

## V. ITEMS FOR DISCUSSION

- a. SIP Phone Service - Global Ironon Quote, \$12,450.96

**Ironton Global – SIP Phone Service**

**A. Why are you requesting the service/needs?**

**Why:** We are requesting to renew our current Ironton Global SIP Phone Service Contract for 4 years.

**Need:** The district currently contracts with Ironton Global to provide 40 SIP phone lines, as well as 120 DID's for telephone service.

**Suggested replacement:** Ironton Global

**B. Cost Estimate: if over \$5,000, were 3 quotes obtained? If yes, please list the vendors and the amounts.** No. The district has been an Ironton Global customer since 2014. Their SIP phone service is solid and integrates well with our Cisco IP Phone System and Emergency Responder/E911 system.

**C. Procurement Method:**

- Met with Ironton Global to review our account, and asked for a new 4 year contract for the period of July 1, 2023 through June 30, 2027. The rate is the same as we are currently paying.

**D. Funds account to be charged for Procurement (Was this purchase budgeted?)**

- Yes. Technology Services Communications Account.
  - 10-2844-538-000-00-000-006-000-0000

**E. Selection of winning proposal**

- Ironton Global. \$1,037.58\* monthly, \$12,450.96\* annually
  - \*Rates are based on estimated taxes and fees

**F. Other**

N/A



### Sales Representative Information

**Name:** Matt Fachet  
**Company Name:** ITC Global Networks, LLC  
**Phone:** (484) 553-6024  
**Email:** mfachet@ironton.com  
**Commitment Term:** 48 months

### Service Agreement

**Order Number:** OQ4021  
**Date:** 01/11/2023  
**Contract Start Date:**  
**Contract End Date:**

### Customer Information

**Company:**  
**Contact:**  
**Street 1:**  
**Street 2:**  
**City,State,ZIP Code:**  
**Email:**  
**Phone:**  
**Mobile:**

Billing Address	
East Stroudsburg Area School	District
Brian Borosh	50 Vine St
East	Stroudsburg, Pennsylvania, 18301
brian.borosh@ esasd.net	(570) 424-8500

Install Address	
East Stroudsburg Area School	District
Brian Borosh	50 Vine St
East	Stroudsburg, Pennsylvania, 18301
brian.borosh@ esasd.net	(570) 424-8500

### Monthly Recurring Charges(MRR)

QTY	Item ID	Description	Price	Disc%	New Price	Total
40.0	IG-TRK-S-3	Standard Trunk	\$18.00	0.0%	\$18.00	\$720.00
120.0	IG-D-DID	DID - Domestic US	\$1.00	0.0%	\$1.00	\$120.00
MRR Subtotal						\$840.00
Taxes MRR						\$197.58

### Non Recurring Charges(NRR)

QTY	Item ID	Description	Price	Disc%	New Price	Total
NRR Subtotal						\$0.00
Taxes NRR						\$0.00

**Order Notes**  
 CONTRACT TERM: 07/01/2023- 06/30/2027

Summary			
	Standard Rate	Discounts	Fee
Monthly Recurring	\$840.00	\$0.00	\$840.00
Non Recurring	\$0.00	\$0.00	\$0.00
Sub Total	\$840.00	\$0.00	\$840.00
Shipping and Handling			\$0.00
Est Sales Tax			\$197.58
<b>Total Due at Signing**</b>			<b>\$1,037.58</b>

## SERVICE AGREEMENT TERMS

All Ironton Global services to be purchased, provisioned and delivered to customer are as listed above. Any additions, modifications and/or omissions must be updated within a new services agreement, and any written-in changes are void. By signing this service agreement, customer agrees to be bound by the terms of service as displayed on <https://www.irononglobal.com/terms-and-conditions>. These Terms and Conditions may change from time to time, although only certain limited changes are allowed during any initial contract term or agreed renewal term. THEY INCLUDE A MANDATORY ARBITRATION CLAUSE AND COVER OTHER DETAILS. All pricing and all billing are in U.S. Dollars.

## NOTES

### **\*\*Prices Valid for 45 Days\*\***

Once order is reviewed and accepted, an Ironton Global representative will contact you to obtain pre-payment to continue processing this order. ALL orders take a MINIMUM of 30 days to complete (new or ported). Toll Free Origination, Conferencing, International & Domestic Termination per minute rates and any associated charges will apply unless otherwise specified in the service description. ALL city, county, state, municipal and federal taxes, surcharges and fees are applicable, may change and will be applied at the end of each billing cycle. E911 will be charged in accordance to all laws and municipalities. E911 will be charged for ANY AND ALL devices, extensions, lines and trunks that can reach 911. International rates are subject to change at any time. By enabling International dialing, you hereby understand that you (customer) assume all responsibilities for fraud and hacking. Any early termination by the customer must be given to us in writing and jointly signed by customer and approved by Ironton Global Management in writing prior to making it applicable. The pricing in this agreement reflects customer's willingness to enter into a long term service arrangement, and the parties agree that company will suffer economic loss that would be difficult to quantify precisely if customer terminates the contract early. The termination fee will be billed as a lump sum upon early termination of the agreement and is in addition to charges for service provided through the date of early termination.

## Authorized Customer Representative

Signature:

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Title:

---

Print Name:

---

Date:

---

## Authorized ITC Global Networks, LLC Representative

Signature:

---

Title:

---

Print Name:

---

Date:

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Confidential and Proprietary to Ironton Global. This proposal is provided to the Entity(s) and Individual(s) listed above only, and may not be disclosed or forwarded to any other party without the express, written consent of Ironton Global representative.



## V. ITEMS FOR DISCUSSION

- b. Copy Paper 8.5 x 11, 20# White - Stotz & Fatzinger  
Office Supply Quote, \$37,690.40

# Form 611

MUST BE COMPLETED FOR ANY PROCUREMENT OF A SERVICE OR ITEM OVER \$5,000.00

The respondent's email ([craig-neiman@esasd.net](mailto:craig-neiman@esasd.net)) was recorded on submission of this form.

Untitled Section

Untitled Section

**FORM 611**

**EAST STROUDSBURG AREA SCHOOL DISTRICT**  
Procurement Form

Name of Requestor \*

Robert Romagno

Untitled Title

Department \*

Environmental Services

Building \*

Administration

What service or item are requesting \*

Paper, Copy 8.5 x 11 20# White

Why are you requesting the service or item \*

Inventory running low

Suggested replacement \*

Paper, Copy 8.5 x 11 20# White

Please complete an independent Cost Analysis. (Pre-determine costs prior to contacting a vendor.)

Cost Estimate: if over \$5,000, were three (3) quotes obtained? If yes, please list the vendor's information and quoted amount. \*

No

What is the total cost of the purchase? \*

\$37,690.40

Procurement Method: \*

- Quote Received only one Proposal
- Request for Proposal (RFP)
- Bid
- Other: \_\_\_\_\_

Was this purchase budgeted? \*

Yes



Was this purchased through a PA State Contract or Approved Consortiums? If yes, select group.

- Yes
- Pennsylvania State Contract
- COSTARS
- Keystone Purchasing Network
- PEPPM National Contract Program (Technology Bidding and Purchasing)
- US Communities
- No

If item was purchased through a Pa State Contract or approved Consortium, please include contract number.

Co Star #004-072

Which Fund will be charged? \*

10

What account will be charged? \*

Building budgets

Selection of the winning proposal, was the lowest price selected? If not, please explain why and the process of selecting the vendor. \*

Supplying vendor paper quality improves copy machine uptime.

Any additional information you would like to provide.

This form was created inside of East Stroudsburg Area School District.





**Quote: EAST STROUDSBURG SCHOOL 1/12/23**

Dealer Address

**Stotz & Fatzinger Office Supply**  
 808 Packer St  
 Easton, Pennsylvania 18042-7358  
 Phone: 610.515.0103  
 Fax: 610.515.0247

Bill-To Address

**EAST STROUDSBURG AREA**  
**SCHOOL #4248500**  
 A/P  
 PO BOX 298  
 50 VINE STREET  
 EAST STROUDSBURG, Pennsylvania  
 18301  
 Phone: 570-424-8471

Shlp-To Address

**EAST STROUDSBURG AREA**  
**SCHOOL #4248500**  
 50 VINE STREET  
 ROUTE S  
 EAST STROUDSBURG, Pennsylvania  
 18301

Item #	Description	UOM	Qty	Customer Price	Line Total
GLDWHITEBOX	PAPER,COPY,8.5X11,20#,WHITE, 5000/Case	CT OF 10 RM	880	42.83	\$37,690.40
NOTE	COSTAR # 004-072	EA	1	0.00	\$0.00
<b>Subtotal:</b>					\$37,690.40
<b>Tax</b>					\$0.00
<b>Total</b>					\$37,690.40



# QUOTE

Quote: EAST STROUDSBURG SCHOOL 1/12/23  
Date: 1/12/2023

Stotz & Fatzinger Office Supply  
808 Packer St  
Easton, PA 18042-7358  
Phone: 610.515.0103  
Fax: 610.515.0247

Accounts Payable: A/P

**Bill-To Address**  
EAST STROUDSBURG AREA SCHOOL #4248500  
PO BOX 298  
50 VINE STREET  
EAST STROUDSBURG, Pennsylvania 18301  
Phone:570-424-8471  
Fax:570-420-8353

**Ship-To Address**  
EAST STROUDSBURG AREA SCHOOL #4248500  
50 VINE STREET  
ROUTE S  
EAST STROUDSBURG, Pennsylvania 18301

Item #	Description	UOM	Qty	Customer Price	Total
GLDWHITEBOX	PAPER,COPY,8.5X11,20#,WHITE, 5000/Case	CT	880	\$42.83	\$37,690.40
NOTE	COSTAR # 004-072	EA	1	\$0.00	\$0.00
				Subtotal:	\$37,690.40
				Tax:	\$0.00
				Total:	\$37,690.40



## V. ITEMS FOR DISCUSSION

c. Bollard Planters - Dawn Enterprises Quote, \$14,061.96

# Form 611

MUST BE COMPLETED FOR ANY PROCUREMENT OF A SERVICE OR ITEM OVER \$5,000.00

The respondent's email ([jessica-newberry@esasd.net](mailto:jessica-newberry@esasd.net)) was recorded on submission of this form.

Untitled Section

Untitled Section

FORM **611**

**EAST STROUDSBURG AREA SCHOOL DISTRICT**  
Procurement Form

Name of Requestor \*

William Vitulli

Untitled Title

Department \*

C&I (PCCD)

Building \*

District

What service or item are requesting \*

tall concrete cylinder planters

Why are you requesting the service or item \*

to be used as security devices outside specific doors at school buildings

Suggested replacement \*

n/a

Please complete an independent Cost Analysis. (Pre-determine costs prior to contacting a vendor.)

Cost Estimate: if over \$5,000, were three (3) quotes obtained? If yes, please list the vendor's information and quoted amount. \*

Dawn Enterprises-~~\$14,739.30~~ \$14,061.96  
Belson Outdoors-\$20,945.60  
FS Industries-\$27,277.71

What is the total cost of the purchase? \*

~~\$14,739.30~~ \$14,061.96

Procurement Method: \*

- Quote Received only one Proposal
- Request for Proposal (RFP)
- Bid
- Other: received 3 quotes

Was this purchase budgeted? \*

Yes ▼

Was this purchased through a PA State Contract or Approved Consortiums? If yes, select group.

- Yes
- Pennsylvania State Contract
- COSTARS
- Keystone Purchasing Network
- PEPPM National Contract Program (Technology Bidding and Purchasing)
- US Communities
- No

If item was purchased through a Pa State Contract or approved Consortium, please include contract number.

\_\_\_\_\_

Which Fund will be charged? \*

10

What account will be charged? \*

10-2660-610-364-00-000-000-000-9175

Selection of the winning proposal, was the lowest price selected? If not, please explain why and \* the process of selecting the vendor.

Yes

Any additional information you would like to provide.

This form was created inside of East Stroudsburg Area School District.

