

Agenda Attachments

Town Board Meeting

February 15, 2018

Office Number: <i>668</i>	Office Name: <i>ED & ED BUSINESS TECH.</i>	Office Phone #: <i>315-853-4111</i>	Date Submitted:
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Section (B) Billing Information

Company Name (Full legal name): <i>TOWN OF LYSANDER</i>		
DBA:		
Billing Address: <i>8220 Loop RD</i>		
Billing City: <i>BALDWINVILLE</i>	State: <i>NY</i>	ZIP Code + 4: <i>13027</i>
Billing Contact Name: <i>DAVID RAHRLER</i>	Contact Phone Number: <i>315-653-1443</i>	
Billing Contact Title: <i>COMPTROLLER</i>	Contact Fax Number: <i>315-653-1515</i>	
Billing Contact email Address: <i>Comptroller@townoflysander.org</i>		
Purchase Order Number:		

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

Company Name (Full legal name):		
Installation Address (No PO Boxes or General Delivery):		
Installation City: <i>SAME</i>	State:	ZIP Code + 4:
Installation Contact Name: <i>AS B.</i>	Phone Number: <i>700</i>	
Installation Contact Title:	Fax Number:	
Installation Contact email Address:		
Main Post Office Name / Mail Drop off:	Post office 5-Digit ZIP Code:	

Section (D) Products

Quantity	Model / Part Number	Description (Include Serial Number, if applicable)
1	<i>IS440RM w/WPS</i>	<i>Auto feed IS 440 RM 5# SCALE</i>
2		
3		
4		

See additional listed products on attached continuation schedule.

Section (E) Lease Payment Information & Lease Payment Schedule

<input type="checkbox"/> Tax Status: <input type="checkbox"/> Taxable <input type="checkbox"/> Tax-Exempt (Certificate attached) <input type="checkbox"/> Billing Frequency: <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> <u>Quarterly</u> <input type="checkbox"/> Annually <input type="checkbox"/> Billing Method: <input type="checkbox"/> Standard	Period	# of Months	Monthly Payment (plus applicable taxes)
	First	<i>63</i>	<i>90.66</i>
	Next		
	Next		
<input type="checkbox"/> ACH (Customer to submit authorization form)			

Section (F) Postage Meter & Postage Funding Information

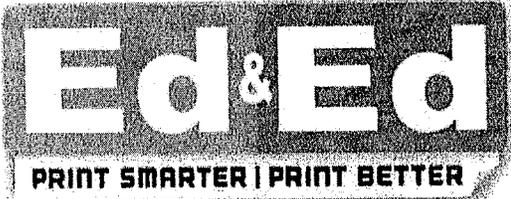
Meter Model:	Machine Model: <i>IS440RM</i>
Postage Funding Method: <input checked="" type="checkbox"/> Bill Me <input type="checkbox"/> Prepay By Check <input type="checkbox"/> ACH Debit (Customer to submit authorization form)	Postage Funding Account: <input checked="" type="checkbox"/> New <input type="checkbox"/> Existing Account TMS Account # _____ POC Account # _____
Service Products (Check all that apply) <input checked="" type="checkbox"/> Online Postal Rates iMeter™ App (SP10) <input type="checkbox"/> Online Postal Expense Manager iMeter™ App (SP20/NeoState) <input type="checkbox"/> Online E-Services iMeter™ App (SP30) <input type="checkbox"/> Online E-Services with Electronic Return Receipt iMeter™ App (SP35) <input type="checkbox"/> NeoShip BASIC – Requires NeoFunds/TotalFunds (EP70) <input type="checkbox"/> NeoShip PLUS – Requires NeoFunds/TotalFunds (EP70PLUS) <input type="checkbox"/> NeoShip ADVANCED - Requires NeoFunds/TotalFunds (NEOSHIPADV)) <input type="checkbox"/> NeoShip Install & User Guide (EP70GUIDES) <input type="checkbox"/> RunMyMail <input type="checkbox"/> Maintenance (provided by your authorized office) <input checked="" type="checkbox"/> Installation & Training (provided by your authorized office) <input type="checkbox"/> Annual Software Support (Maintenance)	
Covered Product:	

Section (G) Approval

Existing customers who currently fund the Postage account by ACH Debit will not be converted to NeoFunds/TotalFunds unless initiated here _____.

