

Request For Allocation of Funds Prior to Encumbrance

Project Number	(s)		En	cumbrance Do	cument ID		681	
		Trans	Dept	Unit	Identification N	Identification Number		
		СТ	DOT	0287	INTF00X02016J0	0090042	6/12/2018	
Funding Source					.*.	100	•	
Capital		Tolis C	apital		Tolls General		Federal Grant	
Operating		Tolls C	perating		Expendable Trust			
Approp No	Obj	Unit	Activity	Program	Phase	N/P	Amount Allocated	
60440001	U10	R110	009N	C000000	000		\$24,040.00	
							\$24,040.00	
Obligation By Fisc	al_Yea	r for Multi-Ye	ar Contrac	ts				
11877		1440001						
2019		\$12,020.00						
2020	-	\$12,020.00						
MMARS Total		\$24,040.00						
Reason for	Reque	st: Maint Yea	Tolls Capital					
	2020 \$12,020.00 \$12,020.00 otal \$24,040.00 \$24,040.00 son for Request: Maint Year 2&3 for 4 Haverhill Capture Workstations Contract #: 90042 Cost Reduction %:							
			02424	A D004				
				The second secon		Current	Year Savings:	
		-	AIRUST US	M, LLO				
			rust Drivers	License Produ	ction			
	ort Note		Trans Dept Unit Identification Number 6/12/2018 Tolls Capital Tolls General Federal Grant Tolls Operating Expendable Trust Unit Activity Program Phase N/P Amount Allocated \$24,040.00 \$24,040.00 \$24,040.00 \$24,040.00 \$12,020.00 \$12,020.00 \$12,020.00 \$12,020.00 \$12,020.00 \$24,040.00 \$24,040.00 Maint Year 28.3 for 4 Haverhill Capture Workstations 90042 Cost Reduction %: Current Year Savings: MORPHOTRUST USA LLC License Production Morpho Trust Drivers License Production Approved by: (Signature / Date) (Signature / Date) (Signature / Date) (Signature / Date) (Signature / Date) (Signature / Date) (Signature / Date)					
			1 1					
	0		11:0	2 1/		Cost Reduction %: Current Year Savings: Oy: (Signature / Date)		
Recommended by		-	6 19	Joy	Approved by:	alle	16-61	3/18
		(Signa	ture / Date)	•	_		(Signature / Date)	/
Completed by the	Budget	Office:	Dept					
Expense Budget					Approved by			
Entered By		U/Dinnet	in I Date)		— Approved by		401 4 4 3 3 3	
		(Signati	ure / Date)				(Signature / Date)	25 2
Completed by the I	FAPRO	(Applies to	Capital onl	y):				
					Approved by:			
							(Signature / Date)	

Tracking No: TN269N1F0486



Commonwealth of Massachusetts Office of the Comptroller Contract Commodity Encumbrance Form

			Ext	•				Authorized Signatory	Authorized					
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6/4	Date	9960	Phone Ext:				I IIIe:	Бу	Prepared by	oigned: L	18		5	TIIIL NAIIIE.
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Requestor: Sarah Zaphiris

Bill Norrish, Joseph Tomassini (List any other person(s) to inform status of request via email)

IT PURCHASE REQUEST FORM

File Number 12580 Initials and Date 2 45/1/

Contract/Project Info #

CommBUYS Bid #

Phone/Location: 9458/Registrar's Offc.

Category (from drop down list) Maint Svcs Hardware 3 Year (1st year free) Installation [Total Cost of Goods] Capture Workstation w/ Engineering & **DESCRIPTION OF SPEND** Coverage / Service dates (licenses, annual maint support, SOW) Chap? 103179 Mode/ Quantity 4 00 Unit Cost (in \$17,758.50 \$3,005.00 dollars) Total Cost (in dollars) \$71,034.00 \$24,040.00 \$0.00 n Fiscal Budge Number Project/ Innotas 9 40 IT Operating PARS/Program: RM18XXX025 Capture Workstations **Project Name** 6420-1317 / IR06 6044-0001 RO4 Source/Unit **Funding**