Google Forms



# Quote

275 Progress Drive, Suite B  
Manchester, CT 06042

Phone: 860-646-8200 / Toll Free: 800-262-3296

Fax#: 860-647-0580

Web: www.godawn.com

Date	Quote #
1/24/2023	20282

Changes to shipping address may result in additional charges.  
Please review for accuracy.



Name / Address
East Stroudsburg Area School District 50 Vine St East Stroudsburg, PA 18301

Ship To
East Stroudsburg Area School District Attn: 50 Vine St East Stroudsburg, PA 18301

RFQ Number	Terms	Project	Rep	FOB
186436	Net 30		BD	Destination

Item	Description	Qty	Cost	Total
Planters	36" dia x 30" tall concrete cylinder planter with toe kick. Color: Padre Brown, Finish: Light Sand Blast	20	639.00	12,780.00T
Sales Discount	5% Volume Discount		-639.00	-639.00
SH 100	Shipping and Handling via flatbed	1	1,125.00	1,125.00T
	Total sales tax		795.96	795.96
	Customer responsible for offloading & placement. Must have fork truck on site.			
	Note: Due to the volatility in pricing for freight, all freight quotes are valid for 5 business days only and will be re-quoted at time of shipment.			

QUOTE VALID FOR 30 DAYS, SUBJECT TO RE-EVALUATION THEREAFTER	<b>Subtotal</b>	\$14,061.96
Payment must be received within terms or a 1.5% finance charge per month will be applied. Additionally, purchaser agrees to pay all costs associated with collecting outstanding balances and interest and/or lien placement.	<b>Sales Tax (0.0%)</b>	\$0.00
	<b>Total</b>	\$14,061.96

Signature \_\_\_\_\_

**Quote #**  
**WQ 336932**

Here is the Quote as per your request. The 'Shipping' total has been applied.  
To place an order, simply click 'Submit Order Confirmation' below.  
Please print this page for your records.  
Customer Order Confirmation is **required** to process order.



627 Amersale Drive  
Naperville, IL. 60563  
sales@belson.com

Toll Free: 1-800-323-5664  
Phone: 1-630-897-8489  
Fax: 1-630-897-0573

**QUOTE #**  
**WQ 336932**  
**Expires 2/24/2023**

Model #	Description	Lbs	Quantity	Unit Price	Unit Total
RP-36X30C	RP Series Planter, 36"Dia. x 30"H - Concrete Choose Color *Discount Applied*	900	20	\$753.00	\$15,060.00
		Subtotal	18,000	Subtotal	\$15,060.00
				<input checked="" type="checkbox"/> 6.0000% Tax	\$1,185.60
Customer Order Confirmation is required to process order.				Shipping	\$4,700.00
Your Order will not be shipped without your "Order Confirmation"				Grand Total	\$20,945.60

**Bill To:**

**Ship To:**

First/Last Name	Jessica Newberry	Shp To	East Stroudsburg Area School District
Company	East Stroudsburg Area School District	Shp To	East Stroudsburg Area School District
Address 1	50 Vine St	Address 1	50 Vine St
Address 2		Address 2	
City	East Stroudsburg	City	East Stroudsburg
State	PA	State	PA
Zip Code	18301	Zip Code	18301
Country	USA	Country	USA
Phone	570-424-8500	Phone	570-424-8500
Fax		Contact	Jessica Newberry
Email	jessica-newberry@esasd.net	Email	jessica-newberry@esasd.net

**Additional Delivery Services**

Phone Call 24 Hours Prior to Delivery

Delivery to Residential or Non-Commercial Truck Route Addresses

Power Liftgate Service - Driver will lower shipment from the truck to the ground (Only)





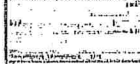

**Order Power Liftgate Service If -- You will be unable to unload the shipment from the truck.**

◇ Does Not apply to UPS shipments

**Special Instructions**

KP-P ext 10202

**Intended Payment Method**

 Visa <input type="radio"/>	 MasterCard <input type="radio"/>	 American Express <input type="radio"/>	 Discover <input type="radio"/>	 Check with Order <input type="radio"/>	 On Account <input type="radio"/>
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**Order Confirmation Method — Customer Confirmation is Required to Complete Order**

<input checked="" type="radio"/> Email Order Confirmation	<input type="text" value="jessica-newberry@esasd.net"/>
<input type="radio"/> Fax Order Confirmation	
<input type="radio"/> Customer Service Representative Call (M-F 8:00am - 4:30pm CST)	
What is the best day and time to call?	
Contact Name (If Different than 'Sold To')	Phone





**ENGINEERED STEEL PRODUCTS**

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20 Technology Way, West Greenwich, RI 02817  
 Toll free:(800) 421-0314 • In RI:(401) 421-0314 • Fax:(401) 421-5679

Home      Order      Search      Quote      Info      About Us      My Account      Shopping Cart

Shop Options: [0 Cart Item\(s\) \\$0.00](#) | [Customer Account](#) | [Continue Shopping](#)

**Price Quote Created for Jessica Newberry**

PLACE AN ORDER DIRECTLY FROM THIS QUOTE. JUST CLICK THE "GO TO CHECKOUT" BUTTON

[Go to Checkout](#)



Product: Planter, 36" x 30"  
 Model Number: RP-36X30  
 Finish: Dove Gray Etch  
 Price: \$980.00  
 Quantity: 20  
 Shipping Total: \$5,657.14  
 Tax Total: \$2,020.57  
 Item Total: \$27,277.71  
 Made To Order

**Notes for Customer**

Hi Jessica. This is your quote for our (20) Planter, 36" x 30", Model Number: RP-36X30 as requested. Lead time is 6-8 weeks after order submission and approvals. Depending on date of when you make your purchase it may change your lead time. Our ordering process is easy and convenient. Simply click on the "Go to Checkout" button in the quoted e-mail that you just received and submit your payment. That's all! If you have any questions please feel free to contact me. I am happy to assist. Thank you, Cindy Her \* PLEASE NOTE THAT CUSTOMER WILL NEED TO CONFIRM SHIP TO ADDRESS, FINISH AND COLOR CHOICE PRIOR TO PURCHASING. WHAT WAS QUOTED IN THIS QUOTE WAS BASED ON ASSUMPTIONS AS I WAS NOT ABLE TO GET THE CORRECT INFORMATION CONFIRMED. \*\* PLEASE ALSO NOTE THAT SINCE THIS ORDER WILL BE DELIVERED TO A SCHOOL LOCATION A FEE HAS ALREADY BEEN ADDED INTO FREIGHT.

**Quote Summary**

Quote Number	78782
Date/Time Created	1/26/2023
Prepared By	Cindy Her
Sales Rep Phone	800-421-0314
Sales Rep Email	cher@fsindustries.com
Contact Name	Jessica Newberry
Contact Company	East Stroudsburg Area School District
Contact Phone	570-424-8500
Contact Phone Extension	10202
Contact Fax	
Customer Email	Jessica-newberry@esasd.net
Payment Terms	Credit card, check or wire transfer with order
Product Designation	Made to Order (Non-Returnable)
Sub Total	\$19,600.00
Shipping	\$5,657.14 Commercial Delivery To Loading Dock adds \$0.00

Tax	\$2,020.57
Grand Total	\$27,277.71

**Shipping Summary**

Name	Jessica Newberry
Company	East
Address	TBD
Address 2	TBD
City	East Stroudsburg
State, Province, Region or County	PA
Zip or Postal Code	18301
Country	U.S.A.

PLACE AN ORDER DIRECTLY FROM THIS QUOTE. JUST CLICK THE "GO TO CHECKOUT" BUTTON

**Go to Checkout**

[Privacy Policy](#) | [Shipping Policy](#) | [Return Policy](#) | [Refund Policy](#)

## V. ITEMS FOR DISCUSSION

- d. ID Badge Software & Printer - CI Solutions Quote,  
\$2,835.75

# Form 611

MUST BE COMPLETED FOR ANY PROCUREMENT OF A SERVICE OR ITEM OVER \$5,000.00

The respondent's email (**rebecca-lopez@esasd.net**) was recorded on submission of this form.

Untitled Section

Untitled Section

**FORM 611**

**EAST STROUDSBURG AREA SCHOOL DISTRICT**  
**Procurement Form**

Name of Requestor \*

Rebecca Lopez

Untitled Title

Department \*

Administrative Services

Building \*

Central Admin

What service or item are requesting \*

CI Solutions Badge + Printer: (3-year renewal)

Why are you requesting the service or item \*

Annual ID production software license, Full service agreement for ID card printer. Includes parts, labor, and loaner. Excludes printhead.

Suggested replacement \*

N/A

Please complete an independent Cost Analysis. (Pre-determine costs prior to contacting a vendor.)

N/A proprietary software

Cost Estimate: if over \$5,000, were three (3) quotes obtained? If yes, please list the vendor's information and quoted amount. \*

Quote for 3-year renewal, \$995/per year. If all three years are paid in full upfront then there will be a 5% Discount of \$945.25 per year for a total 2,835.75

What is the total cost of the purchase? \*

\$995 per year or \$2,835.75 for three years upfront.

Procurement Method: \*

Quote Received only one Proposal

Request for Proposal (RFP)

Bid

Other: \_\_\_\_\_

Was this purchase budgeted? \*

Yes ▼

Was this purchased through a PA State Contract or Approved Consortiums? If yes, select group.

Yes

Pennsylvania State Contract

COSTARS

Keystone Purchasing Network

PEPPM National Contract Program (Technology Bidding and Purchasing)

US Communities

No

If item was purchased through a Pa State Contract or approved Consortium, please include contract number.

N/A \_\_\_\_\_

Which Fund will be charged? \*

10



What account will be charged? \*

10-2840-650-000-00-000-022-000-0000

Selection of the winning proposal, was the lowest price selected? If not, please explain why and \* the process of selecting the vendor.

Software Renewal

Any additional information you would like to provide.

Finance committee has the option of selecting upfront payment to save 5%.

This form was created inside of East Stroudsburg Area School District.







Company Address 3625 Serpentine Drive  
 Los Alamitos, CA 90720-2440  
 US

Quote Number Q-03273-1

Ship Via  
 Award Schedule  
 Solicitation Number

Created Date 1/24/2023 4:23 PM  
 Expiration Date 3/25/2023  
 Terms Net 30

Prepared By Erica Andrade  
 Phone (562) 431-2594  
 Email ericaa@cardintegrators.com

Contact Name Rebecca Lopez  
 Phone (570)424-8500  
 Email rebecca-lopez@esasd.net

Bill To Name East Stroudsburg Area School District  
 Bill To 50 Vine Street  
 East Stroudsburg, PA 18301  
 US

Ship To Name East Stroudsburg Area School District  
 Ship To 50 Vine Street  
 East Stroudsburg, PA 18301  
 US

Product Description	Line Item Description	Sales Price	Quantity	Total Price
Annual ID production software license	3 Year - Renewal Date: 7/1/2023 - 6/30/2026 - \$995/per year - 5% Discount - \$945.25 per year	\$945.25	1.00	\$2,835.75
Full service agreement for ID card printer. Includes parts, labor, and loaner. Excludes printhead.	3 Year - Renewal Date: 7/1/2023 - 6/30/2026 - Printer included with renewal of Badge	\$0.00	1.00	\$0.00
Sales Tax		\$0.00	1.00	\$0.00

Subtotal \$2,835.75  
 Sales Tax \$0.00  
 Freight \$0.00  
 Total Price \$2,835.75

Thank you for considering CI Solutions!

Your order will be subject to local and state tax rates. If your organization is tax-exempt, please submit the proper exemption details to <mailto:accounting@cardintegrators.com>.

**Canadian Shipments:**

For orders shipped to Canada, funds will be processed in US dollars. Products will ship via FedEx International. The customer is responsible for tax and duty with shipment(s). Additional processing fees may apply. In the event of a wire transfer, our customer service team will send confirmation of your transfer; please allow 1-2 business days for processing.

Payment Options: <https://www.cardintegrators.com/payment-options/>

Purchase orders may be submitted by email to <mailto:orders@cardintegrators.com>.

CI Solutions is unable to accept returns on custom materials, software, or services.

This quote is valid for 30 days from the date presented unless otherwise noted.



**General Ordering Information:**

For order status and/or shipping inquiries, please contact the customer service team.