This document consists of a Product Lease ("Lease") with MailFinance Inc.; and a Postage Meter Rental Agreement ("Rental Agreement"), and an Online Services and Software Agreement with Neopost USA Inc.; and a NeoFunds/TotalFunds Account Agreement with Mailroom Finance, Inc. Your signature constitutes an offer to enter into the Lease and, if applicable, the other agreements, and acknowledges that you have received, read, and agree to all applicable terms and conditions (version DealerLease-V04-16), which are also available at <http://neopostusa.com/terms/DealerLease-V04-16.pdf>, and that you are authorized to sign the agreements on behalf of the customer identified above. The applicable 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 Neopost USA and its Affiliates		Date Accepted



Agenda Item "B"

Equipment Service Agreement

Fax: 315.853.4111
 Fax: 315.853.6731

Syracuse: 315.463.7811 Watertown: 315.782.7450 Other Areas: 800.536.7811
 Federal ID#: 16-1097824

On-Line At: www.edanded.com

Bill To:	TOWN OF LYSANDER
Contact:	DAVID RAHRLE
Company:	
Address 1:	8220 LOOP RD
Address 2:	
City, State, Zip:	BALDWINVILLE NY 13027
Phone:	315-638-4264
Fax:	315-635-1515
Email:	comptroller@townoflysender.org
Order Date:	
Sales Representative:	Ryan Dick
Customer Purchase Order Number:	

Ship To:	
Contact:	
Company:	
Address 1:	SAME AS BILL TO
Address 2:	ATTN: Comptroller
City, State, Zip:	
Phone:	
Fax:	
Email:	



Parts & Labor Coverage: Includes all service calls, parts, & labor. The agreement excludes supplies & consumables, shipping & handling for supplies. This service agreement covers defects in workmanship from the manufacturer; it does not include abuse, excessive wear & procedural maintenance; (i.e. jam removal, replacing ink cartridges, ink tanks, print heads, etc.)

Billed Quarterly	Billed Yearly	Term
\$	\$ 324.00	12 Months

Term: 12 Months **Fuel Adjustment:** A 3% fuel adjustment will be added to each invoice.

(27.00/MONTH)

Renewal: This agreement will automatically renew on its anniversary date unless terminated by the customer with 30 days written notice. All cancellations will be billed from the renewal date to the cancellation date plus 30 days. Send written notice of cancellation to: PO Box 280, Westmoreland, NY 13490-0280

Price Adjustment: Ed & Ed Business Technology shall reserve the right to increase the price of this Service Agreement no more than 15% on an annual basis for the 1st five years of this agreement.

Start Date	Model	ID# or SN#	Site	Key Operator
	IS 440 RM w/WPS		Comptroller Office	DAVID RAHRLE

Terms are Net 10 Days. Ed & Ed Business Technology will have the right and customer will pay a late payment of 2.0% per month, but not in excess of the lawful maximum on the unpaid balance. All prices are plus New York State Sales Tax if applicable. I agree to all terms of this agreement on page one and page two. Authorized by:

Customer Signature:	Date:
Print Name:	Customer Title:

Clarifications

1. **Server Setup:** Connectivity Installation includes only workstation software and configuration. Any required server installation and configuration is the responsibility of the customer. EEFTI will not make any changes to the customer's network, servers, security, firewalls, etc; that may be required for complete functionality of solution.
2. **Software Licensing:** All software installed at the customer's location is governed by its original licensing agreement and shall be the customer's responsibility to maintain and keep current with any manufacturer released updates.
3. **Hardware / Software Modifications:** If the customer changes the operation environment, including but not limited to changing operating systems, network software, hardware and software upgrades, software application changes, etc., to such a degree that further software installations or modifications are required, such installations or modifications shall be billable at the current EEFTI hourly rates.
4. **Loss of Data:** The customer acknowledges that it is the customer's responsibility to maintain a current backup of their program and data files to restore any lost data. EEFTI cannot be held responsible for any loss of data.
5. **Phone Support:** *Telephone support is included for 30 days from the date of installation.* Any phone support required beyond this period will be billable at the current EEFTI rates and charged at a per incident basis. If determined by the EEFTI Support Specialists that the issue requires onsite support to resolved, then a Specialist will be scheduled for onsite support and the visit will be billable at the onsite support rates.
6. **Onsite Support:** All onsite support required on issues beyond the included two (2) hours will be billable at the current EEFTI hourly rates, with a one (1) hour minimum for onsite.
7. **Additional Software/Driver Installations:** Additional installations are the responsibility of the customer. *Additional installations by EEFTI shall be billed at the current EEFTI rates.*
8. **Third Party Network Administrator:** In the event a Third Party Network Administrator is utilized, all charges for the Third Party Administrator's time is the sole responsibility of the customer.
9. **Software Upgrades:** Any software upgrades, service packs, feature releases, made available by the manufacturer would be deployed by the customer at their discretion. EEFTI can be contracted for these services for additional fees.

This document must be signed & dated by customer and a representative of EEFTI prior to beginning installation. By signing you are agreeing to the terms outlined in this document. This Agreement is dated February 14 20 18.

ED & ED BUSINESS TECHNOLOGY, INC.

CUSTOMER: Town of Lyndon

By: [Signature]
Signature of Sales
 Name: Ryan Dick
Print or Type
 Title: Sales

X By: _____
Signature of Customer or representative
 X Name: _____
Print or Type
 X Title: _____

Use only a check or leave blank

<input checked="" type="checkbox"/> Server or <input type="checkbox"/> PC	
<input checked="" type="checkbox"/> Network or <input type="checkbox"/> USB	
<input checked="" type="checkbox"/> Mail Equip <input type="checkbox"/> Copier/Printer	
Print	
Scan	
Fax/Network Fax	
Scan to E-mail (not USB)	
PinPoint Scan	
HDD Encrypt	
DMConnect	
FMAudit - <input type="checkbox"/> SMS <input type="checkbox"/> MPS	
Copies only	

X IT Contact: _____
(If other than main contact)
 IT Phone(s): _____
 IT e-mail: _____
 Will IT be available at installation? _____

Agenda Item "E"

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]THIS AGREEMENT, made this 1st day of January 2018, by and between the TOWN OF LYSANDER a municipal corporation in the State of New York, hereinafter called the "MUNICIPALTY" and the CENTRAL NEW YORK SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS", a charitable corporation organized and existing under the laws of the State of New York, having it's office and principal place of business at 5878 East Molloy Road, in the Town of Dewitt, County of Onondaga, and State of New York, hereinafter called "CNYSPCA".

WITNESSETH

The CNYSPCA in consideration of the payment to it by the Municipality of certain sums of money to be paid in the manner and at the times hereinafter particularly described, hereby covenants and agrees that:

That the CNYSPCA will promptly respond to, investigate violations of and enforce provisions of Article 26 of the Agriculture and Markets Law of the State of New York which are reported to it by the Municipality and which are occurring within the boundaries of the Municipality. Such services will include as necessary seizure of, removal and shelter of any animal found to be the subject of a violation of the above referenced law.

The CNYSPCA shall bill the Municipality on an annual basis for services rendered herein.

The Parties agree that the total amount to be paid by the TOWN OF LYSANDER for all services of the CNYSPCA to be provided under this agreement on an annual basis of \$1,958.31. Payment shall be due in 30 days of sign agreement.

The CNYSPCA shall have the absolute right to terminate this agreement and such action shall not be deemed a breach of contract. The CNYSPCA may terminate this agreement with 30 days noticed delivered or mailed to the Municipality.

The CNYSPCA is insured for acts or omissions of its employees with proof of insurance to be provided upon the execution of this contract.

IN WITNESS WHEREOF, the parties have caused their seals to be affixed hereunto and this Agreement to be signed by their duly authorized officers the day and year first written below.

DATED: _____

TOWN OF LYSANDER

By: _____

Title: _____

DATED: _____

**CENTRAL NEW YORK SOCIETY FOR THE
PREVENTION OF CRUELTY TO ANIMALS**

By: _____

Linda DeMuro, Interim Executive Director