

Request For Allocation of Funds Prior to Encumbrance

Project Num	ber(s)		En	cumbrance Do	cument ID 681				
		Trans	Dept	Unit	Identification N	umber	1		
		СТ	DOT	0287	INTF00X02016J0	090042	2/12/2019		
Eunding Co.							1		
<u>Funding Sou</u>						_		_	
Capital	\boxtimes	Tolls (Capital	\Box	Tolls General		Federal Grant		
Operating		Tolls (perating		Expendable Trust				
Approp No	Obj	Unit	Activity	Program	Phase	N/P	Amount Allocated		
17903005	U11	IR03		RMV008			\$17,850.00		
							\$17,850.00		
Obligation By	<u>Fiscal Yea</u>	r for Multi-Ye	ar Contrac	<u>ts</u>					
	1	7903005	Tota	1					
2	019	\$17,850.00		,850.00					
MMARS Tota		\$17,850.00		,850.00					
				,000,00					
Reason	for Reque	est: Increase	\$17,850 noi	n-domicile					
		t #: 90042					Reduction %:		
Vendor ID & /				AD001		Current	Year Savings:		
		ne: MORPHO	TRUST US	A, LLC					
	act Locati								
		•	rust Drivers	License Produc	ction				
F	Report Not	es:				187			
				-					
	6		-1 1				·n -1		
Recommende	dhu 🕏	7	2/12/1	9	Approved by:	1.11	100 2/13	/19	
recommende	d by.	/ (Sinns	ture / Date)	100	Approved by: .	INIC	(Signature / Date)		
0							(Signature / Date)		
Completed by 1	the Budge	Office:							
Expense But					Approved by:				
Entered	а ву:	(Signat	ure / Date)			 	(Signature / Date)		
		(9					(oightaide / Desc)		
Completed by t	the FAPRO	(Applies to	Capital only	y):					
					Approved by:				
	(6)						(Signature / Date)		

Tracking No: TN269N20BD4A



Commonwealth of Massachusetts Office of the Comptroller Contract Commodity Encumbrance Form

			ion	Function		_	Dept Object		FQ20181210M.	non-domicile Quote#FQ20181210MA14		Line Description	Line De
	Activity		Program Period	Progra	005	17903005	Appropriation		Period	Pe			Dept
	Phase	RMV008		Program		U11	Object	2019	Fiscal Year	\$17,850.00 Fig	1\$17	nount	Line Amount
	Location		r Program	Major Prog		IR03	Unit	2019	Budget FY		PR05	ype	Event Type
							0	The state of the s		Line #45- Accounting Information	unting l	5- Acco	Line #
				00	00.058,71\$		Inc/Dec Amount	10/23/2021	Service To			Unit of Measure	Unit of
					_	nc/Dec)	Action (Inc/Dec)	n 08/20/2015	Service From			×	Quantity
		Line 0	Commodity Ref. Line			Amount	Contract Amount		Unit Price	Service	(0	pe	Line Type
						ion	Description		List Price	821300000000	L	Commodity Code	Commo
										Line #1- Commodity Information	odity In)- Comm	Line #
						Comment:						Note	Report Note
						AD001	65.50	Address Code			dota8z	ster ID:	Requester ID:
					3131	VC6000183131	Vendor/Customer No.:	Vendor/Cu		42	0090042	\ward:	Board Award
State: TN	(LIN	City: FRANKLIN		KWY STE	THERSF	6840 CAROTHERS PKWY STE 650		Vendor Address			CO		Period
				SA, LLC	RUST U	MORPHOTRUST USA, LLC		Vendor Name			2019	rear:	Fiscal Year
							Total:	Document Total:			2019	FΥ	Budget FY:
	:				4					nation	or Inform	Header / Vendor Information	Heade
					MA	Mod		INTF00X02016J0090042	INTF00	87	0287	DOT	ct
Vendor Line	Vumber	dentification Number	Department Ide	\vdash	n Code	Action		Document Identifier	Доси	1it	t Unit	Dept	Code
	tion	MA Information						.D.	Document I.D				100
								cile	,850 non-domi	Document Description Increase \$17,850 non-domicile	cription	nent Des	Docun
[2145610]							JCTION	MORPHO TRUST DRIVERS LICENSE PRODUCTION	UST DRIVERS	MORPHO TR	Vame	Document Name	Dog