Your order will be subject to local and state tax rates. If your organization is tax-exempt, please submit the proper exemption details to [accounting@cardintegrators.com](mailto:accounting@cardintegrators.com)

The minimum order is \$50.

**Lead Times:**

The standard lead-time for stock cards, ribbons, cleaning kits and printers is seven (7) working days after receipt of payment, or confirmation or purchase order. CI Solutions is a value-add consultant and re-seller, lead-times may vary due to manufacture availability.

Custom material lead-times are subject to raw material availability and begins once an artwork proof is approved by the customer.

A rush fee may be added to orders placed for same-day shipment (if the product is available); the order must be received before 11:00 a.m. PST. Customer orders with wire transfer terms will be scheduled to ship within 14 days after receipt of bank confirmation unless otherwise notified.

Delivery may be made from multiple warehouse facilities. Freight terms are FOB from each CI Solutions location.

Insurance will be included and billed to the customer, unless otherwise stated.

CI Solutions will ship by ground transportation unless an alternative shipping method is specified on the order. Title and risk of loss will pass on delivery to the carrier. CI Solutions will not be liable for shipment delays of any kind beyond its control.

Drop shipments can be made to US destinations only.

CI Solutions reserves the right to change pricing at any time without prior notice.

**Payment Method and Payment Terms:**

Payment must be made in advance by one of the following methods: C.O.D., ACH bank transfer, credit card payment or an acceptable letter of credit, unless standard net 30 day terms have been established by customer and CI Solutions. Find more information about our payment terms here: <https://www.cardintegrators.com/payment-options>

**Return Policy**

Unopened media items (printers, stock cards, cleaning kits) may be returned within the first thirty (30) days after receipt, subject to a restocking fee of 15%.

**Custom media, custom cards and custom configured printer items are non-returnable & non-refundable.**

All returns must be authorized by obtaining an RMA number from Technical Support (technical failures), or the customer service (shipment problems or product returns) department.

Return of printer units will not be accepted unless the RMA number is clearly marked on the outside of the box.

**Any product received without an RMA number will be returned to sender.**

Please contact our support team to receive a return merchandise authorization number. CI Solutions will provide a prepaid shipment label for defective material. CI Solutions is unable to accept the return of software or services that have been performed.

## V. ITEMS FOR DISCUSSION

- e. Lehman Intermediate FCS Stoves - Kleckner & Sons  
Quote, \$10,477.00

# Form 611

MUST BE COMPLETED FOR ANY PROCUREMENT OF A SERVICE OR ITEM OVER \$5,000.00

The respondent's email (**craig-neiman@esasd.net**) was recorded on submission of this form.

Untitled Section

Untitled Section

**FORM 611**

**EAST STROUDSBURG AREA SCHOOL DISTRICT**  
Procurement Form

Name of Requestor \*

Debra Padavano

Untitled Title

Department \*

Family Consumer Sciences

Building \*

Lehman Intermediate

What service or item are requesting \*

Three new stoves

Why are you requesting the service or item \*

Current stoves are at the end of useful life

Suggested replacement \*

Three new stoves

Please complete an independent Cost Analysis. (Pre-determine costs prior to contacting a vendor.)

N/A

Cost Estimate: if over \$5,000, were three (3) quotes obtained? If yes, please list the vendor's information and quoted amount. \*

No

What is the total cost of the purchase? \*

\$10,477.00

Procurement Method: \*

- Quote Received only one Proposal
- Request for Proposal (RFP)
- Bid
- Other: .....

Was this purchase budgeted? \*

No ▼

Was this purchased through a PA State Contract or Approved Consortiums? If yes, select group.

- Yes
- Pennsylvania State Contract
- COSTARS
- Keystone Purchasing Network
- PEPPM National Contract Program (Technology Bidding and Purchasing)
- US Communities
- No

If item was purchased through a Pa State Contract or approved Consortium, please include contract number.

.....

Which Fund will be charged? \*

32



What account will be charged? \*

Capital Reserve account will be established

Selection of the winning proposal, was the lowest price selected? If not, please explain why and \* the process of selecting the vendor.

One quote

Any additional information you would like to provide.

This form was created inside of East Stroudsburg Area School District.



**Quote**

SERVICE IS OUR MOST IMPORTANT PRODUCT  
**KLECKNER & SONS**  
*The Leader*  
**APPLIANCES & ELECTRONICS**

WHITEHALL STORE  
 2177 MacArthur Rd  
 Whitehall, PA 18052-4519  
 (610) 433-4202 FAX: (610) 433-7440  
 sales@klecknerandsons.com  
 www.klecknerandsons.com

**1013**



**Quote Date:** 04/23/2021  
**Date Desired:** N/A  
**Sales Associate:** Brandon George  
**Job Name:** N/A  
**Exp Date:** 05/23/2021     **Job #:** N/A  
**Customer PO:** N/A     **Permit #:** N/A  
**Next Call:** N/A

Sold To: 5638 EAST STROUDSBURG AREA SCHOOL DISTRICT 279 Timberwolf Dr Dingmans Ferry, PA 18328 (570) 656-4283 destiny-moretto@esasd.net	Ship To: 5638 EAST STROUDSBURG AREA SCHOOL DISTRICT 279 Timberwolf Dr Dingmans Ferry, PA 18328 (570) 656-4283 destiny-moretto@esasd.net	<b>WHSE NOTES</b>	<b>DELIVERY NOTES</b>

#	Brand	Model Number	Description	Unit Price	Qty	Ext. Price
1	KitchenAid	KSEG950ESS	<i>Stainless Steel</i> -30-Inch 4-Element Electric Downdraft Slide-In Range	\$3,159.00	3	\$9,477.00
2	Unbranded	W10768190	<i>Other</i> - Ductless Downdraft Vent Kit	\$300.00	3	\$900.00
3	Kleckner's	Delivery	Delivery Fee	\$100.00	1	\$100.00
4	Kleckner's	Disposal	Removal and disposal of an appliance	\$0.00	1	\$0.00

I \_\_\_\_\_ agree to the terms and conditions (See last page)

<b>SubTotal</b>	\$10,477.00
<b>Sales Tax</b>	\$0.00
<b>Sales Total</b>	\$10,477.00

**SECURITY INTEREST:** PURCHASER AGREES THAT UNTIL THE PAYMENT AND ALL OTHER SUMS REQUIRED TO BE PAID HEREUNDER, SHALL HAVE BEEN MADE, SELLER RETAINS TITLE TO AND HAS A SECURITY INTEREST OR LIEN IN THE GOODS WHICH ARE THEN SUBJECT TO THIS CONTRACT. LATE CHARGE OF 1 1/4% PER MONTH WILL BE CHARGED FOR ANY LATE PAYMENTS. UPON DEFAULT OF ANY OF THE PAYMENTS PROVIDED HEREIN, SELLER MAY, AT ITS OPTION WITHOUT FURTHER DEMAND, ENTER UPON THE PREMISES WHERE SUCH MERCHANDISE IS KEPT OR INSTALLED AND REMOVED AND REPOSSESS IT, AND UNDERSIGNED JOINTLY AND SEVERALLY AUTHORIZES THE PROTHONOTARY, CLERK OR ANY ATTORNEY OF ANY COURT OF RECORD IN PENNSYLVANIA, OR ELSEWHERE, TO APPEAR FOR THE UNDERSIGNED AND CONFESS JUDGMENT AGAINST THEM OR ANY OF THEM, WITH OR WITHOUT DECLARATION FILED IN FAVOR OF THE SELLER AND/OR ITS ASSIGNEE FOR THE FULL AMOUNT OF SUCH BALANCE TOGETHER WITH REASONABLE ATTORNEY'S FEES AND COSTS HEREBY WAIVING THE RIGHT OF INQUISITION, CONDEMNATION, APPEAL AND STAY OF EXECUTION. THE SELLER BY VIRTUE OF THE POWER TO CONFESS JUDGMENT HEREIN, MAY ACQUIRE INTEREST IN ALL REAL AND PERSONAL PROPERTY OF EVERY KIND AND DESCRIPTION NOW OWNED OR HEREINAFTER ACQUIRED BY THE PURCHASER, OTHER THAN THE PRINCIPAL RESIDENCE OF THE PURCHASER. SELLER HEREBY EXPRESSLY RELEASES SUCH REAL PROPERTY FROM THE LIEN OF ANY JUDGMENT CONFESSED PURSUANT TO THIS INSTRUMENT AND AUTHORIZES THE PROTHONOTARY TO NOTE SUCH RELEASE UPON HIS RECORDS AND AGREES TO MAKE, EXECUTE AND DELIVER WITHOUT COST TO THE PURCHASER ANY FURTHER INSTRUMENTS WHICH MAY BE REQUIRED TO EFFECTUATE THE ABOVE. IF SAID MERCHANDISE IS INSTALLED OR ATTACHED TO BUILDINGS, IT IS NEVERTHELESS TO REMAIN AS PERSONAL PROPERTY. PURCHASER SHALL NOT DISPOSE OF, ENCUMBER, OR REMOVE THE SAID MERCHANDISE FROM THE ADDRESS TO WHICH IT IS DELIVERED WHILE TITLE REMAINS IN SELLER. IT IS UNDERSTOOD BY PURCHASER THAT THERE ARE NO VERBAL OR WRITTEN AGREEMENTS OR WARRANTIES, EXCEPTING THOSE CONTAINED HEREIN, AND PURCHASER HEREBY CERTIFIES THAT FINANCIAL STATEMENT RENDERED HERewith IS TRUE AND CORRECT. IF PURCHASER REMOVES ANY OF THE ABOVE ITEMS FROM THE COMMONWEALTH, WITHOUT WRITTEN PERMISSION OF THE SELLER, OR IF HE FAILS TO NOTIFY THE SELLER OF ANY CHANGE OF ADDRESS, OR FAILS TO COMMUNICATE WITH THE SELLER FOR A PERIOD OF FORTY-FIVE DAYS AFTER ANY DEFAULT IN THE ABOVE PAYMENTS, SELLER SHALL BE ENTITLED TO COLLECT ACTUAL AND REASONABLE COLLECTION CHARGES SO OCCASIONED.

**NOTICE TO BUYER:** (1) DO NOT SIGN THIS AGREEMENT BEFORE YOU HAVE READ IT, OR IF IT CONTAINS ANY BLANK SPACE. (2) YOU ARE ENTITLED TO A COMPLETELY FILLED-IN COPY OF THIS AGREEMENT. (3) UNDER THE LAW, YOU HAVE A RIGHT TO PAY OFF IN ADVANCE THE FULL AMOUNT DUE AND UNDER CERTAIN CONDITIONS TO OBTAIN A PARTIAL REFUND OF THE FINANCE CHARGE, BASED ON THE RULE OF 78'S. THE FINANCE CHARGE HEREIN CONTAINED DOES NOT EXCEED THE EQUIVALENT OF FIFTEEN PERCENT SIMPLE INTEREST PER ANNUM OF THE UNPAID BALANCE, EXCEPT THAT A MINIMUM CHARGE OF SEVENTY CENTS PER MONTH may be made.

**WARRANTY DISCLAIMER:** Warranties offered by the manufacturers of the goods sold are the exclusive and sole warranties for any goods sold herein. Kleckner & Sons offers no warranties (including any IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE OR ANY OTHER, EXPRESS OR IMPLIED WARRANTY.

I UNDERSTAND AS PURCHASER THAT I EXPRESSLY DISCLAIM ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE,

\_\_\_\_\_  
(Purchaser)

**NOTICE:** Any holder of this consumer credit contract is subject to all claims and defenses which the debtor could assert against the seller of goods or services obtained pursuant hereto or the proceeds hereof. Recovery hereunder by the debtor shall not exceed amounts paid by the debtor hereunder.

**SALES AGREEMENT** – Purchaser acknowledges receipt of a copy of this security agreement.

\_\_\_\_\_  
(Purchaser)

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_: Unit Ran and Tested

\_\_\_\_\_/\_\_\_\_\_: Inspected Residence for Damage

\_\_\_\_\_/\_\_\_\_\_: Plumbing Complete, **NO** Indication of Water Leaks.

