



Submit by Email

Print Form

Lucas County Information Services Checklist for Hardware/Software/Services

Department:

Requestor:

Funding Account & Description:

Req. Date:

Vendor:

Type of Request (check all that apply):

Hdw SW Services/New

Purchase Lease Subscription

Services/Support Renewal Original Purchase Date

State Term Contract ID

Description or Nature of Request and for whom this is intended:

Hdw/SW/Service Item Descr	Quote #	Wrnty Term	Qty	Unit Cost	Support Cost	Total Cost
Monthly lease of 7 copiers			60	\$ 2,030.00		\$121,800.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
				\$ 0.00	\$ 0.00	\$ 0.00
			0	\$ 0.00	\$ 0.00	\$ 0.00
			0	\$ 0.00	\$ 0.00	\$ 0.00

Total Request

Business Reason or Justification:

Lucas County Information Services
Checklist for Hardware/Software/Services
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Planned Location:

If Other please specify:

Network Connection Required? Yes No N/A

LCIS installation assistance needed? Yes No Date:

LCIS on-going support required? Yes No N/A

ITB or RFP completed? Yes No N/A

LCIS Management review completed? Yes No Exclusion

DP Board Approved? Yes No Exclusion

Date of Approval:

Comments:

Prepared by Karen Schnitkey *KS 6/6/16*
Reviewed by Jeremy Burnat *JB 6/8/16*
Approved by Jason Gears *JG 6/8/16*



HOME OF THE SEVEN YEAR SECURITY BLANKET

Ohio Business Machines

Cost Analysis for Toledo Lucas County Health Department

Current Equip Cost	60 mo lease	OBM Proposed Equip Cost	60 mo. Lease
Sharp MX-M453N	\$681	Admin: Sharp MX-4070N ✓ color Tandem Drawer, Inner, CPSF	
Sharp MX-4111N		Vitals: Sharp MX-M365N	
(5) Sharp MX-M453N	\$1,364	4 Drawers, CPSF	
		Environmental: Sharp MX-3070N ✓ color	
		4 Drawers, Inner, CPSF	
		Med Record: Sharp MX-465N	
		4 Drawers, CPSF	
		Peds: Sharp MX-M365N	
		4 Drawers, CPSF	
		EPI/Room 232: Sharp MX-4070N ✓ color	
		4 Drawers, Inner, CPSF	
		Holland: Sharp MX-M365N	
		4 Drawers, Inner, CPSF	
Sub Total	\$2,045	Sub Total	\$2,030
Service (Average Monthly Volume):		Service (Average Monthly Volume):	
Admin: MX-4111N		B: 68,811 @ .006	\$413
B: 14,696 @ .0066	\$97	C: 12,055 @ .06	\$723
C: 12,055 @ .066	\$796		
Vitals: MX-M453N			
B: 4,441 @ .009504	\$50		
Environmental: MX-M453N			
B: 7,119 @ .009504	\$68		
Medical Record: MX-M453N			
B: 11,793 @ .009504	\$112		
Peds: MX-M453N			
B: 8,273 @ .00792	\$66		
Epi/Room 232: MX-M453N			
B: 17,347 @ .009504	\$165		
Holland: MX-M453N			
B: 4,869 @ .0072	\$50		
Sub Total	\$1,404	Sub Total	\$1,136
Total Monthly Cost	\$3,449	Total Monthly Cost	\$3,166
		Total Monthly Savings	\$283



□ 1111 Superior Avenue E.
Suite 105
Cleveland, Ohio 44114
Phone: 216.485.2000
Fax: 216.485.2004

✗ 1140 Corporate Drive
Holland, Ohio 43528
Phone: 419.861.8000
Fax: 419.861.8228

DATE	
CUST. PO	
SALES REP	
MGR'S INITIALS	JCN

EQUIPMENT / SUPPLY / SERVICE ORDER - ADDENDUM

Purchaser: Toledo Lucas Co Health Dept	Ship To: * Same except 1 machine @
Address: 635 N Erie St.	Address: 330 Oak Terrace Blvd.
City: Toledo State: OH Zip: 43604	City: Holland State: OH Zip: 43528
Contact:	Contact:
Phone: 419-213-4100 Fax:	Phone: Fax:
Accounts Payable Contact:	Key Operator Contact:
Accounts Payable Email:	Key Operator Email:

initials SM, CFO

EQUIPMENT DESCRIPTION by Location	QUANTITY	PRICE	TOTAL
Admin MX-4070N	1		
tandem drawer MX-DE28	1	included in	
inner finisher MX-FN27	1	lease	
fax MX-FX15	1		
Vitals: MX-M365N	1		
4 drawers MX-DE14	1		
exit tray MX-TU12	1		
fax MX-FX11	1		
Environmental: MX-3070N	1		
4 drawers MX-DE27	1		
inner finisher MX-FN27	1		
fax MX-FX15	1		
Medical Records: MX-M465N	1		
4 drawers MX-DE14	1		
exit tray MX-TU12	1		
fax MX-FX11	1		
Peds: MX-M365N	1		
4 drawers MX-DE14	1		
exit tray MX-TU12	1		
fax MX-FX11	1		
Epi / Room 232: MX-4070N	1		
4 drawers MX-DE27	1		
inner finisher MX-FN27	1		
fax MX-FX15	1		
Holland Location: MX-M365N	1		
4 drawers MX-DE14	1		
inner finisher MX-FN17	1		
fax MX-FX11	1		
		↓	↓