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IT Finance Manager

Phone Ext.:

9878

Date:

Print Name:

William Yee

Print Name:

John Cadorette

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	_ Phone Ext.:			
	996		Verified By:	
	Date:	(Initial)		
-	2 18		Date	
7	<u> </u>			

Requestor (incl others to	John Primerano		Phon	e/Location	ана			File Number: Initials and Date: Contract/Project Info #:	0042
receive status via email) Benefiting	RMV-ATLAS		Shlo	to address				CommBUYS Bid #: RF Bid Open: Bid Close:	_
Division (drop fown list)				n					
Category from drop down fist)	DESCRIPTION (dates of service, annual maint/support, license renewal)	Make/ Model	Quantity	Unit Cost (in dollars)	Total Cost (in dollars)	Budgeted?	Forecasted?	Other reference (project name, servicenow#, cip#, account#, fiscal year spend)	Funding (Oper, CIP, To MRB, Fed, Enterprise)
Prof Svcs	Add non-domiciled indicator to Driver Licenses		1	\$17,850,00	\$17,850.00	Yes	Yes		1790-3005
	92				\$0.00				10
(6)					\$0.00				
- 1881 (John J. Sect. 1885)					\$0.00			~~~~	
					\$0.00			***************************************	
This is a requ 'NEW Techno	e Review Board (ARB) ilred step to complete if the hardware or soft plogy" to DOT. Has the ARB approved this plogy" request - Click YES or NO>>>>>	ware Is)	Hardware Software Contracto Prof Sves Maint Sve	\$17,850.00	U03 U05 U11	Softw Hour Servi	ment vare licenses, annual fees ly pald staff augmentation ces pald on a per deliverable/task o iment install/service & annual mai	
	Technology" does not apply to software licen nd hardware currently utilized	se	Total IT F	Other Request	\$17,850.00	1.5		om, dataline, admin, chargeback, etc)	<pre><< final cost if differer from "requested"</pre>
Reason									amount
	Add non-domiciled indicator to Driver Licenses								
Description									
Description Reason	see attached				**				
1	see attached				*				
Reason	see attached								
Reason Benefit Other	see attached SFOR IT REQUEST FORM - signing author	ority \$ level	listed be	low				Date	
Benefit Other		1.	ر د ،	Prime	nano			Date 2/5/2019	
Reason Benefit Other APPROVER	rs FOR IT REQUEST FORM - signing autho	Signature of	of Requests	Dehi	le gerup to \$2,500				
Reason Benefit Other APPROVER	rs FOR IT REQUEST FORM - signing autho Requesto	Signature of	of Requesta	Prim Delli IT Mano	ge-up to \$2,500 for up to \$5,000, n	TS Dire		2/5/2019 2/5/19 2/05/2019	
Reason Benefit Other APPROVER	PS FOR IT REQUEST FORM - signing author Requestor Business Approver/Manager/Dept Head	Signature of Print Name	of Requestor Of M Signature Signature	Prime IT Mana	11		ector	2/5/2019 2/5/19 2/05/2019 up to \$25,000	