\*This includes waterlines, dishwasher drain hose and flex lines, washer hoses, water heaters, garbage disposal, and hot water taps.\*

X \_\_\_\_\_

**Please sign above if you are satisfied with delivery and/or installation.**



## V. ITEMS FOR DISCUSSION

- f. East Stroudsburg Elementary Gym AV System –  
Keystone Fire & Security Quote, \$31,416.00

# Form 611

MUST BE COMPLETED FOR ANY PROCUREMENT OF A SERVICE OR ITEM OVER \$5,000.00

The respondent's email ([william-vitulli@esasd.net](mailto:william-vitulli@esasd.net)) was recorded on submission of this form.

Untitled Section

Untitled Section

**FORM 611**

**EAST STROUDSBURG AREA SCHOOL DISTRICT**  
Procurement Form

Name of Requestor \*

DR. Vitulli / Dave Baker (ESE Principal)

Untitled Title

Department \*

C&I

Building \*

ESE

What service or item are requesting \*

Wall mounted powered screen with projector - in gymnasium

Why are you requesting the service or item \*

Needed upgrades for parent and staff training

Suggested replacement \*

non

Please complete an independent Cost Analysis. (Pre-determine costs prior to contacting a vendor.)

\$31,416 - Costar provider Keystone

Cost Estimate: if over \$5,000, were three (3) quotes obtained? If yes, please list the vendor's information and quoted amount. \*

Costar provider see quote

What is the total cost of the purchase? \*

\$31,416

Procurement Method: \*

Quote Received only one Proposal

Request for Proposal (RFP)

Bid

Other: .....

Was this purchase budgeted? \*

No ▼

Was this purchased through a PA State Contract or Approved Consortiums? If yes, select group.

Yes

Pennsylvania State Contract

COSTARS

Keystone Purchasing Network

PEPPM National Contract Program (Technology Bidding and Purchasing)

US Communities

No

If item was purchased through a Pa State Contract or approved Consortium, please include contract number.

.....

Which Fund will be charged? \*

10



What account will be charged? \*

Capital fund

Selection of the winning proposal, was the lowest price selected? If not, please explain why and \* the process of selecting the vendor.

Costar quote provided by Keystone received through ESASD tech department

Any additional information you would like to provide.

This form was created inside of East Stroudsburg Area School District.



**Costars Proposal  
Costars # 034-050**

To: East Stroudsburg Area School District	Date: 2/2/2023
Address: 50 Vine Street	From: Wayne Becker
East Stroudsburg, PA 18301	Phone: (610) 841-9611
Attn: Anthony Calderone	Email: wbecker@comsysinc.com
Phone: 570-994-6467	Proposal #: AAAQ1801
Email: <a href="mailto:anthony-calderone@esasd.net">anthony-calderone@esasd.net</a>	Project: East Stroudsburg Elementary School Gym AV System

Hello Anthony,

I appreciate this opportunity to propose the furnishing and installation of a Projection System in the Elementary School Gymnasium as requested and described herein.

**1. PROJECT SUMMARY**

1. Keystone Fire and Security (KFS) to supply and install a video projection system in the elementary school gym and integrate the projector audio into the existing sound system. This system will be used for instruction and general assemblies.
2. KFS to supply and install (1) ceiling mounted projector in a protective cage and (1) wall mounted electric screen. East Stroudsburg Area School District (ESASD) to provide the required 120V power.
3. KFS to supply and install (1) low voltage screen controller in the existing headend rack.
4. KFS to supply and install (1) wireless presentation and (1) local wired HDMI input in the existing headend rack. ESASD to provide network drop for the wireless presentation system.
5. KFS to supply and install (1) 2x1 HDMI/HDBaseT auto switcher in the existing headend rack. This will have the ability to manually switch video signal or automatically switch to the active video signal detected. The digital HDMI audio will be de-embedded from the switcher and connected the existing local sound system.
6. KFS will reuse and utilize the existing headend rack, audio equipment, and open-source inputs.
7. KFS to program, test, and provide customer training.
8. ESASD to install the cabling for the projection system as designed. An OPTION for KFS to supply and install the cable is provided.
9. ESASD to provide all required 120V power and active network drops. ESASD to provide all network connections and any network switches and network management required.
10. No conduit, raceways, core drilling, patching, painting, electrical, or networking is included.
11. This proposal is based on PA Dept of L&I Prevailing Wage Determination.

**2. EQUIPMENT LIST**

Qty	Manuf.	Description
1	Da-Lite	Tensioned Cosmopolitan Series - 29937L 16:10 Wide - 120"x192" or 226" Diagonal Screen
1	Da-Lite	Low Voltage Wall Switch
1	Da-Lite	Locking Switch Cover Plate
1	Epson	PowerLite L630U Projector, WUXGA, 6200 lumens, 3LCD, WIFI - White
1	Chief	UNIVERSAL RPMB
1	Chief	SLB/SLM UNIVERSAL LEG WHITE
1	Chief	CMA-110 FLAT CEILING PLATE WHITE

1	Chief	ADJ. PIPE 48" TO 72" White
1	Chief	PG3AW X-LARGE PROJTOR GUARD RPA/RPM WHT
1	Solstice	Solstice Gen3 POD SGE
1	Solstice	Power Supply
1	Lowell	Rack Utility Shelf-1U, 10in D, Blk
1	Kramer	HDMI, VGA, RS?232, ETH & Audio over HDBaseT step-in commande
1	Kramer	DVI & HDMI over Twisted Pair Receiver
3	Kramer	Slim High Speed HDMI Cable with Ethernet-6ft

### 3. PROJECT SCOPE

Action	Qty	Parts	Location	Notes
Supply / Install	1	Wall Mounted 120V Motorized Projection Screen	TBD	120V Motorized Projection Screen. SD/Other to provide power
Supply / Install	1	Low Voltage Screen Switch	Existing Headend Rack	Low Voltage Screen Switch
Supply / Install	1	Projector (White)	TBD	Projector, WUXGA, 6000 lumens, 3LCD, White
Supply / Install	1	Projector Mount (White)	TBD	Projector Mount (White)
Supply / Install	1	Projector Guard (White)	TBD	Projector Guard (White)
Supply / Install	1	Wireless Presentation System	Existing Headend Rack	Solstice Gen3 POD SGE
Supply / Install	1	HDMI, HDBaseT 2x1 Auto Switcher	Existing Headend Rack	HDMI, HDBaseT 2x1 Auto Switcher
Supply / Install	1	HDMI over Twisted Pair Receiver	Projector Location	HDMI over Twisted Pair Receiver

### 4. SYSTEM INVESTMENT

Select	Description	Cost
	Costars Materials	\$11,382.24
	Costars Ancillary Sevices	\$18,333.76
<input checked="" type="checkbox"/>	<b>Total Costars Cost</b>	<b>\$29,716.00</b>
	OPTION for Cables to be supplied and installed by KFS	\$1,700.00
	Project Total with Options	\$

*Applicable Sales Tax will be charged*

### 5. PAYMENT TERMS

Payment Schedule
Payment in Full
<i>Progressive invoicing as material and labor is provided. Net 20.</i>



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## 6. ORDERING AND ACCEPTANCE

The person to whom this Proposal is addressed (the "Client") may accept this Proposal by signing at the space provided below and returning it to Keystone Fire and Security along with an approved purchase order within twenty (20) days of the date of this Proposal. By doing so, the Client acknowledges that they have read and understand this Proposal and that Client is entering into a legally binding contract with Keystone Fire and Security on the terms and conditions set forth in this Proposal, including the Standard Terms and Conditions set forth in the "Terms and Conditions" section found at <https://www.keystonefire.com/terms/> which are an integral part of this contract. If the Client signs this Proposal and returns it to Keystone Fire and Security more than twenty (20) days after the date of this Proposal, Keystone Fire and Security reserves the right to reject the Client's acceptance by written notice to the Client. Each individual signing this Proposal on behalf of an entity represents that he or she is a duly authorized officer or other representative of such entity. This order will be processed upon receipt of payment in full or Mobilization amount and be invoiced as indicated in the "Payment Terms" section above. Past due accounts are subject to interest penalties. Work may be suspended on accounts that are not current. (See credit policy). Please note that the following must be included with your Purchase Order to qualify as a COSTARS purchase.

- The Purchase Order (PO) MUST list Keystone Fire and Security's Costars number 040-E22-130
- The PO MUST list Keystone Fire and Security's Payment Terms
- The PO MUST be accompanied by a signed copy of Keystone Fire and Security's Proposal

_____ Client Signature	_____ Keystone Fire and Security Signature
_____ Client Print Name	_____ Keystone Fire and Security Print Name
_____ Date	_____ Date
_____ Purchase Order #	

Tax Status:  Exempt (copy of current certificate required)  Non-Exempt

Providing an Authorized Acceptance Signature indicates that you have read and understand the Terms & Conditions attached to this agreement. This document represents the entire agreement. No conversations or other forms of communication shall be considered part of this agreement.

This proposal was prepared in good faith, exclusively for the individual(s) to whom it is addressed. It contains information that is privileged, confidential and exempt from disclosure under applicable law. The recommendations described herein are based on client consultations, site visits, engineering, and research, computer-aided designs and/or expertise earned through education, training and experience. It is considered an unfair business practice to use this information for competitive negotiations.

---

## 7. PREVENTATIVE MAINTENANCE AND SUPPORT

The system described in this proposal has been designed to provide you with many years of reliable service and an excellent return on your investment (ROI). However to uphold the warranties of the equipment and achieve maximum longevity, managed services and ROI, regularly scheduled maintenance is required. Keystone Fire and Security provides managed services and scheduled maintenance programs for your system that will keep it running smooth and reduce the total cost of ownership.



## V. ITEMS FOR DISCUSSION

- g. Transportation Toughbooks - ePlus Technology Quote,  
\$15,568.72

# Form 611

MUST BE COMPLETED FOR ANY PROCUREMENT OF A SERVICE OR ITEM OVER \$5,000.00

The respondent's email (**damaris-robins@esasd.net**) was recorded on submission of this form.

Untitled Section

Untitled Section

**FORM 611**

**EAST STROUDSBURG AREA SCHOOL DISTRICT**  
Procurement Form

Name of Requestor \*

Damaris Robins

Untitled Title

Department \*

Transportation

Building \*

Admin

What service or item are requesting \*

TOUGHBOOK G2 10.1IN 16GB 512GB SSD W10P I5-10310U

1.7G WIFI BT

Why are you requesting the service or item \*

In order to store inventory and access programs for the bus fleet.

Suggested replacement \*

New item

Please complete an independent Cost Analysis. (Pre-determine costs prior to contacting a vendor.)

Cost Estimate: if over \$5,000, were three (3) quotes obtained? If yes, please list the vendor's information and quoted amount. \*

No

What is the total cost of the purchase? \*

15,568.72

Procurement Method: \*

Quote Received only one Proposal

Request for Proposal (RFP)

Bid

Other: .....

Was this purchase budgeted? \*

No ▼

Was this purchased through a PA State Contract or Approved Consortiums? If yes, select group.

Yes

Pennsylvania State Contract

COSTARS

Keystone Purchasing Network

PEPPM National Contract Program (Technology Bidding and Purchasing)

US Communities

No

If item was purchased through a Pa State Contract or approved Consortium, please include contract number.

Costars 3-IT hardware. Contract # 003-0 78

Which Fund will be charged? \*

10



What account will be charged? \*

10-2740-756-000-00-000-007-000-0000

Selection of the winning proposal, was the lowest price selected? If not, please explain why and \* the process of selecting the vendor.

Costars vendor

Any additional information you would like to provide.

This form was created inside of East Stroudsburg Area School District.





