

ATTACHMENT 2



CITY OF COSTA MESA, CALIFORNIA Purchase Requisition

(Leave Blank for Time Stamp)

Purchase Order Number
(Assigned by Purchasing)

Business Unit: CITY Date Requisitioned: 11/19/13 Request is for Budgeted item(s)
 Department: Finance Division: I.T. Request is for **UNBUDGETED** item(s)-(Memo Attached)
 Ship To Address: _____ Item(s) Pending Budget Amendment Request # _____
 Contact Person: Steve Ely Phone Number: 5154 Requesting Sole Source (Justification Form Attached)
 Send Copy of P.O. to: Contact Person and / or Victoria Fixed Asset Tag Request

Item No.	Qty	Unit	Items (Give Full Description: Size, Catalog No. Etc.)	Unit Price	Estimated Amount
1	1	LT	Maintenance And Support For Cad And Lrms Software And Premier Mdc Appl For 1/1/14 To 6/30/14		\$ 58,301.00

If additional lines are needed, please attach a second sheet

Const./Prof. Svs. Agmt. Completion Date: _____

Insurance Required: Yes (Certificate attached) No

Sales Tax (8.00%): 0.00
 Include Shipping Fee: 0.00
Estimated Total Cost: \$ 58,301.00

Item #	Account	Fund	Dept./Org.	Program	Project	Amount
1	525702	101	14600	50710		\$ 58,301.00

Comments: Total \$ 58,301.00

Please see the attached vendor's proposal. Vendor's insurance documents are good until 7/01/14.

Proper approvals are required before requisition can be processed.

Suggested Vendor: MOTOROLA SOLUTIONS
 Address: 1065 N Pacific Center Dr, Suite 450
 City, State, Zip Code: Anaheim, CA 92806
 Phone: 303-527-4097 Fax: 847-761-1264
 Vendor's Contact Person: Cindy Marnin

Ordered By: _____
 Department Director/Authorized Signature
 Approved By: _____
 Director of Finance/Purchasing Officer
 Approved By: _____
 City Manager (when required)

PURCHASING DIVISION USE ONLY

Vendor ID: _____ Buyer: _____ Insurance valid thru _____
 Ship To/Location: _____ Due Date: _____
 Standard Comments: ACC - ALL - ARR - BLA - CON - DCP - DIS - FCA - FCI - FIX - INS - IS - IST - ORG - QTR - REM - SUB - T&C

FINANCE DEPARTMENT USE ONLY

Available Appropriation: Yes No As of: _____ Confirmed By: _____

POLICY NUMBER: TB2-641-005169-073

COMMERCIAL GENERAL LIABILITY
CG 20 10 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated below.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

SCHEDULE

Name Of Additional Insured Person(s)
Or Organization(s):

Location(s) Of Covered Operations

The City of Costa Mesa and its elected and appointed
Boards, Officers, agents and employees with respect to
Maintenance and support agreement #002024-000

City of Costa Mesa 77 Fair Dr. Costa Mesa, CA 92628

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.