

AMENDMENT TO MULTI-FUNCTION DEVICES RFP # 16-SFY-08

PLEASE NOTE: A Score Sheet was not previously made available for this RFP. A Score Sheet that will be used to score the vendors' proposal for this RFP has been posted to the website on February 24, 2016 in "Active RFPs," and is titled "Multi-Function Devices RFP Score Sheet."

Except for the below sections that are revised as a result of this amendment, the original RFP document remains in full force and effect.

The following sections of the RFP have been amended as follows:

- **HOW TO SUBMIT A PROPOSAL, page 2 of 8:**

This section is amended as follows:

Return completed proposals to the Clark County Department of Job & Family Services, Attention Amber Mullaly, 1345 Lagonda Avenue, Building C, Springfield, Ohio 45503 on or before 3:00 p.m. on March 1, 2016. Vendor can leave proposals with Lobby C receptionist and she will date and time stamp when the proposal was received. Proposals shall be clearly marked on the outside of the envelope in the lower left hand corner as follows: "MULTI-FUNCTION DEVICES RFP #16-SFY-08." The name and address of the vendor submitting the proposal shall also appear on the outside of the envelope.

- **A. MULTI-FUNCTION DEVICE REQUIREMENTS, page 5 of 8:**

This section is amended as follows:

14. 3 devices for JFS must have a capability to print in color; ~~and~~
15. 75,000+ pages per month operating capacity, total for all fifteen (15) machines, and
16. All machines shall be brand new.

- **D. PAPER CUT (OR SIMILAR PRODUCT) REQUIREMENTS, page 6 of 8:**

This section is amended as follows:

1. Install and configure PaperCut on ~~all fifteen (15)~~ fourteen (14) devices (all devices except that used in the Garage), for use by up to 250 users;

- **F. OTHER CONTRACT TERMS, page 7 of 8:**

This section is amended as follows:

6. If Vendor intends to utilize any subcontractors or lessors to perform any aspect of the Scope of Work outlined in this RFP, it must include a statement of the work to be performed by the subcontractor/lessor, subcontractor/lessor's name, address, and phone number. Vendor agrees not to permit any subcontractor/lessor to begin work under ~~Addendum~~ the contract, and that no substitutions will be made, without prior written approval. Vendor further agrees not to grant any unapproved subcontractor/lessor access to any Department or Clark County facility, equipment, client, or client records.

- **G. PROHIBITED CONTRACT TERMS, page 7 of 8:**

This section is amended as follows:

By submitting a proposal, vendor accepts that the following language represents prohibited terms with regards to all dealings with Board, Department, and any other County agency or department (including service agreements) and no contract, lease document, service agreement, or any other document from vendor or any of its subcontractors shall contain any of the following language. If any of this language is included in any documents provided by vendor or its subcontractors, the terms will be superseded by this RFP and will be unenforceable:

- **H. CURRENT DEPARTMENT EQUIPMENT, page 8 of 8:**

This section is amended as follows:

LOCATION	Brand	Model #	Average Monthly Usage	
			B/W	Color
<u>BLGD A</u>				
BIG ROOM FRONT	Konica Minolta	363	2,622	
RESOURCE ROOM	Konica Minolta	363	4,005	
MAIN LOBBY	Konica Minolta	363	4,458	
ADMIN Hearing Room	Konica Minolta	600	25,390	
<u>BLDG C</u>				
4TH	Konica Minolta	360	2,960	3,084
3RD	Konica Minolta	363	10,138	
2ND	Ricoh -Gestetner	735	6,010	
1ST	Ricoh -Gestetner	725	1,005	
BMT	Ricoh -Gestetner	725	561	
<u>BLDG D</u>				
LEGAL	Konica Minolta	600	7,918	
FISCAL LOBBY	Konica Minolta	363	4,490	
FRONT Specialty Services	Konica Minolta	363	7,852	
CAC	Xerox	XWC6400	3,150	775
<u>GARAGE</u>				
	Savin	816		
<u>SHOP</u>				
	Ricoh -Gestetner	735	443	
			81,002	3,859
Total average pages per month			84,861	

The rest of this page intentionally left blank.

- SAMPLE CONTRACT – APPENDIX I, STATEMENT OF WORK TO BE PERFORMED, page 11-12 of 14:**

This section is amended as follows:

MULTI-FUNCTION DEVICES

	LOCATION	EQUIPMENT	ACCESSORIES	MONTHLY LEASE COST
1.	Building A, Caseworker / Big Front Room		RightFax, Finisher, PaperCut	\$ _____
2.	Building A, Resource Room		RightFax, Finisher, PaperCut	\$ _____
3.	Building A, Main Lobby		RightFax, Finisher, PaperCut	\$ _____
4.	Building A, Administrative Hearing Room		RightFax, Finisher, PaperCut	\$ _____
5.	Building C, 4 th Floor		RightFax, Finisher, PaperCut	\$ _____
6.	Building C, 3 rd Floor		RightFax, Finisher, PaperCut	\$ _____
7.	Building C, 2 nd Floor		RightFax, Finisher, PaperCut	\$ _____
8.	Building C, 1 st Floor		Finisher, PaperCut	\$ _____
9.	Building C, Basement		Finisher, PaperCut	\$ _____
10.	Building D, Legal		RightFax, Finisher, PaperCut	\$ _____
11.	Building D, Fiscal Office		RightFax, Finisher, PaperCut	\$ _____
12.	Building D, Specialty Services		RightFax, Finisher, PaperCut	\$ _____
13.	Building D, Child Advocacy Center (CAC)		Finisher, PaperCut	\$ _____
14.	Garage		PaperCut	\$ _____
15.	Shop		PaperCut	\$ _____
Total Monthly Lease Cost				\$ _____
Total Cost of Device Leases				\$ _____
Maximum Amount Available for Per-page Service Costs				\$ _____

PAPERCUT

Contractor shall install and configure PaperCut on ~~all fifteen (15)~~fourteen (14) devices (all machines except Garage), for use by up to 250 users. Contractor will provide ongoing maintenance and support for PaperCut for the term of Contract. PaperCut will include the use of proximity card readers to allow for individual identification at device. PaperCut will include Follow-Me Printing and Rules-Based Printing. Contractor shall install and configure PaperCut and the card readers on all devices and shall provide training to Department staff, as needed and scheduled by Department. The proximity card readers, installation of card readers and PaperCut, training required by Department, and five years of maintenance and support for PaperCut and card readers shall be included in the monthly cost for this service, as detailed below. No additional costs shall be allowed relating to this product or service, unless agreed to in advance, in writing, by Department.

	PRODUCT/SERVICE	# OF MACHINES	MONTHLY COST	ANNUAL COST	TOTAL COST
1.	PaperCut Lease or Purchase	15 14	\$ _____	\$ _____	\$ _____
2.	PaperCut Support/Maintenance	15	\$ _____	\$ _____	\$ _____
2.	RightFax, Upgrade Lease or Purchase	10	\$ _____	\$ _____	\$ _____
3.	RightFax, Support/Maintenance	10	\$ _____	\$ _____	\$ _____
Total Monthly Additional Service Cost					\$ _____
Additional Annual Renewal Cost, Years 2-5					\$ _____
Total Cost of Additional Services					\$ _____