**Customer Name:** EAST STROUDSBURG  
 AREA SCHOOL  
 DISTRICT  
**Quote No:** 22919382

**Quote Name:**  
**Quotation Date:** 01/13/2023

**Sales Support Contact:** LAUREN DELAVIGNE  
**Sales Support Phone:** 910-679-3732  
**Sales Support Email:** LAUREN.DELAVIGNE@EP  
 LUS.COM

**Customer PO No:**  
**Order No:**  
**Expiration Date:** 02/12/2023

**Account Executive:** Jordan Kartisotis  
**Account Executive Phone:** 610-495-1206  
**Account Executive Email:** Jordan.Kartisotis@eplus.com

ePlus Technology inc, 13595 Dulles Technology Drive, Herndon, VA, 20171

Line No.	Part Number	MFG	Description/Line Notes	QTY	Unit Price	Ext. Price
001	FZ-G2AZ004KM	PANASONIC	Toughbook - with Dongle TOUGHBOOK G2 10.1IN 16GB 512GB SSD W/10P I5-10310U 1.7G WIFI BT	4	2,652.91	10,611.64
002	FZ-SVCTPNF5Y	PANASONIC	5 Year Warranty	4	630.10	2,520.40
003	FZ-VPF38U	PANASONIC	Device Screen Protector SCREEN PROTECTOR FOR FZ-G2 10.1IN	4	48.26	193.04
004	FZ-VEKG21LM	PANASONIC	Keyboard SPARE/REPLACEMENT KEYBOARD FI/FZ-G2	4	560.91	2,243.64
005	COSTARS3	EPLUS	AS PER COSTARS-3 IT HARDWARE CONTRACT NUMBER 003-078 - FAX PO TO 610-495-1208	4	0.00	0.00
<b>Sub Total (USD):</b>						15,568.72
<b>Est. Tax (USD):</b>						TBD if Applicable
<b>Shp&amp;Hnd (USD):</b>						TBD
<b>Total (USD):</b>						15,568.72

**Shipping:**

**Packing:**



All orders are governed by your organization's signed agreement with ePlus or applicable public sector contract; if there is no such agreement the Customer Terms and Conditions for Products and/or Services located at [www.ePlus.com](http://www.ePlus.com) govern. No additional or contrary terms in a purchase order shall apply, and ePlus' performance shall not be deemed acceptance of any preprinted PO terms. Use of software, subscription services or other products resold by ePlus is subject to manufacturer/publisher end user agreements or subscription terms. Any periodic payment obligations for specific offerings, along with customer-incurred overages, consumption fees, add-ons, quantity adjustments and automatic renewals are non-cancelable for any reason except by public sector customers required by law to terminate due to non-appropriation of funds.

**PLEASE NOTE:** Recent supply chain disruption and tariffs on certain imports are causing price increases for many IT products, with little or no notice, and beyond ePlus' control. As a result, this quote is subject to change without notice, even before the expiration date reflected above. Related manufacturer policy changes may result in orders being non-cancelable and products non-returnable except in accordance with the manufacturer warranty. Please confirm pricing and other restrictions prior to order placement. Unless freight amount is indicated, or is zero, freight will be added to the invoice. Unless Bill-To company is exempt from Sales Tax, it will be added to the invoice. Recognizing that the global pandemic has disrupted operations for many organizations, ePlus will ship products for delivery in accordance with customer's written ship-to instructions and products will be deemed delivered notwithstanding any failure of customer personnel to sign for receipt due to facility closing or otherwise.

**ePlus offers flexible and easy leasing options for your IT equipment. Use leasing to increase your IT acquisition capability, overcome limited budgets, and manage the lifecycle of your assets. Contact an ePlus Leasing Coordinator at 1-703-984-8021 or [leasing@eplus.com](mailto:leasing@eplus.com) to receive a lease quote today.**

**Customer Acceptance**

Signature: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Customer PO #: \_\_\_\_\_

**Bill To**

EAST STROUDSBURG AREA SCHOOL D  
 50 VINE STREET  
 EAST STROUDSBURG PA 18301  
 UNITED STATES  
 ATTN: ACCOUNTS PAYABLE

**Ship To**

EAST STROUDSBURG AREA SCHOOL D  
 UNITED STATES

## V. ITEMS FOR DISCUSSION

- h. Renewal of Third Party Administration of Self Insurance Program (Workers Compensation) - Inservco Insurance Services Inc. Service Agreement



# Form 611

MUST BE COMPLETED FOR ANY PROCUREMENT OF A SERVICE OR ITEM OVER \$5,000.00

The respondent's email ([craig-neiman@esasd.net](mailto:craig-neiman@esasd.net)) was recorded on submission of this form.

Untitled Section

Untitled Section

**FORM 611**

**EAST STROUDSBURG AREA SCHOOL DISTRICT**  
**Procurement Form**

Name of Requestor \*

Craig Neiman

Untitled Title

Department \*

Business Office

Building \*

Administration

What service or item are requesting \*

Renewal of Third Party Administration of Self Insurance Program (Workers Compensation)

Why are you requesting the service or item \*

Current contract expires June 30, 2023

Suggested replacement \*

Three year renewal w/ current service provider

Please complete an independent Cost Analysis. (Pre-determine costs prior to contacting a vendor.)

Assessment completed by the District's insurance broker

Cost Estimate: if over \$5,000, were three (3) quotes obtained? If yes, please list the vendor's information and quoted amount. \*

No this is a service

What is the total cost of the purchase? \*

Yr 1 = \$15,022; Yr 2 = \$15,547; Yr 3 = \$16,072

Procurement Method: \*

Quote Received only one Proposal

Request for Proposal (RFP)

Bid

Other: .....

Was this purchase budgeted? \*

Yes ▼

Was this purchased through a PA State Contract or Approved Consortiums? If yes, select group.

Yes

Pennsylvania State Contract

COSTARS

Keystone Purchasing Network

PEPPM National Contract Program (Technology Bidding and Purchasing)

US Communities

No

If item was purchased through a Pa State Contract or approved Consortium, please include contract number.

N/A .....

Which Fund will be charged? \*

10



What account will be charged? \*

10-5800-260-000-00-000-000-0000

Selection of the winning proposal, was the lowest price selected? If not, please explain why and \* the process of selecting the vendor.

Service provider

Any additional information you would like to provide.

This form was created inside of East Stroudsburg Area School District.



**SERVICE AGREEMENT FOR ADMINISTRATION OF  
SELF-INSURANCE PROGRAM**

This Agreement, made and entered into this \_\_\_\_ day of \_\_\_\_ 2023, by and between INSERVCO INSURANCE SERVICES, INCORPORATED, a Pennsylvania corporation with its principal place of business in Harrisburg, Pennsylvania, Dauphin County, (the "Company") and EAST STROUDSBURG AREA SCHOOL DISTRICT, with principal offices located in Monroe County, Pennsylvania, (the "Self-Insured").

In consideration of the mutual promises and agreements contained in this Service Agreement, and intending to be legally bound, the parties agree as follows:

**A. DEFINITIONS.**

The following definitions will apply to the words and phrases when used in this Agreement:

1. "Allocated Expenses" shall mean all items of expenses, including, but not limited to attorneys' fees, photographers' fees, expert witnesses' fees, fees for medical examinations for claim evaluation purposes, court costs, travel expenses for witnesses, medical management, vocational rehabilitation, court reporters' fees, costs or expenses relating to the investigation, negotiation, settlement, or defense of any claim and as may be necessary for the handling of subrogation cases. Except for legal fees and capped attorney fees, such Allocated Expenses shall require specific prior written or verbal approval of Self-Insured.
2. "Catastrophic Loss" shall mean a claim involving multiple (10 or more) claimants resulting from the same occurrence, accident, etc. In the event of multiple claimants, each claimant, No. 10 and above, will be considered a separate claim and a \$250 per claim fee charged.
3. "Claims Administration Services" shall mean those services provided by the Company as further described in Section B (1) in this Agreement.
4. "Program" shall mean the Self-Insured's insurance program.
5. "Administrative Account" shall mean an account used to pay for expenses associated with the Program that are not able to be allocated to any particular claim file. An authorize representative of the Self-Insured shall direct all disbursements from this account.

**B. OBLIGATIONS OF THE COMPANY.**

1. With regard to Claims Administration Services, the Company agrees to:
  - a) Review all Self-Insured's Report of Claim forms submitted by the Self-Insured in which the dates of injury fall during the term of this Agreement and to conduct such investigation as the circumstances of each case dictate;
  - b) Establish and maintain estimated reserve figures for each claim file and to consult with the Self-Insured with respect to payment of any case that is over Company's discretionary settlement authority;

- c) Furnish all claim forms necessary for proper claims administration;
- d) Maintain claim files for each reported claim throughout the life of the claim (in paper or imaged format), retain all closed files for a period of three (3) years following closing of the file, and, after three years, return the closed files to Self-Insured;
- e) As soon as reasonably practicable following the end of each month, furnish to the Self-Insured statistical information consisting essentially of the following details:
  - (i) The total number of claims reported to the Company during the preceding month;
  - (ii) The total amounts paid by the Company during the preceding month and a breakdown of said total on a "by line" basis;
  - (iii) The amounts paid by the Company during the preceding month on each individual case on a "by line" basis;
  - (iv) The amounts paid to date on each open claim or claim closed during the preceding month; and
  - (v) Outstanding reserves on each individual case on a "by line" basis;
- f) Transmit, weekly, to the Self-Insured a list of all medical and indemnity benefits and Allocated Expenses to be paid, the total of which represents the amount that the Self-Insured shall immediately make available in its account for payment of that week;
- g) Issue drafts or checks for payment of benefits and Allocated Expenses, said drafts or checks being paid from an account maintained by the Company at a bank of its choice with fees or charges in connection with the account being the responsibility of the Company;
- h) Upon any termination of this Agreement, renegotiate the amount of the funds to be made available by the Self-Insured to conclude cases under the provisions of Section F.5. herein and at the conclusion of all services under this Agreement to have a final reconciliation of the account and to leave any unused funds for use of the Self-Insured;
- i) Notify the Self-Insured and excess insurance carrier of any specific case that may involve the Self-Insured's excess insurance carrier for the Program being administered by the Company. The Company will comply with all claims reporting requirements of the excess carrier. The Self-insured's failure to timely provide the excess insurance policies and any necessary information that is reasonably required to report such claims shall relieve the Company of its obligation to report to the Self-insured's excess carrier;
- j) Provide all necessary subrogation services within claims management fee;
- k) Attend any regularly scheduled Self-Insured claims meetings to review claims;
- l) Notify the Self-Insured and seek approval for any claim requiring litigation as soon as reasonably practical;

- m) Safety management/loss control services will be billed at an hourly agreed rate if services so desired;
  - n) Maintain and supervise such personnel as may be necessary to perform Company's duties hereunder, with the hiring, assignment and termination of such personnel being at the sole discretion of the Company; and
  - o) Maintain professional liability insurance coverage to insure against any claim for damages arising out of or by reason of any acts or omissions directly or indirectly in connection with the Company's performance of its services under this Agreement.
2. The Company acknowledges and agrees that if the Self-Insured has now, or creates in the future, an Administrative Account then Company will process the payment from the Administrative Account those expenses that are submitted by the Self-Insured that have been approved by at least one authorized representative of the Self-Insured. The Self-Insured shall designate in writing those individuals that authorized to direct such payments. The Self-Insured designates [the Chief Financial Officer and the Assistant Business Manager] as authorized representative(s) for this purpose. The Self-Insured further acknowledges and agrees that the Company, its affiliates, or any of their respective officers, directors, employees, or representatives shall not be required to review for the authenticity, legitimacy or validity of the expenses to be paid from the Administrative Account. The Self-Insured's authorized representative(s) are solely responsible to review, approve and direct payments made from the Administrative Account. In no instance shall the Company be considered a fiduciary of the Administrative Account. The Self-Insured shall indemnify for all expenses and hold harmless the Company for any negligent, reckless or willful misconduct by Self-Insured's authorized representative in reviewing, approving and directing payment from the Administrative Account.
3. It is understood and agreed that the Company will not perform, and the Self-Insured will not request the Company to perform, any services which may constitute the practice of law.