LEASE AGREEMENT

2005 Market Street, 14th Floor, Philadelphia, PA 19103
Phone: 800-819-5556, Fax: 215-569-0675

LESSEE INFORMATION: Lessee Legal Name Lucas County Health Department, Address 635 N Erie St, City Toledo, County Lucas, State OH, Zip 43604, Phone 419-213-4100. EQUIPMENT DESCRIPTION: * see schedule A. BASE TERM AND PAYMENT SCHEDULE: Lease Payments Monthly, 60 months, \$2,030. LESSEE SIGNATURE: Joanne Melamed, CFO. PERSONAL GUARANTY: The undersigned guarantees that the Lessee will make all payments and perform all other obligations under the Lease when due.

TERMS AND CONDITIONS

Throughout this agreement the words "We," "Our," and "Us" refer to the Lessor, LEAF Capital Funding, LLC. The words "You" and "Your" refer to the Lessee indicated above. You agree to lease the Equipment described above or in a schedule attached hereto ("Equipment") and agree to the terms and conditions of this Lease Agreement ("Lease").

1. LEASE PAYMENTS AND TERM: You agree to pay us the Lease Payments in advance of each month (or other payment period) during the Term. We may adjust the Lease Payments upward or downward by no more than 15% if the invoiced costs of the Equipment are different than the estimated amount we used to calculate the Lease Payments shown above. Your obligation to pay the Lease Payments and all other obligations herein are absolute, unconditional and non-cancellable and are not subject to any abatement, set-off, defense or counterclaim for any reason whatsoever. The Lease shall be binding and enforceable on you upon your execution thereof. The term of the Lease shall commence on the date the Equipment is delivered to you ("Lease Commencement Date"). The first Lease Payment shall be due on the date we specify in the month following the Lease Commencement Date, as set forth in our invoice and the remaining Lease Payments will be due on the same day of each subsequent month (each, a "Payment Date") until paid in full. The Base Term shall commence on the date one month prior to the first Payment Date. We may charge you a portion of one Lease Payment for the period from the Lease Commencement Date

until the day preceding the first day of Base Term ("Interim Rent"). Interim Rent shall be due and payable as invoiced.

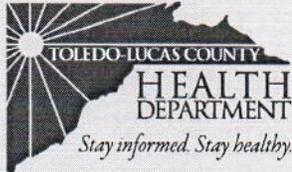
2. DELIVERY, INSTALLATION AND ACCEPTANCE: You are responsible for arranging delivery and installation of the Equipment. Unless you notify us otherwise in writing within 10 days of delivery, you unconditionally accept the Equipment. We may require you to provide us a signed delivery and acceptance certificate. You authorize us to fill in the Lease Commencement Date, due dates, serial numbers, VIN numbers and other information which becomes available to us during the term of the Lease. We are not responsible for the Equipment or vendor failures.

3. EQUIPMENT LOCATION USE AND REPAIR: You will maintain and use the Equipment only at the location shown above. You agree that the Equipment cannot be moved from that location without our advance written approval. You are responsible for maintaining the Equipment in good repair, condition, and in proper working order, except for normal wear and tear.

4. INDEMNIFICATION: As between you and us, you are responsible for and agree to indemnify, defend and hold us harmless from and against any losses, damages, penalties, claims, suits, including attorneys fees and expenses, and actions, whether based on a theory of strict liability or otherwise caused by or related to the ordering, manufacture, installation, ownership, condition, use, lease, possession, delivery or return of the Equipment or any defects in the Equipment.

Main Office
635 North Erie Street
Toledo, Ohio 43604-5317
419.213.4100
419.213.4017 Fax
boardofhealth@co.lucas.oh.us

Western Clinic Site
330 Oak Terrace Boulevard
Holland, Ohio 43528-8993
419.213.6255
419.213.6266 Fax



David Grossman, MD
Health Commissioner

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EMPLOYER

The Department operates in
accordance with Title VI of the
Civil Rights Act of 1964

Visit us on the web at:
www.lucascountyhealth.com

05/26/16

To: Data Processing Board
From: Scott Francis, Information Services Manager
Subject: Equipment Replacement

The Toledo-Lucas County Health Department is seeking approval to place new multi-function copiers onto the Lucas County network. The lease information was submitted to Lucas County Information Services (LCIS) for approval on 05/13/16. The information is attached to this request.

We are also seeking approval to purchase a new server to be used as a replacement for our existing Novell server. Our existing server recently had a hardware failure that resulted in a few hours of downtime. The server is 7 years old and is running a Linux operating system that will become more difficult to maintain on the county network. We have met with LCIS and also submitted a quote for review on 5/24/16. The new server information is attached to this request.

Thank you for your time and consideration of these requests.

Sincerely,

Scott Francis
Information Services Manager
Toledo-Lucas County Health Department

cc: David Grossman, M.D., Health Commissioner
Joanne Melamed, CFO
Karen Schnitkey, Secretary, Data Processing Board