  
Clean Agent System additional cylinder less than 350lbs 0  
Clean Agent System additional cylinder greater than 350lbs 0  
SmokeDetectors - Test & Inspect Not Included  
SmokeDetector - Cleaning Not Included  
SmokeDetector - Sensitivity Not Included  
Heat Detectors 0  
Pull Stations 0  
Above Ceiling Smoke Detector (functionality test of smoke detector above ceiling grid) 0  
Subfloor Detector - Test & Inspect 0  
Subfloor Detector - Cleaning Not Included  
Subfloor Detector - Sensitivity Not Included  
Audio/Visual 0  
Abort 0  
After-Hours Special Hazard Inspection No

Quantity:

Inspect Frequency:

Inspect Month(s):

Please Select

Annual Cost

\$0.00  
\$0.00

**Extinguishers (Test & Inspect)**

ABC Portable Units 0  
Clean Agent/Halon 0  
CO2/K-Class 0  
Water - stored pressure 0  
Wheeled Unit - stored pressure 0  
Nevada (includes parts and chemicals) 0  
Optional Enhanced (parts, recharge, service) No  
After-Hours Extinguisher Inspection No

Quantity:

Inspect Frequency:

Inspect Month:

Please Select

Annual Cost

\$0.00

**Emergency Lighting (Test & Inspect)**

Emergency Lights with Battery Pack 0  
Exit Lights with Battery Pack 0  
Optional Enhanced Coverage No  
After-Hours Emergency Lighting Inspection No

Quantity:

Inspect Frequency:

Inspect Month:

Please Select

Annual Cost

\$0.00  
\$0.00

**Kitchen Hoods (Test & Inspect)**

Hood System (incl test & inspection of 1 tank & up to 3 links) 0  
Additional Tanks 0  
Additional Links 0  
Optional Enhanced Coverage No  
After-Hours Kitchen Hood Inspection No

Quantity:

Inspect Frequency:

Inspect Month(s):

Please Select

Annual Cost

\$0.00  
\$0.00

**Emergency Shower / Eyewash Stations (Test & Inspect)**

Initial Shower / Eyewash Station 0  
Each Additional 0  
Additional Hours for Training or to meet Monthly Requirements 0

Quantity:

Inspect Frequency:

Inspect Month:

Please Select

Annual Cost

\$0.00  
\$0.00

**Closed Circuit Television (Test & Inspect)**

Multiplexer 0  
Camera's (Indoors) 0  
Camera's (Outdoor) 0  
Monitors 0  
Input Switcher 0  
Lens Cleaning 0  
Pan/Tilt 0  
Controller 0  
Heater/Blower 0  
Battery Testing /Per Battery 0

Quantity:

Inspect Frequency:

Inspect Month:

Please Select

Annual Cost

\$0.00  
\$0.00

**AI-RGUS for CCTV**

AI-RGUS Predictive™ per camera/encoder 0  
Standard Labor Coverage (M-F, 8 to 5) No  
24/7 Labor Coverage No

Quantity:

Service Frequency:

Inspect Month:

Please Select

8-5 Standard Coverage

24/7 Labor Coverage

Annual Cost

\$0.00  
\$0.00

**Additional FA Inspector Time**

0

\$0.00

**Additional SP Inspector Time**

0

\$0.00

**Additional E/E-Job/KH Inspector Time**

0

\$0.00

**Additional Special Hazard Inspector Time**

0

\$0.00

**Total Additional Inspector Time**

\$0.00

Insert add'l svc coverage desc. (hood clean, parts, union labor)

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00

Frequency

Month

Please Select

Please Select

Please Select

Please Select

Please Select

Please Select

Please Select

Date:

Annual Recurring Cost:

\$941.52

Customer Signature: \_\_\_\_\_



|                                                                                           |              |          |                           |                   |
|-------------------------------------------------------------------------------------------|--------------|----------|---------------------------|-------------------|
| Annual Standpipe Cost                                                                     |              | \$0.00   |                           |                   |
| Annual Fire Hydrant Cost                                                                  |              | \$0.00   |                           |                   |
| <b>Special Hazards (Test &amp; Inspect)</b>                                               | Quantity:    |          | Inspect Frequency:        | Inspect Month(s): |
| FM200 or Halon System - Up to 300# Tank (Note: Use A&D prices for the testing of devices) | 0            |          | Please Select             |                   |
| Pendant                                                                                   | 0            |          |                           |                   |
| Clean Agent System additional cylinder less than 350lbs                                   | 0            |          |                           |                   |
| Clean Agent System additional cylinder greater than 350lbs                                | 0            |          |                           |                   |
| SmokeDetectors - Test & Inspect                                                           | 0            |          |                           |                   |
| SmokeDetector - Cleaning                                                                  | Not Included |          |                           |                   |
| SmokeDetector - Sensitivity                                                               | Not Included |          |                           |                   |
| Heat Detectors                                                                            | 0            |          |                           |                   |
| Pull Stations                                                                             | 0            |          |                           |                   |
| Above Ceiling Smoke Detector (functionality test of smoke detector above ceiling grid)    | 0            |          |                           |                   |
| Subfloor Detector - Test & Inspect                                                        | 0            |          |                           |                   |
| Subfloor Detector - Cleaning                                                              | Not Included |          |                           |                   |
| Subfloor Detector - Sensitivity                                                           | Not Included |          |                           |                   |
| Audio/Visual                                                                              | 0            |          |                           |                   |
| Abort                                                                                     | 0            |          |                           |                   |
| After-Hours Special Hazard Inspection                                                     | No           |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Extinguishers (Test &amp; Inspect)</b>                                                 | Quantity:    |          | Inspect Frequency:        | Inspect Month:    |
| ABC Portable Units                                                                        | 0            |          | Please Select             |                   |
| Clean Agent/Halon                                                                         | 0            |          |                           |                   |
| CO2/K-Class                                                                               | 0            |          |                           |                   |
| Water - stored pressure                                                                   | 0            |          |                           |                   |
| Wheeled Unit - stored pressure                                                            | 0            |          |                           |                   |
| Nevada (includes parts and chemicals)                                                     | 0            |          |                           |                   |
| Optional Enhanced (parts, recharge, service)                                              | No           |          |                           |                   |
| After-Hours Extinguisher Inspection                                                       | No           |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
| <b>Emergency Lighting (Test &amp; Inspect)</b>                                            | Quantity:    |          | Inspect Frequency:        | Inspect Month:    |
| Emergency Lights with Battery Pack                                                        | 0            |          | Please Select             |                   |
| Exit Lights with Battery Pack                                                             | 0            |          |                           |                   |
| Optional Enhanced Coverage                                                                | No           |          |                           |                   |
| After-Hours Emergency Lighting Inspection                                                 | No           |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Kitchen Hoods (Test &amp; Inspect)</b>                                                 | Quantity:    |          | Inspect Frequency:        | Inspect Month(s): |
| Hood System (incl test & inspection of 1 tank & up to 3 links)                            | 0            |          | Please Select             |                   |
| Additional Tanks                                                                          | 0            |          |                           |                   |
| Additional Links                                                                          | 0            |          |                           |                   |
| Optional Enhanced Coverage                                                                | No           |          |                           |                   |
| After-Hours Kitchen Hood Inspection                                                       | No           |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Emergency Shower / Eyewash Stations (Test &amp; Inspect)</b>                           | Quantity:    |          | Inspect Frequency:        | Inspect Month:    |
| Initial Shower / Eyewash Station                                                          | 0            |          | Please Select             |                   |
| Each Additional                                                                           | 0            |          |                           |                   |
| Additional Hours for Training or to meet Monthly Requirements                             | 0            |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Closed Circuit Television (Test &amp; Inspect)</b>                                     | Quantity:    |          | Inspect Frequency:        | Inspect Month:    |
| Multiplexer                                                                               | 0            |          | Please Select             |                   |
| Camera's (Indoors)                                                                        | 0            |          |                           |                   |
| Camera's (Outdoor)                                                                        | 0            |          |                           |                   |
| Monitors                                                                                  | 0            |          |                           |                   |
| Input Switcher                                                                            | 0            |          |                           |                   |
| Lense Cleaning                                                                            | 0            |          |                           |                   |
| Per/Tel                                                                                   | 0            |          |                           |                   |
| Controller                                                                                | 0            |          |                           |                   |
| Heater/Blower                                                                             | 0            |          |                           |                   |
| Battery Testing /Per Battery                                                              | 0            |          |                           |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>AI-RGUS for CCTV</b>                                                                   | Quantity:    |          | Service Frequency:        | Inspect Month:    |
| AI-RGUS Predictive™ per camera/encoder                                                    | 0            |          | Please Select             |                   |
| Standard Labor Coverage (M-F, 8 to 5)                                                     | No           |          | 8-5 Standard Coverage     |                   |
| 24/7 Labor Coverage                                                                       | No           |          | 24/7 Labor Coverage       |                   |
| Annual Cost                                                                               |              | \$0.00   |                           |                   |
|                                                                                           |              | \$0.00   |                           |                   |
| <b>Additional FA Inspector Time</b>                                                       | 0            | \$0.00   | Service Type:             |                   |
| <b>Additional SP Inspector Time</b>                                                       | 0            | \$0.00   |                           |                   |
| <b>Additional EWE-1 Job/KH Inspector Time</b>                                             | 0            | \$0.00   |                           |                   |
| <b>Additional Special Hazard Inspector Time</b>                                           | 0            | \$0.00   |                           |                   |
| <b>Total Additional Inspector Time</b>                                                    |              | \$0.00   |                           |                   |
| <b>Insert add'l svc coverage desc. (hood clean, parts, union labor)</b>                   |              |          | Frequency                 | Month             |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
|                                                                                           |              | \$0.00   | Please Select             |                   |
| <b>Annual Recurring Cost:</b>                                                             |              | \$537.48 | Date: _____               |                   |
|                                                                                           |              |          | Customer Signature: _____ |                   |