**C. OBLIGATIONS OF THE SELF-INSURED.**

1. The Self-Insured agrees to:
- a) Promptly report all claims to the Company;
  - b) Pay to the Company the service fees as set forth in this Paragraph F of this Agreement;
  - c) Make available immediately in its account a sum equal to the weekly list of payments and Allocated Expenses supplied by the Company;
  - d) Assume the cost of defense of any action on behalf of the Company, its agents or employees, if any of them are named as a defendant(s) in any action: (i) where the plaintiff's cause of action involves a claim hereunder; and (ii) where there are no allegations of errors, omissions, torts, intentional torts or other negligence on the part of the Company;



- e) Select legal counsel from list supplied by the Company or provide its own counsel list, and after doing so, permit the Company to assign cases and/or to consult with such counsel as the Company may deem appropriate; and
  - f) Provide the Company with such additional information with respect to matters incidental to the Company's performance of services under this Agreement as may be requested by the Company from time-to-time.
  - g) Provide copies of the excess insurance policies for the Program.
2. The Self-Insured shall be responsible at all times for the payment of all claims and Allocated Expenses covered by the claims administration services provided by the Company pursuant to this Agreement.
  3. The Self-Insured shall cooperate with the Company in the performance of its claims administration services hereunder. The Company shall not be liable for any breach of obligations under this Agreement caused in whole or in part by the lack of cooperation or breach of obligations by the Self-Insured.

**D. INDEMNIFICATION.**

1. The parties agree to indemnify and hold the other party, its employees, and owners harmless from any liability, loss, cost, damage, or expense, including attorney's fees, arising out of or incident to the indemnifying party's performance of the terms of this Agreement. The parties shall further indemnify, defend and hold harmless the other party, its officers, directors, employees or agents from and against and in respect to any and all liability, loss, cost, damage or expense, including reasonable attorney's fees, that party shall incur or suffer, which arises out of, respect from or relate to any negligent act or gross or willful misconduct in the performance of indemnifying party's obligation under this Agreement by its officers, directors, employees, or agents.
2. In addition to Self-Insured's duty to indemnify Company as set forth above, Self-Insured further agrees and understands that if a claim for bad faith is made against the Company and the complained of action or inaction was taken by the Company at the specific direction of the Self-Insured or in reliance upon statements made by the Self-Insured or was consistent with industry claims handling standards then the Self-Insured will indemnify and hold the Company harmless from any liability, loss, cost, damage, or expense, including attorney's fees .
3. The defense, including legal fees and costs together with the amount of any judgment, of any legal action against Self-Insured arising out of a claim for coverage under the Program, shall be the responsibility of the Self-Insured and shall not be an obligation of the Company subject to the provisions of Paragraph 1 of this indemnification section.
4. The Company shall not, by entering into and performing services in accordance with the terms of this Agreement, become liable for any of the existing or future obligations, liabilities, or debts of the Self-Insured.
5. The indemnifications provided for by this section shall survive the termination of this Agreement.



**E. FEES, TERM & TERMINATION.**

1. Term. Except as otherwise provided for in Paragraph F.3 below, the term of this Agreement shall be for three year(s) beginning on 07/01/2023 and ending on 06/30/2026.
2. Fees. Fees for claims administration services under this Agreement and for the term specified in Paragraph F.1 above are as follows:
  - a) For the period 07/01/2023 through 06/30/2024 a flat fee of \$15,022.00;
  - b) For the period 07/01/2024 through 06/30/2025 a flat fee of \$15,547.00;
  - c) For the period 07/01/2025 through 06/30/2026 a flat fee of \$16,072.00.

Repricing Fees.

	2023	2024	2025
PPO Access Fee	25%	25%	25%
Per Line Charge (3 line Minimum)	\$1.25	\$1.25	\$1.25
DRG	\$55	\$55	\$55

3. Termination.

- a) Either party may terminate this Agreement at any time, and for any reason, during the term of the contract by giving the other party sixty (60) days advance written notice.
- b) Either party may terminate this Agreement immediately for cause by giving the other party written notice and that party has failed to cure the situation. Reasons to terminate “for cause” shall include, but not be limited to, the following circumstances:
  - (i) It is established that either party needs and has lost, has suspended or has not secured a license, governmental approval or exemption in accordance with applicable laws or regulations in order to enter into or perform this Agreement; or
  - (ii) Either party materially breaches this Agreement in any manner where such material breach is not cured within thirty (30) days after written notice of the breach is given to the breaching party; or
  - (iii) Either party shall apply for or consent to the appointment of a receiver, trustee or liquidator of Self-Insured or of all or a substantial part of its assets, file a voluntary petition in bankruptcy, make a general assignment for the benefit of creditors, file a petition or an answer seeking reorganization or arrangement with creditors or to take advantage of any insolvency law, or if an order, judgment or decree shall be entered by any court of competent jurisdiction, on the application of creditor, adjudicating Self-Insured bankrupt or insolvent or approving a petition seeking reorganization of the Self-Insured and such order, judgment or decree shall continue unstayed and in effect for period of sixty (60) consecutive days, then in case of any such event, the term of this Agreement shall expire, at Company’s option, on ten (10) days written notice to Self-Insured.

4. The handling of any claim pending on the date of termination of this Agreement shall be negotiated by both parties unless the parties agree to enter into a renewal or new contract for the same services. In such case, all pending claims shall be handled consistent with the fees set forth in the new Agreement.
5. Upon termination of this Agreement, the Self-Insured shall be entitled, if it so requests, to possession of the electronic files the Company has maintained for claims, medical incidents, and occurrences (but not including any computer software or other proprietary information of the Company), provided, however, that the Company and its employees, agents, or attorneys shall continue to be entitled to inspect such files and make copies or extracts there from subject to approval by Self-Insured;
6. Upon termination of Company's duties hereunder, it shall be the responsibility of the Self-Insured to arrange and pay all costs for the transfer to a successor of custody of any of the Self-Insured's records in the Company's possession including original claims records. The Company may, at its option, transfer such records in such form, as it may desire, including computer tapes or disks, and it is the responsibility of the Self-Insured to convert such information into a form required by successor. In addition, the Company shall deliver to the Self-Insured all electronic data and hard copy data, if any, for claims within thirty (30) days following the termination of Company's duties hereunder.
7. It is expressly understood that the Company shall not be required to advance its own funds to pay losses or Allocated Expenses hereunder or to perform any services hereunder if the Self-Insured fails to provide adequate funds as herein set forth. Company will not be considered the insurer, guarantor or underwriter of the liability of the Self-Insured for coverage and Self-Insured will have final responsibility and liability for payment of claims in accordance with the provisions of the Program..

**F. CONFIDENTIALITY.**

The parties agree to keep all oral and written information confidential and, other than required to satisfy obligations under this Agreement, to refrain from releasing such information to any third party without the express written authorization of the other party, except to the extent such release may be required by law, regulation or court order and in which case prior notice of such release shall be given to the other party.

**G. RIGHT TO AUDIT.**

The Self-Insured shall have the right to review any open or closed claim files, billings, invoices, payment history related to a claim made under the Program and the services provided for a particular claim. Any such reviews shall be during normal business hours and upon reasonable advance notice to the Company.

#### **H. RELATIONSHIP OF THE PARTIES.**

In the performance of the work, duties and obligations of the parties to this Agreement, Company shall at all times be acting and performing as an independent contractor with respect to Self-Insured. No relationship of employer and employee, partner, joint venturer, agent, fiduciary, trustee, or similar relationship between Company and Self-Insured is created by this Agreement or by performance of any activities contemplated hereunder. The Self Insured acknowledges and agrees that none of the Company, its affiliates, any of its subcontractors or vendor service providers, or any of their respective officers, directors, employees, agents, or representatives are employers or employees of the Self-Insured, partners, joint venturers, agents, fiduciaries or trustees or hold similar relationships with respect to the Self-Insured. Neither party hereto will make any claims or demands against the other party for any liability or loss of any kind or character in connection with any such relationships, including, without limitation, claims for employee benefits. In addition, neither party shall have any power or authority to act for or on behalf of, or to bind the other except as herein expressly granted, and no other or the grant nor denial of power or authority specifically mentioned herein shall imply greater power or authority.

#### **I. DISCLOSURE OF BUSINESS ARRANGEMENTS**

Self Insured understands and acknowledges that the Company may have business agreements, including cost sharing arrangements, with the vendor service providers that perform services related to this Agreement or in connection with the services provided under this Agreement including the Claims Administration Services provided by the Company and the services related to allocated and unallocated expenses. As part of these business agreements, there may be financial considerations paid by the vendor service provider to the Company for the resources and services that the Company may provide, which could include marketing, personnel, information technology, system access, and various administrative services. The amounts, which may be material, that the Company may receive from a vendor provider vary from provider to provider and may depend upon the types and quantity of resources and services the Company provides to the vendor provider. Self Insured understands and acknowledges that it is under no obligation to utilize any vendor provider that is recommended by the Company to perform services related this Agreement and if Self Insured elects not to utilize the services of a recommended vendor provider, then Self Insured can select a vendor service provider it chooses to the perform such services. Self Insured acknowledges that if it selects a vendor service provider different than one that is recommended by Company then there may be an adjustment to the Claims Administration Services fee. Self Insured also acknowledges that it has control over the types of and amounts of services a vendor service provider performs under or in connection with this Agreement, whether recommended by the Company or selected by Self-Insured.

Self Insured understands and acknowledges that the Company also has an ownership interest in Keyscripts LLC, a managed care vendor that provides pharmacy benefit physical therapy network and durable medical equipment network services, that the Company may recommend using to control costs for the Program. As with any other vendor service provider, Self Insured is able to choose a different service provider for these theses.

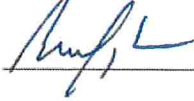
**J. MISCELLANEOUS PROVISIONS.**

1. *Waiver.* Failure of either party to enforce at any time any provision of this Agreement or to exercise any of the rights granted in this Agreement shall not affect or impair the validity of any part of this Agreement or the right to require full performance at any time thereafter. Further, the waiver by either party of a breach of any such provision shall not be held to be a waiver of any subsequent breach thereof.
2. *Severability.* If, at any time, any part of this Agreement is found to be unenforceable, illegal, or contrary to public policy, then the remainder of the Agreement remains in full force and effect except for the unenforceable portion.
3. *Notices.* Any notices required by this Agreement shall be in writing and may be delivered personally or by registered mail, postage prepaid, and addressed to the respective parties at the last known address given by either party to the other.
4. *Applicable Law.* This Agreement shall be construed, enforced, and administered in accordance with the laws of the Commonwealth of Pennsylvania.
5. *Headings and Subheadings.* The headings and subheadings in this Agreement are inserted for the convenience of reference only and are to be ignored in any construction of the provisions thereof.
6. *Gender and Number.* Wherever applicable, the feminine or masculine pronoun as used herein shall also include the masculine and feminine, as the case may be, and the singular or the plural, and vice versa.

7. *Reference to Statutes and Regulations.* Reference in the Agreement to laws, statutes, and regulations shall include all applicable local ordinances, state or federal statutes and all applicable regulations, rulings, procedures, releases, and other procedures, releases and other position statements issued by any governmental agency.
8. *Entire Agreement.* This Agreement represents the entire and exclusive statement of the Agreement of the parties and no modification or amendment of this Agreement shall be valid unless made in writing and signed by both parties. Such modification or amendment shall be attached to and will become a part of this Agreement.
9. *Counterparts.* This Agreement may be executed in any number of counterparts, each of which shall be considered an original and all of which taken together shall constitute one and the same instrument.

IN WITNESS WHEREOF, the Parties have hereunto set their hands and seals on the date(s) indicated.

ATTEST:

  
\_\_\_\_\_

INSERVCO INSURANCE SERVICES, INC.

By: 

Name: Staci L. Ulp, AIC

Title: President & CEO

Date: 2/8/23

ATTEST:

\_\_\_\_\_

[SELF-INSURED]

By: \_\_\_\_\_

Name:

Title:

Date:

## V. ITEMS FOR DISCUSSION

- i. JB Hunt Adopt-A- Class Donation - Ms. Neiswander's Bushkill Elementary classroom

**From:** Summer Bleibel  
**Sent:** Tuesday, December 13, 2022 10:58 AM  
**To:** matthew-sadowsky@esasd.net  
**Subject:** Adopt-A-Class Donation

Matthew Sadowsky,

I am reaching out on behalf of J.B. Hunt Transport and your student, [REDACTED] regarding our sponsored Adopt-A-Class program.

Every year, we hold nominations for our drivers to submit a teacher who has gone above and beyond for their students' education, entering them for a chance to win a \$1,000 donation for school supplies.

