

# **City of Scottsbluff, Nebraska**

**Monday, May 4, 2020**

**Regular Meeting**

## **Item Reports1**

**Council to discuss and consider action on the contract renewal for the postage machine at City Hall with Quadient Leasing and authorize the Mayor to sign the Agreement**

**Staff Contact: Liz Hilyard, Finance Director**

**Section (A) Office Information**

|                        |                                 |                                 |                 |
|------------------------|---------------------------------|---------------------------------|-----------------|
| Office Number:<br>9470 | Office Name:<br>Midwest Connect | Office Phone #:<br>308 238 5070 | Date Submitted: |
|------------------------|---------------------------------|---------------------------------|-----------------|

**Section (B) Billing Information**

|  |                                       |                        |
|--|---------------------------------------|------------------------|
| Company Name (Full legal name):<br>City of Scottsbluff     |                                       |                        |
| DBA:   |                                       |                        |
| Billing Address:<br>2525 Circle Drive                      |                                       |                        |
| Billing City:<br>Scottsbluff                               | State:<br>NE                          | ZIP Code + 4:<br>69361 |
| Billing Contact Name:<br>Liz Hilyard                       | Contact Phone Number:<br>308 633 3796 |                        |
| Billing Contact Title:<br>Director of Finance              | Contact Fax Number:<br>308 630 6294   |                        |
| Billing Contact Email Address:<br>ehilyard@scottsbluff.org | Purchase Order Number:                |                        |

**Section (C) Installation Information (if different than Billing Information)**

|  |  |                        |
|--|--|------------------------|
| Company Name (Full legal name):<br>City of Scottsbluff                       |  |                        |
| Installation Address (No PO Boxes or General Delivery):<br>2525 Circle Drive |  |                        |
| Installation City:<br>Scottsbluff  | State:<br>NE                           | ZIP Code + 4:<br>69361 |
| Installation Contact Name:<br>Liz Hilyard                                    | Phone Number:<br>308 633 3796          |                        |
| Installation Contact Title:<br>Director of Finance                           | Fax Number:<br>308 630 6294            |                        |
| Installation Contact Email Address:<br>ehilyard@scottsbluff.org              |  |                        |
| Main Post Office Name / Mail Drop off:<br>Scottsbluff NE                     | Post office 5-Digit ZIP Code:<br>69361 |                        |

**Section (D) Products**

|   | Quantity | Model / Part Number | Description (Include Serial Number, if applicable)<br><input type="checkbox"/> See additional listed products on attached continuation schedule. |
|---|----------|---------------------|--|
| 1 | 1        | IX3WP5              | IX-3 Series Base w/5lb Integrated Weighing Platform,   |
| 2 |          |                     | Moistener, Catch Tray and Ink Cartridge  |
| 3 |          |                     |  |
| 4 |          |                     |  |

**Section (E) Lease Payment Information & Lease Payment Schedule**

|   |  |             |   |
|---|--|-------------|---|
| <b>Tax Status:</b><br><input type="checkbox"/> Taxable<br><input checked="" type="checkbox"/> Tax-Exempt<br>(Certificate attached)                  | Period   | # of Months | Monthly Payment (plus applicable taxes) |
|   | First  | 63          | \$67.94                                 |
|   | Next   |             |   |
|   | Next   |             |   |
|   | Next   |             |   |
| <b>Billing Frequency:</b><br><input type="checkbox"/> Monthly<br><input checked="" type="checkbox"/> Quarterly<br><input type="checkbox"/> Annually | <b>Billing Method:</b><br><input checked="" type="checkbox"/> Standard |             |   |
| Current Lease Number:<br><input type="checkbox"/> ACH (Customer to submit authorization form)   |  |             |   |

**Section (F) Postage Meter & Postage Funding Information**

|  |   |
|--|---|
| Meter Model:<br>IX3AI  | Machine Model:<br>IX3WP5  |
| <b>Postage Funding Method:</b><br><input checked="" type="checkbox"/> Bill Me<br><input type="checkbox"/> Prepay By Check<br><input type="checkbox"/> ACH Debit (Customer to submit authorization form)  | <b>Postage Funding Account:</b><br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Existing Account<br>TMS Account # _____<br>POC Account # _____ |
| <b>Service Products (Check all that apply)</b><br><input checked="" type="checkbox"/> Online Postal Rates iMeter™ App (SP10)<br><input type="checkbox"/> Online Postal Expense Manager iMeter™ App (SP20/NeoStats)<br><input type="checkbox"/> Online E-Services iMeter™ App (SP30)<br><input type="checkbox"/> Online E-Services with Electronic Return Receipt iMeter™ App (SP35)<br><input type="checkbox"/> Neoship BASIC – Requires Quadient Postage Funding (EP70)<br><input type="checkbox"/> Neoship PLUS – Requires Quadient Postage Funding (EP70PLUS)<br><input type="checkbox"/> Neoship ADVANCED - Requires Quadient Postage Funding (NEOSHIPADV)<br><input type="checkbox"/> Neoship Install & User Guide (EP70GUIDES)<br><input type="checkbox"/> RunMyMail<br><input checked="" type="checkbox"/> Maintenance (provided by your authorized office)<br><input checked="" type="checkbox"/> Installation & Training (provided by your authorized office)<br><input type="checkbox"/> Annual Software Support (Maintenance)<br>Covered Product: |   |

**Section (G) Approval**

Existing customers who currently fund the Postage account by ACH Debit will not be converted to a Postage Funding Account unless initial here \_\_\_\_\_.

This document consists of a Product Lease Agreement with Quadient Leasing USA, Inc.; and a Postage Meter Rental Agreement, and an Online Services and Software Agreement with Quadient, Inc.; and a Postage Funding Account Agreement with Quadient Finance USA, Inc. Your signature constitutes an offer to enter into such agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version Commercial-Equipment-Lease-Terms-USPS-Dealer-V1-2020), which are also available at [www.quadient.com/Commercial-Equipment-Lease-Terms-USPS-Dealer-V1-2020](http://www.quadient.com/Commercial-Equipment-Lease-Terms-USPS-Dealer-V1-2020), and that you are authorized to sign the agreements on behalf of the customer identified above. The agreements will become binding on the companies identified above only after an authorized individual accepts your offer by signing below, or when the equipment is shipped to you.

|   |                      |               |
|---|----------------------|---------------|
| Authorized Signature                          | Print Name and Title | Date Accepted |
| Accepted by Quadient, Inc. and its Affiliates |                      | Date Accepted |