Description |Quote #: FQ20180322MA03 [ATTACHED] **BUSINESS JUSTIFICATION** Benefit Reason Request is not processed if missing information and without proper authorization below RMV Haverhill Service Center License Workstations required for normal operating business of new ATLAS & REAL ID Programs. This Equipment Purchase is part of the RMV Modernization & Improvement CIP Initiative. Customer Service Total IT Request Software Maint Svcs **Prof Svcs** Contractor Hardware \$95,074,00 \$71,034.00 \$24,040.00 U10 Equipment integration & service and annual maintenance support U11 Services paid on a per deliverable/task order basis UOS Hourly paid staff augmentation UO3 Software licenses, annual fees U07 Equipment Other:

	Chief Information Officer		IT Finance		Deputy CIO/ Deputy CTO		IT Director		Business Approver/Manager/Dept Head Sarah Zophili		Requestor	AUTHORIZED APPROVERS FOR IT REQUEST FORM	Other 1001 18 FUM
Signature - Required for all requests greater than \$50,000 or issues	3.6	Signature - Required for all requests		Signature - Regreed for all requests greater than \$5,000	Low Trumpromo	Print Name and Signature - 11 Director can approve up to \$5,000		Print Name and Signature - IT Manager can appy be up to \$2,500	Sarah Zophicis 112	Signature /	Sol V	RM	
		1	2/11/2		8104 119			7			6/5/2018	Date	

Cadorette, John (DOT)

From:

Zaphiris, Sarah (DOT) < sarah.zaphiris@state.ma.us>

Sent:

Tuesday, June 05, 2018 2:46 PM

To:

Norrish, Bill (DOT)

Cc:

Kunen, David; Corson, John; Tibma, Mary (DOT); Bedard, David (DOT); Cadorette, John (DOT);

Tomassini, Joseph (DOT)

Subject: Attachments: RE: Quote for Haverhill Move plus 4 Workstations Signed quote for Haverhill workstations 060518.pdf

Signed quote attached.

From: Norrish, Bill (DOT)

Sent: Tuesday, June 5, 2018 11:31 AM

To: Zaphiris, Sarah (DOT)

Cc: Kunen, David; Corson, John; Tibma, Mary (DOT); Bedard, David (DOT)

Subject: RE: Quote for Haverhill Move plus 4 Workstations

Sarah

The update I received this morning from General Services was that Haverhill construction has started and the Service Center is targeted to open September 1. Can we submit this for approval this week? There is a 12 week lead time on procuring new Licensing hardware.

Thanks Bill

From: Corson, John [mailto:John.Corson@us.idemia.com]

Sent: Monday, April 02, 2018 5:06 PM

To: Norrish, Bill (DOT) < Bill.Norrish@MassMail.State.MA.US>

Cc: Zaphiris, Sarah (DOT) <sarah.zaphiris@MassMail.State.MA.US>; Kunen, David <David.Kunen@us.idemia.com>

Subject: Quote for Haverhill Move plus 4 Workstations

Good Afternoon,

Please see the attached quote and let me know if you have any questions. Any information you can provide us with regard to timing will help us ensure equipment availability...

Thank you and have a great evening.

John

John CORSON

Client Executive | Sales | NORAM I&S



john.corson@us.IDEMIA.com

Join us on 💽 💓 🐚 🗯

QT-MORPHO is now IDEMIA

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COMMONWEALTH OF MASSACHUSETTS MASSACHUSETTS DEPARTMENT OF TRANSPORTATION PURCHASE ORDER