Our driver, Peter Rivera, nominated [REDACTED] classroom this year, and we are pleased to inform you that Ms. Neiswander at Bushkill Elementary has been selected as a winner!

These donations include:

- \$500 gift card to Really Good Stuff
- \$500 gift card to Lakeshore Learning
- T-shirts and ballcaps for teacher and students

I would first like to thank you for providing an education and environment that has made such an impact in the lives of our drivers and their families!

If your school would like to accept this donation, please contact me as soon as possible so that we can arrange delivery.

We are so thankful to you and Ms. Neiswander for your work, and I am looking forward to hearing from you in person!

## V. ITEMS FOR DISCUSSION

- j. Districtwide Lockdown Safety Shades - Taylor Brothers Door Lock LLC Quote, \$45,406.90



# Form 611

MUST BE COMPLETED FOR ANY PROCUREMENT OF A SERVICE OR ITEM OVER \$5,000.00

The respondent's email ([jessica-newberry@esasd.net](mailto:jessica-newberry@esasd.net)) was recorded on submission of this form.

Untitled Section

Untitled Section

FORM **611**

**EAST STROUDSBURG AREA SCHOOL DISTRICT**  
Procurement Form

Name of Requestor \*

William Vitulli

Untitled Title

Department \*

Curriculum & Instruction

Building \*

Product will be for all district buildings

What service or item are requesting \*

Lockdown Safety Shades

Why are you requesting the service or item \*

to be used in classrooms

Suggested replacement \*

n/a

Please complete an independent Cost Analysis. (Pre-determine costs prior to contacting a vendor.)

Cost Estimate: if over \$5,000, were three (3) quotes obtained? If yes, please list the vendor's information and quoted amount. \*

single provider

What is the total cost of the purchase? \*

\$45,406.90

Procurement Method: \*

- Quote Received only one Proposal
- Request for Proposal (RFP)
- Bid
- Other: .....

Was this purchase budgeted? \*

Yes ▼

Was this purchased through a PA State Contract or Approved Consortiums? If yes, select group.

- Yes
- Pennsylvania State Contract
- COSTARS
- Keystone Purchasing Network
- PEPPM National Contract Program (Technology Bidding and Purchasing)
- US Communities
- No

If item was purchased through a Pa State Contract or approved Consortium, please include contract number.

.....

Which Fund will be charged? \*

10 ▼

What account will be charged? \*

10-2660-610-364-00-000-000-000-9175

Selection of the winning proposal, was the lowest price selected? If not, please explain why and \* the process of selecting the vendor.

single provider

Any additional information you would like to provide.

PCCD Mental Health & Safety Grant

This form was created inside of East Stroudsburg Area School District.





**Taylor Brothers Door Lock, LLC.**

840 Tacoma Court  
Clio, MI 48420-1581

# Quote

Date	Estimate #
2/6/2023	4621

Name / Address
East Stroudsburg Area School District Business Office Att: A/P 50 Vine Street East Stroudsburg, PA 18301

Description	Qty	Rate	Total
LSSCU(0973) Lockdown Safety Shade 09 in. W x 73 in. L	8	36.25	290.00
LSS1036 Lockdown Safety Shade 10 in. W x 36 in. L	5	16.99	84.95
LSS1042 Lockdown Safety Shade 10 in. W x 42 in. L	55	18.99	1,044.45
LSS1236 Lockdown Safety Shade 12 in. W x 36 in. L	4	19.99	79.96
LSS1242 Lockdown Safety Shade 12 in. W x 42 in. L	32	20.99	671.68
LSSCU(1245) Lockdown Safety Shade 12 in. W x 45 in. L	1	29.75	29.75
LSSCU(1251) Lockdown Safety Shade 12 in. W x 51 in. L	9	33.75	303.75
LSS1520 Lockdown Safety Shade 15 in. W x 20 in. L	4	21.99	87.96
LSS1642 Lockdown Safety Shade 16 in. W x 42 in. L	2	27.99	55.98
LSS1642 Lockdown Safety Shade 16 in. W x 42 in. L	46	27.99	1,287.54
LSS1636 Lockdown Safety Shade 16 in. W x 36 in. L	5	26.99	134.95
LSS1636 Lockdown Safety Shade 16 in. W x 36 in. L	64	26.99	1,727.36
LSSCU(1786) Lockdown Safety Shade 17 in. W x 86 in. L	9	80.50	724.50
LSSCU(1985) Lockdown Safety Shade 19 in. W x 85 in. L	27	89.00	2,403.00
LSSCU(1931) Lockdown Safety Shade 19 in. W x 31X in. L	35	32.50	1,137.50
LSSCU(2124) Lockdown Safety Shade 21 in. W x 24 in. L	2	27.75	55.50
LSSCU(2124) Lockdown Safety Shade 21 in. W x 24 in. L	2	27.75	55.50
LSSCU(2132) Lockdown Safety Shade 21 in. W x 32 in. L	6	37.00	222.00
LSSCU(2134) Lockdown Safety Shade 21 in. W x 34 in. L	5	39.50	197.50
LSSCU(2143) Lockdown Safety Shade 21 in. W x 43 in. L	74	49.75	3,681.50
LSSCU(2145) Lockdown Safety Shade 21 in. W x 45 in. L	31	52.00	1,612.00
LSSCU(2147) Lockdown Safety Shade 21 in. W x 47 in. L	9	54.50	490.50
LSSCU(2185) Lockdown Safety Shade 21 in. W x 85 in. L	78	98.25	7,663.50
LSSCU(2243) Lockdown Safety Shade 22 in. W x 43 in. L	1	38.75	38.75
LSSCU(2246) Lockdown Safety Shade 22 in. W x 46 in. L	5	55.75	278.75
LSS2636 Lockdown Safety Shade 26 in. W x 36 in. L	8	32.99	263.92
LSSCU(2281) Lockdown Safety Shade 22 in. W x 81 in. L	83	92.50	7,677.50
LSS2636 Lockdown Safety Shade 26 in. W x 36 in. L	3	32.99	98.97
LSSCU(2560) Lockdown Safety Shade 25 in. W x 60 in. L	6	82.50	495.00
LSSCU(2586) Lockdown Safety Shade 25 in. W x 86 in. L	53	92.50	4,902.50
LSSCU(2726) Lockdown Safety Shade 27 in. W x 26 in. L	2	38.75	77.50
LSS2836 Lockdown Safety Shade 28 in. W x 36 in. L	3	38.99	116.97

Note: It is your responsibility to acquire any approvals needed from local code officials prior to installation. Make sure you inform local police and fire departments when locks are installed in their jurisdictions.  
 Note: Refund Policy: If returning unused product, we offer a full refund minus freight costs and a 20% restocking fee.  
 Note: Install policy: Nightlock can provide professional installation anywhere in the continental US. Nightlock is not responsible for failures or damage resulting from installation by customer or third party installer.

**Subtotal**

**Sales Tax (0.0%)**

**Total**



**Taylor Brothers Door Lock, LLC.**

840 Tacoma Court  
Clio, MI 48420-1581

# Quote

Date	Estimate #
2/6/2023	4621

Name / Address
East Stroudsburg Area School District Business Office Att: A/P 50 Vine Street East Stroudsburg, PA 18301

Description	Qty	Rate	Total
LSSCU(2748) Lockdown Safety Shade 27 in. W x 48 in. L	2	71.50	143.00
LSSCU(2757) Lockdown Safety Shade 27 in. W x 57 in. L	4	84.75	339.00
LSS2836 Lockdown Safety Shade 28 in. W x 36 in. L	6	38.99	233.94
LSS2836 Lockdown Safety Shade 28 in. W x 36 in. L	8	38.99	311.92
LSS2836 Lockdown Safety Shade 28 in. W x 36 in. L	1	38.99	38.99
LSSCU(2865) Lockdown Safety Shade 28 in. W x 65 in. L	2	100.25	200.50
LSSCU(2932) Lockdown Safety Shade 29X in. W x 32 in. L	2	51.25	102.50
LSSCU(2971) Lockdown Safety Shade 29 in. W x 71 in. L	4	88.75	355.00
LSSCU(3034) Lockdown Safety Shade 30 in. W x 34 in. L	4	56.25	225.00
LSSCU(3052) Lockdown Safety Shade 30 in. W x 52 in. L	3	86.00	258.00
LSSCU(3136) Lockdown Safety Shade 31 in. W x 36 in. L	2	61.50	123.00
LSSCU(3113) Lockdown Safety Shade 31 in. W x 13 in. L	1	22.25	22.25
LSSCU(3331) Lockdown Safety Shade 33 in. W x 31 in. L	9	56.50	508.50
LSSCU(3352) Lockdown Safety Shade 33 in. W x 52 in. L	1	94.50	94.50
LSSCU(3530) Lockdown Safety Shade 35 in. W x 30 in. L	9	57.75	519.75
LSSCU(3536) Lockdown Safety Shade 35 in. W x 36 in. L	3	69.50	208.50
LSSCU(3631) Lockdown Safety Shade 36 in. W x 31 in. L	9	61.50	553.50
LSSCU(3783) Lockdown Safety Shade 37 in. W x 83 in. L	1	132.25	132.25
LSSCU(5186) Lockdown Safety Shade 51 in. W x 86 in. L	1	188.75	188.75
LSSCU(3284) Lockdown Safety Shade 32 in. W x 84 in. L	10	123.00	1,230.00
LSSCU(3486) Lockdown Safety Shade 34 in. W x 86 in. L	2	125.75	251.50
LSSCU(4586) Lockdown Safety Shade 45 in. W x 86 in. L	2	166.50	333.00
LSSCU(5186) Lockdown Safety Shade 51 in. W x 86 in. L	2	188.75	377.50
Shipping - LTL		664.86	664.86

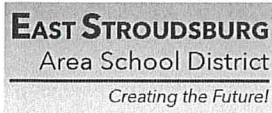
Note: It is your responsibility to acquire any approvals needed from local code officials prior to installation. Make sure you inform local police and fire departments when locks are installed in their jurisdictions.  
 Note: Refund Policy: If returning unused product, we offer a full refund minus freight costs and a 20% restocking fee.  
 Note: Install policy: Nightlock can provide professional installation anywhere in the continental US. Nightlock is not responsible for failures or damage resulting from installation by customer or third party installer.

<b>Subtotal</b>	\$45,406.90
<b>Sales Tax (0.0%)</b>	\$0.00
<b>Total</b>	\$45,406.90

## V. ITEMS FOR DISCUSSION

- k. 2022-23 Payment in Lieu of Taxes Application for Payment





Craig Neiman <craig-neiman@esasd.net>

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## 2022-23 Payment in Lieu of Taxes Application for Payment

1 message

---

ED, SubsidyData <RA-EDSUBSIDYDATA@pa.gov>

Thu, Feb 9, 2023 at 1:43 PM

To: William Riker <william-riker@esasd.net>, "craig-neiman@esasd.net" <craig-neiman@esasd.net>

Dr. Riker,

Enclosed is form PDE-2098, which is used to apply for appropriations payable in lieu of taxes under the provisions of Section 604 of the Public School Code of 1949, as amended.

The East Stroudsburg Area School District is eligible to apply for the school year ending June 30, 2023, on behalf of the component former school district of Lehman Township for which Section 604 payments were approved prior to reorganization.

Please verify the accuracy of the information on the attached form, make any necessary revisions and return it by March 10, 2023, to the e-mail address at the bottom of the form.

Thank you.

**Jonathan S. Hollenbach** | Subsidy Administration Supervisor  
Division of Subsidy Administration  
Department of Education | Bureau of Budget and Fiscal Management  
333 Market Street | Harrisburg, PA 17126  
Phone: 717.787.5423 | [www.education.pa.gov](http://www.education.pa.gov)



**ESASD PDE-2098 Feb2023.pdf**

123K



**APPLICATION FOR PAYMENT**  
PROPERTY ACQUIRED BY STATE  
FOR WATER CONSERVATION OR FLOOD PREVENTION  
(Section 604 of School Code)

SCHOOL DISTRICT	AUN	SCHOOL YEAR
East Stroudsburg Area SD	120452003	2022-2023

This application is for Payment in Lieu of Taxes on property in Pike County,  
acquired by the state for the purpose of water conservation or flood prevention in the  
National Recreation Area project.

