



We have prepared a quote for you

City of Lorain - OH - 2026 Getac Cloud Renewal

Quote # 014839
Version 1

Prepared for:

City of Lorain - OH

Kelly Zakrajsek
kelly_zakrajsek@cityoflorain.org



Items

Description	Price	Qty	Ext. Price
(10) Devices X (4) Months = (40) Quantity (From Dec. 2025 purchase)			
OUA03X Getac Cloud - Monthly Plan 3 (Cloud 60G, SW maintenance)	\$61.00	40	\$2,440.00
(93) Devices X (12) Months = (1116) Quantity			
OUA03X Getac Cloud - Monthly Plan 3 (Cloud 60G, SW maintenance)	\$61.00	1116	\$68,076.00
(2) Devices X (12) Months = (24) Quantity			
OUA07X Getac Cloud - Video License and Maintenance (Per Master dock App) Per Month	\$9.00	24	\$216.00
Term: 6/30/2026 - 7/1/2027			
Subtotal:			\$70,732.00

City of Lorain - OH - 2026 Getac Cloud Renewal



Prepared by:

Brite
 Jamie Isaacs
 513-659-4336
 Fax 585-758-0222
 jisaacs@brite.com

Prepared for:

City of Lorain - OH
 100 WEST ERIE AVENUE
 LORAIN, OH 44052
 Kelly Zakrajsek
 (440) 204-2090
 kelly_zakrajsek@cityoflorain.org

Quote Information:

Quote #: 014839
 Version: 1
 Delivery Date: 02/04/2026
 Expiration Date: 03/01/2026

Quote Summary

Description	Amount
Items	\$70,732.00
Total:	\$70,732.00

- Agreed upon payment terms: NET 30
- Any changes to the orders after acceptance may result in additional fees.
- Any returns must be accompanied by a return authorization and will be subject to restocking fees.
- Any returns must be approved with 30 days of shipping dates
- All services will be invoiced upfront and efforts debited against the units described above.
- All Professional Services credits are valid for a period of 1 year from time of purchase and shall be planned in advance with a minimum of four (4) week notice period
- All hardware and accessories will be invoiced when shipped.
- All software will be invoiced upon delivery of license.
- All subscriptions will be invoiced when activated.
- Terms and conditions listed within a Master Services Agreement or Statement of Work supersede any listed here.
- Travel costs will be billed separately unless otherwise stated.
- All support is considered manufacturers depot warranty support unless otherwise stated.
- All taxes on this quote are estimated. Appropriate taxes will be calculated and included at the time of Invoice.
- **Please Note: Global trade and tariff uncertainty has created unpredictable pricing volatility. Brite cannot guarantee pricing of 3rd party solutions. Please confirm quotes prior to order submission.**

Taxes, shipping, handling and other fees may apply. We reserve the right to cancel orders arising from pricing or other errors.

City of Lorain - OH

Signature: _____

Name: Kelly Zakrajsek

Date: _____



**BOARD OF CONTROL
REQUEST FORM**

The Board of Control meeting is held on Wednesdays at 11:15 a.m. in Council Chambers.
(Meeting location, day and time is subject to change with advanced notice)

**All requests must be received by no later than 10:00 a.m. on the Tuesdays prior to the meeting,
or by 10:00 a.m. one day prior to the meeting when BOC is held on a day other than Wednesday.**

<<< Answer all of the following questions for each request submitted >>>

- 1. Request Date: 2/11/26
- 2. Name of Department Submitting Request: Lorain Police Department
- 3. Summary of Report: The Lorain Police Department request approval for the renewal with Brite for the cloud for body camers in the amount of \$70,732.00. To be paid out of Levy contractual account.

4. Name of Vendor: Brite

5. Amount: \$ 70,732.00

6. Number of account to be used for 2590.S400.6300.1500 funding:

7. VENDOR DETAIL
Sole Source Vendor - Yes No State Purchasing Vendor - Yes No

List the names and the quote received from *at least* three vendors for the requested item;
Or, if bids were submitted, use this area to list vendor names and bid amounts.

Vendor #1 _____

Vendor #2 _____

Vendor #3 _____

Vendor #4 _____

- 8. The Treasurer's Office has verified that the vendor selected is registered with the City. Yes No
- 9. Is the amount requested due to a change order? Yes No
- 10. If necessary, has City Council approved and when? (Please provide Ordinance number) _____