COMMONIVEALTH OF MASSACHUSETTS MASSACHUSETTS DEPARTMENT OF TRANSPORTATION PURCHASE ORDER

FOR COMMODITIES AND/OR SERVICES

A	m	end	ment

COMMODITY/EQUIPMENT X SERVICE

Increase for hon-domicale

THIS PURCHASE ORDER CONFIRMS AN ORDER THAT WAS PREVIOUSLY PLACED. PLEASE DO NOT DUPLICATE.								
*Purchase Order Issue Date: *Purchase Order Number: CTDOT028719090042								
	Contract Number:	90	042					
Contract Start Date: 8/20/2015	Contract End Date 10/23				Refer RFR	ence MA or Contr	act:	
	Ve	ndor	Inform	ntion				
*Name: MorphoTrust USA LLC *Address: 6840 Carothers Pkwy, Ste 650 *City, Stute, Zip Code: Franklin, TN 37067 Email: jcorson@us.idemia.com Quote Number (if applicable): FQ201B1210MA14								
Department Information								
PO Contact: John Cadorette Email: john.codorette@state.ma.us Contract Manager: Alan Macdonald, Deputy Registrar Email: align.macdonald@state.ma.us Contract Manager: Alan Macdonald, Deputy Registrar Email: align.macdonald@state.ma.us Instructions to the Vendor: i. The vendor's invoice must include the following adainmum information: Purchase order number, quantity and description of item(s) abipped, unit of measure, unit price, total dollar amount of any discount, total price and the vendor's invoice number. 2. The purchase order number must appear on the vendor's packing list. 3. See attached specifications, if any, related to this purchase order. If this purchase order is for services, please see the section entitled Engagement of Services below. Additional specifications are not necessary if the details of the performance are covered in the contract. 4. Vendor assumes risk of loss for commodities in transit. All commodities are subject to inspection upon delivery. Commodities delivered after the Requested Delivery Date above may be rejected. Rejected commodities will be returned at the vendor's expense. • Engagement of Services (may be required for services): If this Purchase Order is for the provision of services which have been negotiated with the vendor, provide a brief description here of those services): If this Purchase Order is for the provision of services which have been negotiated with the vendor, provide a brief description here of those services (attach detailed specifications, if appropriate). Also, include the dates of service, the number of hours and the hourly rates associated with this engagement. The vendor must sign this form for the engagement of services. Note: This form or additional specifications are not required if the RFR and contract contain all of the required Purchase Order information.								
Line Vendor Item Ite # Number Descri	m Unit of	Unit of Measure Quantity Price X Unit (Quantity X Unit Discount minus						
SEE ATTACHED		Price) Discount)						
2								
3								
Department Approval Signature:								



January 29, 2018

Alan Macdonald Chief Operating Officer Registry of Motor Vehicles 10 Park Plaza Boston, MA 02116

Subject: Quotation Reference Number FQ20181210MA14 (Revision 1)

Dear Mr. Macdonald:

IDEMIA is pleased to provide the Massachusetts Registry of Motor Vehicles (MA RMV) with this quotation in response to your request. A description of the services that you have requested, plus certain terms and conditions of this quotation, appear below.

DESCRIPTION OF SERVICES

The MA RMV requested pricing to implement the non-domiciled indicator to appropriate Driver Licenses. While the Card Design Approval Document already defines this field, IDEMIA had not implemented it in the system by agreement with RMV and as documented in the Data Dictionary. IDEMIA will update the Data Dictionary to define this field as in use, update the back office software to accept a value in this field sent by ATLAS, and update the factory software to print the non-domiciled indicator when ATLAS indicates it should.

IDEMIA will provide coordination with MA RMV staff, update the card design, modify the factory and back office software, work with MA RMV to produce test cards for MA RMV inspection, and conduct a thorough quality control inspection of the new cards. Upon approval from MA RMV, we will promote the change to the production.

IDEMIA will provide the following deliverables:

- Updated Data Dictionary (to indicate the non-domiciled field is used)
- Addendum to the Production Card Approval Document

ASSUMPTIONS

No more than two test jobs will be required to confirm functionality.

FIRM FIXED PRICE QUOTATION

Professional Services	Total
Implementation of the non-domiciled indicator, including software	\$17,850
development, quality assurance testing, up to two production test jobs, and	
two deliverables	



MILESTONE BILLING SCHEDULE

#	Milestone Definition	Milestone Value
1	MA RMV signature on Production Card Approval Document ¹	\$17,850

OTHER TERMS AND CONDITIONS

- The terms and conditions associated with contract # 90042 will apply to this change order.
- Prices specified in this quotation shall remain fixed for a period of 30 days from the date of this quotation.
- Prices quoted herein are based upon the information that has been provided to IDEMIA by MA RMV. Changes to the information provided may result in a change in price.
- We are only able to begin work on this project upon receipt of a purchase order.
- IDEMIA will invoice according to the milestone billing schedule.

Please feel free to contact me with any questions you may have.

Sincerely,

John Corson Client Executive IDEMIA 296 Concord Road Suite 300

Billerica, MA 01821

1002

518-956-0347

John.corson@us.idemia.com

¹ Also denotes final acceptance of work performed.