School district (or component former district) from which property was acquired:  
Lehman Township

Assessed valuation of property at time of acquisition: \$94,371.00

Tax rate for school purposes during school year for which application is made: 128.3300 mills

Amount due school district (assessed valuation x mills): \$12,110.63

**SIGNATURES**

**District Superintendent:**

\_\_\_\_\_

**President of School Board:**

\_\_\_\_\_

**Secretary of School Board:**

\_\_\_\_\_

VI. RECOMMENDATIONS BY THE PROPERTY/FACILITIES  
COMMITTEE

c. Projects List



Lehman Replace Curtain Wall / Storefront Board Approved 4/19/21 LIS Window Project 20-518-3079	Date	EHS Pool Repair / Upgrade Board Approved 5/17/2021 30-820-3075	Date	EHS Turf Field Replacement Board Approved 1/24/2022 30-820-3089 PO#22003618	Date	BES HVAC Upgrade Board Approved 12/20/2021 10-4600-450-990-10-211-461-000-8744 ESSER III Grant YR1 PO#22002071 & PO#22004413 PO#	Date
D&M Construction Unlimited	7042	All State Technology, Inc. \$ 380,750.00 Chg Order 8/31/2021 \$ 29,850.00 BD 9/20/21		Sprinturf	3181	TRANE U.S. INC	6927
\$ 280,000.00		\$ 380,750.00		\$ 558,210.00		\$ 2,949,659.00	
\$ (1,987.20)	8/31/2021	\$ 29,850.00	BD 12/19/22	\$ (13,000.00)			BD 11/21/22
	11/15/2021	\$ 2,446.37					
\$ 278,012.80		\$ 413,046.37		\$ 545,210.00		\$ 2,949,659.00	
					1/26/2022	\$ 19,771.00	
\$ 6,075.00	9/22/2021	\$ 121,500.00	6/30/2022	\$ 78,919.92	4/26/2022	\$ 88,490.00	5/24/2022
\$ 1,125.00	10/26/2021	\$ 135,015.00	9/12/2022	\$ 396,288.90	4/26/2022	\$ 58,993.00	6/30/2022
\$ 47,864.87	11/22/2021	\$ 75,045.00			4/26/2022	\$ 442,449.00	8/16/2022
\$ 20,992.05	5/17/2022	\$ 33,030.00	12/20/2022	\$ 54,521.00	5/17/2022	\$ 442,449.00	9/22/2022
\$ 26,752.05	10/13/2022	\$ 30,382.50	1/4/2023	\$ 15,480.18	11/30/2022	\$ 715,035.24	11/21/2022
\$ 27,949.55							
\$ 17,114.85							
\$ 8,714.25							
\$ 18,102.15							
\$ 33,243.40							
\$ 3,699.00							
\$ 2,358.00							
\$ 26,349.75							
\$ 5,643.90							
\$ 4,228.40							
\$ 27,801.28							
\$ 278,013.50		\$ 394,972.50		\$ 545,210.00		\$ 1,767,187.24	
\$ (0.70)		\$ 18,073.87		\$ -		\$ 1,182,471.76	
99%		96%		98%		60%	
						A/C# 32-4400-450-000-10 211-461-000-0000	
						Paid through Cap.Resv.	
\$ 190.00	9/22/2021	\$ 1,457.63	1/11/2022	\$ 19,600.00			1/19/2021
\$ 941.02	11/3/2021	\$ 1,457.62	1/11/2022	\$ 4,900.00	4/7/2022	\$ 2,000.00	1/19/2022
\$ 651.35	12/13/2021	\$ 1,457.63	3/10/2022	\$ 4,806.03	6/30/2022	\$ 2,950.00	2/14/2022
\$ 748.95	1/11/2022	\$ 291.53	4/21/2022	\$ 701.85	9/22/2022	\$ 990.02	3/10/2022
\$ 8,268.68	1/11/2022	\$ 874.57	5/17/2022	\$ 1,251.88	10/24/2022	\$ 3,434.98	4/21/2022
\$ 809.98	2/14/2022	\$ 291.52	6/8/2022	\$ 1,080.18			5/17/2022
\$ 1,350.02			6/30/2022	\$ 1,252.11			6/8/2022
\$ 1,080.00			6/30/2022	\$ 1,200.02			6/30/2022
\$ 2,160.00			9/22/2022	\$ 1,035.91			6/30/2022
\$ 1,165.71			10/24/2022	\$ 2,074.48			6/30/2022
\$ 1,044.98			11/8/2022	\$ 781.49			9/22/2022
\$ 558.44			12/20/2022	\$ 390.75			10/24/2022
\$ 521.56							11/8/2022
\$ 648.00							
\$ 432.00							
\$ 20,570.69		\$ 5,830.50		\$ 39,074.70		\$ 9,375.00	















Date	RES Elem HVAC ESSER III 10-4600-450-990-10-215- 461-000-8744 \$300,000.00 ESSER ONLY	Date	EH North HVAC ESSER III 10-4600-450-990-30-819- 461-000-8744 \$300,000.00 ESSER ONLY	Total of Current Projects	
	\$ -		\$ -	\$ 9,924,445.88	
				\$ 20,040.00	
				\$ (17,101.51)	
				\$ 2,446.37	
	\$ -		\$ -	\$ 8,802,165.15	\$ 9,929,830.74
				\$ 19,771.00	
	\$ -		\$ -	\$ 845,988.61	
				\$ 1,276,596.52	
				\$ 980,095.38	
				\$ 885,803.92	
				\$ 1,023,018.60	
				\$ 107,042.05	
				\$ 34,229.70	
				\$ 17,428.50	
				\$ 36,204.30	
				\$ 66,486.80	
				\$ 7,398.00	
				\$ 4,716.00	
				\$ 52,699.50	
				\$ 11,287.80	
				\$ 8,456.80	
				\$ 55,602.56	
	\$ -		\$ -	\$ 5,432,826.04	
					\$ 9,929,830.74
	\$ -		\$ -	\$ 4,497,004.70	
	#DIV/0!		#DIV/0!	55%	
				\$ 55,792.13	
				\$ 43,739.72	
				\$ 61,805.71	
				\$ 15,782.29	
				\$ 16,240.33	
				\$ 12,753.21	
				\$ 7,427.47	
				\$ 4,982.65	
				\$ 5,818.50	
				\$ 9,301.03	
				\$ 7,601.63	
				\$ 2,569.35	
				\$ 435.72	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
	\$ -		\$ -	\$ 241,066.94	

VII. RECOMMENDATIONS BY THE EDUCATION PROGRAMS &  
RESOURCES COMMITTEE

- a. ESACA Elementary 2023-24 - Imagine Learning, Quote \$54,500



# Price Quote

8860 E. Chaparral Rd  
Suite 100  
Scottsdale, AZ 85250  
877-725-4257

Date 12/6/2022  
Quote No. 277691  
Acct. No. 03:ea:PA:12217653  
Total \$54,500.00  
Pricing Expires 6/30/2024

Attn: A/P  
Business Office  
East Stroudsburg Area SD  
50 Vine Street  
East Stroudsburg PA 18301-2199

Payment Schedule	Contract Start	Contract End
PO Req, Net 30	7/1/2023	6/30/2024

Site	Description	Comment	End Date	Per Unit	Qty	Amount
1. East Stroudsburg Cyber Academy	FT Student Elementary License (Content only) - One Semester (18 week), up to 6 courses. (14 day drop/add grace period)- \$435		06/30/2024	\$435.00	100	\$43,500.00
	-50 Semester 1					
	-50 Semester 2					
	Genius per Student Information System per semester- \$10		06/30/2024	\$10.00	100	\$1,000.00
	-50 Semester 1					
	-50 Semester 2					
	IS Elementary Course All Workbooks (non-refundable, 4 core courses, one semester overages for single workbooks will be invoiced at \$25 per book) - \$100/ students for bundle of 4 workbooks		06/30/2024	\$100.00	100	\$10,000.00
	-50 Semester 1					
	-50 Semester 2					

Imagine Learning will audit enrollment count throughout the year. If more enrollments are found to be in use than purchased, Imagine Learning will invoice the customer for the additional usage.

This quote is subject to Imagine Learning LLC Standard Terms and Conditions ("Terms and Conditions"). These Terms and Conditions are available at <https://www.imaginelearning.com/standard-terms-and-conditions>, may change without notice and are incorporated by this reference. By signing this quote or by submitting a purchase order or form purchasing document, Customer explicitly agrees to these Terms and Conditions resulting in a legally binding agreement. To the fullest extent permitted under applicable law, all pricing information contained in this quote is confidential, and may not be shared with third parties without Imagine Learning's written consent.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Imagine Learning Representative**

Elena Anguita  
Account Executive  
570-468-7808  
[elena.anguita@imaginelearning.com](mailto:elena.anguita@imaginelearning.com)

Not valid unless accompanied by a purchase order. Please specify a shipping address if applicable. Please e-mail this quote, the purchase order and order documentation to [AR@imaginelearning.com](mailto:AR@imaginelearning.com) or fax to 480-423-0213.



8860 E. Chaparral Rd  
Suite 100  
Scottsdale, AZ 85250  
877-725-4257

# Price Quote

**Date** 12/6/2022  
**Quote No.** 277691  
**Acct. No.** 03:ea:PA:12217653  
**Total** \$54,500.00  
**Pricing Expires** 6/30/2024

<b>Subtotal</b>	\$54,500.00
<b>Total</b>	\$54,500.00

VII. RECOMMENDATIONS BY THE EDUCATION PROGRAMS &  
RESOURCES COMMITTEE

b. ESACA Secondary 2023-24 - Imagine Learning, Quote \$68,800



# Price Quote

8860 E. Chaparral Rd  
Suite 100  
Scottsdale, AZ 85250  
877-725-4257

Date 12/6/2022  
Quote No. 277945  
Acct. No. 03:ea:PA:12217653  
Total \$68,800.00  
Pricing Expires 6/30/2024

Attn: A/P  
Business Office  
East Stroudsburg Area SD  
50 Vine Street  
East Stroudsburg PA 18301-2199

Payment Schedule	Contract Start	Contract End
PO Req, Net 30	7/1/2023	6/30/2024

Site	Description	Comment	End Date	Per Unit	Qty	Amount
1. East Stroudsburg Cyber Academy						
	Digital Libraries 6-12 Comprehensive All Site License (MS and HS content for math, ELA, science, social studies, electives, AP, world languages, Virtual Tutors; excludes eDynamic Learning and Purpose Prep)		06/30/2024	\$28,005.00	1	\$28,005.00
	IS 6-12 Concept Coaching Site License Add-on		06/30/2024	\$8,000.00	1	\$8,000.00
	MyPath Reading and Math Site License		06/30/2024	\$12,995.00	1	\$12,995.00
	eDynamic Electives Per Enrollment Per Semester (14 day drop/add grace period)		06/30/2024	\$99.00	200	\$19,800.00

**Subtotal** \$68,800.00  
**Total** \$68,800.00

Imagine Learning will audit enrollment count throughout the year. If more enrollments are found to be in use than purchased, Imagine Learning will invoice the customer for the additional usage.

This quote is subject to Imagine Learning LLC Standard Terms and Conditions ("Terms and Conditions"). These Terms and Conditions are available at <https://www.imaginelearning.com/standard-terms-and-conditions>, may change without notice and are incorporated by this reference. By signing this quote or by submitting a purchase order or form purchasing document, Customer explicitly agrees to these Terms and Conditions resulting in a legally binding agreement. To the fullest extent permitted under applicable law, all pricing information contained in this quote is confidential, and may not be shared with third parties without Imagine Learning's written consent.

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Imagine Learning Representative**

Elena Anguita  
Account Executive  
570-468-7808  
elena.anguita@imaginelearning.com

Not valid unless accompanied by a purchase order. Please specify a shipping address if applicable. Please e-mail this quote, the purchase order and order documentation to [AR@imaginelearning.com](mailto:AR@imaginelearning.com) or fax to 480-423-0213.