Sourcewell   
Awarded Contract

**CCA Use Only:**  
**Sourcwell Region Code:**  
**API:**  
**Ship to Customer #**  
**Bill to Customer #**  
**Sourcwell Rev 1 Effective 10-7-25**  
**Annual Contract Value:**  
**\$646.7M**

## Inspect Month(s):

1994

Inspect Month(s):

## Monitoring Account#

Please Select  
Please Select  
Please Select

|                           |                           |  |
|---------------------------|---------------------------|--|
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Select             |                           |  |
| Please Complete in Row 75 | Please Complete in Row 75 |  |
| Please Select             |                           |  |

Please Select

[illegible]

Annual Standpipe Cost \$0.00  
 Annual Fire Hydrant Cost \$0.00  
 Annual Fire Hydrant Cost \$0.00

**Special Hazards (Test & Inspect)**  
 FM200 or Halon System - Up to 300# Tank (Note: Use A&D prices for the testing of devices)  
 Panel 0  
 Clean Agent System additional cylinder less than 350lbs 0  
 Clean Agent System additional cylinder greater than 350lbs 0  
 Smoke Detectors - Test & Inspect 0  
 Smoke Detector - Cleaning Not Included  
 Smoke Detector - Sensitivity Not Included  
 Heat Detectors 0  
 Pull Stations 0  
 Above Ceiling Smoke Detector (functionality test of smoke detector above ceiling grid) 0  
 Subfloor Detector - Test & Inspect 0  
 Subfloor Detector - Cleaning Not Included  
 Subfloor Detector - Sensitivity Not Included  
 Audio/Visual 0  
 Abort 0  
 After-Hours Special Hazard Inspection No

