December 3, 2020

#### **PROPOSAL FOR**

# RICHLAND COUNTY HEALTH & HUMAN SERVICES BARB SCOTT

Prepared By:

Fred Kunkel Technology Advisor 320.259.3001 x1701 fred.kunkel@marconet.com

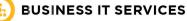
Document Number: 093216



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# IT - Expand Mitel system in the sheriff department -- RICHLAND COUNTY HEALTH & **HUMAN SERVICES**



Prepared by:

Marco - Madison

Fred Kunkel 320.259.3001 x1701 fred.kunkel@marconet.com

#### Prepared for:

HUMAN SERVICES 221 WEST SEMINARY STREET RICHLAND CENTER, WI 53581 BARB SCOTT 608.647.8821 barbara.scott@co.richland.wi. us

#### Ship To:

RICHLAND COUNTY HEALTH & RICHLAND COUNTY HEALTH & Quote #: 093216 HUMAN SERVICES 221 W SEMINARY ST RICHLAND CENTER, WI 53581- Date Issued: 12/03/2020 2358 BARB SCOTT 608.647.8821 barbara.scott@co.richland.wi. us

### **Quote Information:**

Version: 1 Expiration Date: 12/23/2020 Special Pricing Program: NJPA

## Products

| Description  | One-Time | Qty      | Ext. One-Time |
|--|----------|----------|---------------|
| This quote is based on the Mitel Sourcewell contract #022719-MBS   |          |          |               |
| MiVoice Bus License - Enterprise User  | \$105.00 | 3        | \$315.00      |
| UCCv4.0 Entry User for MiVoice Bus x1  | \$135.00 | 42       | \$5,670.00    |
| 6920 IP Phone  | \$177.00 | 8        | \$1,416.00    |
| Mitel MiVoice 6930 IP Phone - Wall Mountable, Desktop - Black - VoIP -<br>Speakerphone - 2 x Network (RJ-45) - USB - PoE Ports - Color | \$246.00 | 27       | \$6,642.00    |
| Mitel MiVoice 6970 IP Conference Station - Corded/Cordless - Bluetooth - VoIP -<br>USB - PoE Ports - Color                             | \$495.00 | 2        | \$990.00      |
| Enterprise License Group   | \$600.00 | 1        | \$600.00      |
| SWA Std 1y MiVBus DLM  |          | 1        |               |
|  | S        | ubtotal: | \$15,633.00   |

## **Professional Services Labor**

| Description   | One-Time   | Qty      | Ext. One-Time |
|---|------------|----------|---------------|
| Marco Professional Services - Fixed Fee - Milestone 1 | \$5,451.46 | 1        | \$5,451.46    |
|   | S          | ubtotal: | \$5,451.46    |



#### SCHEDULE A - SCHEDULE OF PRODUCTS TO PRODUCT AGREEMENT(S)

# Quote Summary - One-Time Expenses

| Description                 |        | Amount      |
|-----------------------------|--------|-------------|
| Products                    |        | \$15,633.00 |
| Professional Services Labor |        | \$5,451.46  |
|                             | Total: | \$21,084.46 |

# **Payment Options**

| Description      | Payments | Interval | Amount      |
|------------------|----------|----------|-------------|
| One-Time Payment |          |          |             |
| One-Time Payment | 1        | One-Time | \$21,084.46 |

# Summary of Selected Payment Options

| Description                        | Amount |
|------------------------------------|--------|
| One-Time Payment: One-Time Payment |        |



#### SCHEDULE A - SCHEDULE OF PRODUCTS TO PRODUCT AGREEMENT(S)

## Approval

- Client represents that it has reviewed and agrees to be legally bound by this Schedule of Products.
- Client represents that it has reviewed and agrees to be legally bound by the Relationship Agreement, any Product Agreement(s) referred to herein, and applicable policy(ies) ("Terms and Conditions") which are located at www.marconet.com/legal for the Products it is obtaining as identified in this Schedule of Products. If the parties have negotiated changes to the Terms and Conditions, the modified version(s) of an such Terms and Conditions, that have not expired or been terminated, shall control.
- Client agrees to use electronic signatures, electronic communications, and electronic records to transact business under the above documents.
- The pricing above does not include taxes. Taxes, fees and surcharges shall be paid by Client and will be shown on invoices to Client.

## Marco Technologies, LLC

# RICHLAND COUNTY HEALTH & HUMAN SERVICES

| Signature: | Prepared for:  | BARB SCOTT |
|------------|----------------|------------|
| Name:      |                |            |
| Title:     | Signature:     |            |
| Date:      | Signed by:     |            |
|            | Title:         |            |
|            | Date:          |            |
|            | PO Number:     |            |
|            | Email Address: |            |
|            |                |            |