

Consent
12/7/10
#24164

AI-20525

13.F.

COOP & Rental/Renewal/Monitoring Agreements

CC CONSENT

Date: 03/30/2010
 Submitted By: Matilde Faz, PURCHASING DEPT.
 Submitted For: Marty Salazar
 Department: PURCHASING DEPT.
 Agenda Category: Purchasing Department

Information

CAPTION

1. Approval to utilize the following cooperative purchasing vendors (as listed in detailed revised Exhibit(s) attached) for purchases on an "AS NEEDED BASIS" through our membership/participation with Texas Procurement and Support Services (TPASS), (DIR) Department of Information Resources, (TCPN) The Cooperative Purchasing Network, (HGAC), US Communities, (GSA) General Service Administration, (TASB-Buy Board) Texas Association of School Board, (TIPS) The Interlocal Purchasing System awarded pricing including, but not limited to, Precincts, Department, Programs, Agencies, etc. with term of authority to purchase from contract detailed herein commencing upon approval and expiring December 31, 2010.

2. Requesting authority to enter into a 12-month renewal license and support agreement plus (1) extra state wide user license with (TCLEDDS) Texas Commission on Law Enforcement Data Distribution System with "THE PRODUCTIVITY CENTER" for the Sheriff's Department in the amount of \$5,795.00/year, through requisition #172443 and requisition #172444 for \$315.00. Upon approval (0-1100-421-00-280-001-0-336)

3. Requesting authority to purchase/upgrade the fire alarm system through our membership/participation with the Texas Association of School Boards Cooperative "Buyboard" awarded vendor Superior Alarms contract #325-09 for the Health & Human Services Department in the total of \$2,521.70 for the following locations;

Requisition	Location	Amount
171046	McAllen clinic, 300 E. Hackberry, McAllen, TX	\$1,233.32
171046	Edinburg clinic, 3105 E. Richardson, Edinburg, TX	\$429.46
171046	Mission clinic, 211 Shurbock Road, Mission, TX	\$429.46
171046	Weslaco clinic, 1901 N. Bridge, Weslaco, TX	\$429.46

4. Requesting approval & authority to enter into a 3 years fire alarm monitoring services and execute required commercial alarm monitoring agreement through our membership/participation with the Texas Association of School Boards Cooperative "Buyboard" awarded vendor Superior Alarms contract #325-09 for the Health & Human Services Department following clinics through requisition #171045. effective upon approval

Location	Conditions Monitored	Monthly	Account Number
Weslaco Clinic 1901 N. Bridge, Weslaco, TX	Security	\$20.00	0-1100-441-00-340-003-0-413
Central Office 1304 S. 25th Ave. Edinburg, TX	Security	\$20.00	0-1100-441-00-340-003-0-413
Pharr, Clinic 1903 N. Fir, Pharr, TX	Security	\$20.00	0-1100-441-00-340-003-0-413

COMMERCIAL ALARM MONITORING AGREEMENT

ACCOUNT NUMBER _____ COMMUNICATOR MAKE & MODEL DATE ON LINE _____ DEALER John Trevin

SUBSCRIBER
 NAME Hidalgo County Health Dept.
 ADDRESS 1304 S. 25th St.
 CITY Edinburg STATE TX ZIP CODE 78531
 TEL. NO. () 318-6221 () _____
 FAX NO. () _____ S.S. NO. _____
 TOLL _____

COMPANY
Superior Alarms
 600 Ash Avenue, McAllen, TX 78501
 Ph. (956) 682-6005
 FAX (956) 630-2434

LOCATION OF ALARM DEVICES
 Physical Address 1901 N. Bridge Rd. City Weslaco State TX Zip 78585
 Directions to Subscriber's Location: _____

CONDITIONS MONITORED
 Fire Hold-up Burglar Panic Low Batt Medical Close Open Other _____
TYPE OF INSTALLATION
 Business Warehouse Office Store Factory Other _____

CODES ZONES / DESCRIPTIONS (ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)

ALARM CODE	ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS	VERIFY		AUDIBLE		ALARM CODE	ALARM ZONE	CONDITION	COMMENTS / AREA PREMISES INSTRUCTIONS	VERIFY		AUDIBLE	
				YES	NO	YES	NO					YES	NO		

LOCAL AUTHORITIES TO BE NOTIFIED

CODE	AUTHORITY	NAME	TELEPHONE NUMBER
	Local Police Department		() _____
	Local Fire Department	<u>Weslaco F.D.</u>	() _____
	Other		() _____
	Other		() _____

AUTHORIZED INDIVIDUALS TO BE NOTIFIED
 IN ORDER OF PRIORITY (Individuals to be notified in the event of an alarm condition. Calls are made in sequence until contact is established.)

NAME	PRIMARY PHONE # (Desc)	ALTERNATE PHONE # (Desc)
1 <u>Janice Tuzov</u>	<u>969-5904 (H)</u>	<u>463-9862 (C)</u>
2 <u>Elva Murphy</u>	<u>797-1462 (H)</u>	<u>793-6570 (C)</u>
3	()	()
4	()	()
5	()	()

Phone Descriptions are: B = Beeper, C = Car, D = Digital Pager, H = Home, W = Work, V = Voice Pager

FOR OPEN / CLOSE MONITORING ONLY

Check for appropriate open/close:
 Log only (no action) Supervised (action outside specified timed) Action to be taken _____
 Supervised schedule below: use your local time.

	SUN	MON.	TUES.	WED.	THURS.	FRI.	SAT.
OPEN							
CLOSE							

Activity Report Yes No Monthly

Early Open Allowance _____
 Late Open Allowance _____
 Late Close Allowance _____
 Mailed to: _____

FEES • TERMS • PAYMENTS

INITIAL TERM: 3 Year(s) Annual Fee \$ 240. + tax
6 No. of payments equal payments of \$ 120. each payable semi on the April 5 day of April - Sep, beginning April 2010, and continuing regularly and semi thereafter.

Subject to Terms and Conditions of this Agreement (including those on the reverse side), the Subscriber agrees to subscribe for monitoring by Company. SUBSCRIBER MUST SIGN IN THREE PLACES

ACCEPTED:
 By [Signature] Title [Signature]
 Date 4/30/10

Signature of Subscriber [Signature] DATE 4-6-10

WHITE - SUPERIOR ALARMS PINK - CUSTOMER COPY
 FOR SUPERIOR CENTRAL STATION, INC. USE ONLY REV. A

Monitoring Information Approved by _____ Date _____
 Monitoring Information Entered by _____ Date _____
 Billing Information Completed by _____ Date _____
 Billing Information Entered by _____ Date _____
 Form Filed in Customer File by _____ Date _____

Approved by: _____
 Date _____

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