FOR COMMODITIES AND/OR SERVICES

THIS PURCHASE			τ XS	ERVICE		
	ORDER CONFIRMS AN OF	RDER TH	AT WAS PREVIOL	SLY PLACED. PI	EASE DO NOT DUPLIC	CATE.
*Purchase Order Issue Date:	*Purchase Order Nu	ımber:	CTDO	T028718	3090042	
	Contract Number:	90042	2			
Contract Start Date: 8/20/2015	Contract End Date: 10/23/2	2021		R efere RFR	nce MA or Contra	et:
	Ven	dor Inf	ormation			
*Name: MorphoTrust US *Address: 6840 Carothers *City, State, Zip Code: Franklin, T	Pkwy, Ste 650	Telej Fax Ema	il: jcorson@mo	rphotrust.com)20180322MA03 \	/EAR 2&3
	De	partme	ent Informatio	n	,	
PO Contact: John Cadorette Email: john.cadorette@state.ma.us Contract Manager: Sarah Zaphiris, De Email: sarah.zaphiris@massmail.state		*Co *Ad *Cit Tel En	I to Department that the Person: Idress: 10 Parl ty, State, Zip Clephone: 857-nail: antonia.pompt Payment	Antonia Pires k Plaza, Room lode: Boston, 368-9897 ires@state.ma.	8350 MA 02116 us	
Instructions to the Vendor: 1. The vendor's invoice must include shipped, unit of measure, unit price, t 2. The purchase order number must app 3. See attached specifications, if any, r Engagement of Services below. Addit	otal dollar amount of an pear on the vendor's pac elated to this purchase ional specifications are n	y discou king list order. I ot neces	nt, total price an If this purchase sary if the detail	nd the vendor's i order is for se s of the perform	nvoice number. rvices, please see the	e section entitled
Vendor assumes risk of loss for com- after the Requested Delivery Date above Engagement of Services (may be requested vendor, provide a brief description here)	ive may be rejected. Rej iired for services): If this	Purchas	mmodities will be order is for the	e returned at the provision of se	rvices which have be	nodities delivered
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^{*} Indicates required field. ** Discount includes any Prompt Payment Discounts.



FIRM FIXED PRICE QUOTATION

Date:

April 2, 2018

Quote No:

FQ20180322MA03

Valid Through:

60 days from date above

Payment Terms: Per contract terms

Delivery:

Per RMV instruction; not before 12 weeks after receipt of order

To:

From:

Sarah Zaphiris

John Corson

Deputy Registrar for Operations

Client Executive

Registry of Motor Vehicles

IDEMIA

25 Newport Avenue Extension

296 Concord Road Suite 300

Quincy, MA 02171

Billerica, MA 01821

Gapture Workstation	Quantity	Unit Price	Tota
Signature Capture Device	4	\$642	\$2,56
Photo image Capture Device	4	\$2,316	\$9,26
Document Imaging Scanners	4	\$1,204	\$4,81
Vision Screening Test Device	4	\$3,385	\$13,54
Document Authentication Scanner	4	\$4,375	\$17,50
Customer Facing Monitor	4	\$289	\$1,15
Freestanding Backdrop - Double-Sided	4	\$2,000	\$8,00
Workstation Printer	4	\$625	\$2,500
Peripherals (Hub, Dongle, Cables)	anner 4 ble-Sided 4 Capture Workstation Su Quantity Unit 4 12 32 Professional Services Sul Quantity Unit engineering for double-sided backdrop 1 Non-Recurring Engineering Sul Quantity Unit 4 4 4 5	\$300	\$1,200
Vision Bracket	4	\$750	\$3,000
	Capture Workstati	on Subtotal	\$63,544
Professional Services	Quantity,	Unit Price	Tota
Program Management	4	\$185	\$740
integration Engineer	₁₀ 12	\$125	\$1,500
PC Installation	32	\$125	\$4,000
	Professional Service	es Subtotal	\$6,240
Non-Recurring Engineering	Quantity	Unit Price	Total
Subcontractor non-recurring engineering for double-sided backdrop	1	\$1,250	\$1,250
n (*)	Non-Recurring Engineeri	ng Subtotal	\$1,250
Mainte nance	Quantity	UnitPrice	Total
Year 1 (Warranty Period)	4	\$0	\$0
Year 2	4	\$3,005	\$12,020
Year 3	4	\$3,005	\$12,020
	Maintenan	ce Subtotal	\$24,040
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Pricing notes:

The non-recurring engineering charge for double-sided backdrop will be waived if paid for on another change order.



- The freestanding, double-sided backdrop has been priced. If the RMV prefers a different model, IDEMIA will update this quote.
- Price includes applicable software licenses.

Quote Acceptance: FQ20180130MA01

Signature

Databasi Massa

*** TO BETTER ALLOW IDEMIA TO PROCESS YOUR ORDER ***

PLEASE SIGN THE ABOVE ACCEPTANCE OF THIS OFFER, AND RETURN THIS DOCUMENT TO YOUR IDEMIA CONTACT.