Inspect Frequency: \_\_\_\_\_  
 Please Select  
 Inspect Month(s): \_\_\_\_\_

Annual Cost \$0.00  
 Annual Cost \$0.00

**Extinguishers (Test & Inspect)**  
 ABC Portable Units 0  
 Clean Agent/Halon 0  
 CO2/K-Class 0  
 Water - stored pressure 0  
 Wheeled Unit - stored pressure 0  
 Nevada (includes parts and chemicals) 0  
 Optional Enhanced (parts, recharge, service) No  
 After-Hours Extinguisher Inspection No

Inspect Frequency: \_\_\_\_\_  
 Please Select  
 Inspect Month: \_\_\_\_\_

Annual Cost \$0.00  
 Annual Cost \$0.00

**Emergency Lighting (Test & Inspect)**  
 Emergency Lights with Battery Pack 0  
 Exit Lights with Battery Pack 0  
 Optional Enhanced Coverage No  
 After-Hours Emergency Lighting Inspection No

Inspect Frequency: \_\_\_\_\_  
 Please Select  
 Inspect Month: \_\_\_\_\_

Annual Cost \$0.00  
 Annual Cost \$0.00

**Kitchen Hoods (Test & Inspect)**  
 Hood System (incl test & inspection of 1 tank & up to 3 links) 0  
 Additional Tanks 0  
 Additional Links 0  
 Optional Enhanced Coverage No  
 After-Hours Kitchen Hood Inspection No

Inspect Frequency: \_\_\_\_\_  
 Please Select  
 Inspect Month(s): \_\_\_\_\_

Annual Cost \$0.00  
 Annual Cost \$0.00

**Emergency Shower / Eyewash Stations (Test & Inspect)**  
 Initial Shower / Eyewash Station 0  
 Each Additional 0  
 Additional Hours for Training or to meet Monthly Requirements 0

Inspect Frequency: \_\_\_\_\_  
 Please Select  
 Inspect Month: \_\_\_\_\_

Annual Cost \$0.00  
 Annual Cost \$0.00

**Closed Circuit Television (Test & Inspect)**  
 Multiplexer 0  
 Camera's (Indoors) 0  
 Camera's (Outdoor) 0  
 Monitors 0  
 Input Switcher 0  
 Lens Cleaning 0  
 Pan/Tilt 0  
 Controller 0  
 Heater/Blower 0  
 Battery Testing /Per Battery 0

Inspect Frequency: \_\_\_\_\_  
 Please Select  
 Inspect Month: \_\_\_\_\_

Annual Cost \$0.00  
 Annual Cost \$0.00

**AI-RGUS for CCTV**  
 AI-RGUS Predictive™ per camera/encoder 0  
 Standard Labor Coverage (M-F, 8 to 5) No  
 24/7 Labor Coverage No

Service Frequency: \_\_\_\_\_  
 Please Select  
 8-5 Standard Coverage  
 24/7 Labor Coverage

Annual Cost \$0.00  
 Annual Cost \$0.00

**Additional FA Inspector Time** 0 \$0.00  
**Additional SP Inspector Time** 0 \$0.00  
**Additional EX/E-I/Int/Ext Inspector Time** 0 \$0.00  
**Additional Special Hazard Inspector Time** 0 \$0.00  
**Total Additional Inspector Time** 0 \$0.00

Service Type:

Insert add'l svc coverage desc. (hood clean, parts, union labor)

\$0.00  
 \$0.00  
 \$0.00  
 \$0.00  
 \$0.00  
 \$0.00  
 \$0.00

Frequency Month  
 Please Select  
 Please Select  
 Please Select  
 Please Select  
 Please Select  
 Please Select  
 Please Select

Annual Recurring Cost: \$419.79

Date: \_\_\_\_\_  
 Customer Signature: \_\_\_\_\_