



Township of Union Public Schools

Office of Information and Technology
Donna Restivo, IT

May 23, 2014

Please include a Board resolution for awarding the RFP to Provide Technical Services for the 2014-2015 School Year to Promedia Technical Services, Inc. All required documentation for award is provided. No other vendor replied to this RFP.

Award:

Rate: \$140.00 per hour for regular technical servicing and \$200 per hour for emergency, overtime and Holiday, not to exceed 200 hours.

If you have any questions or concerns, please contact me.

Thank you.

Donna Restivo

2350 NORTH 3RD STREET, UNION, NEW JERSEY 07083-5085 •

WWW.TWPUNIONSCHOOLS.ORG

PHONE: 908-851-6524 • FAX: 908-851-6544 • DRESTIVO@TWPUNIONSCHOOLS.ORG

May 20, 2014

Mr. James Damato
Township of Union Board of Education
2369 Morris Avenue
Union, NJ 07083

Re: Technology RFP to provide Professional Technical Services for the 2014-2015 School Year.

Dear Mr. Damato,

Promedia is pleased to provide you with this pricing proposal for the upcoming 2014-2015 for Professional Services as per the requirements outlined in your Request for Proposal.

Standard Coverage: Monday through Friday 8:00am to 4:00pm

- Hourly Rate: 140.00 per hour

Overtime, Emergency, and Holiday Rate:

- Hourly Rate: \$200.00 per hour

Response Times:

- Within 4 hours for remote support
- Within 24 hours for onsite response

Attached to this response, you will find the required documentation requested within the RFP. I hope you find this proposal satisfactory and I thank you for the opportunity to respond to your request for services.

Best regards,



Brian Byrd
Sr. Account Executive

TOWNSHIP OF UNION BOARD OF EDUCATION
 2369 MORRIS AVENUE
 UNION, NJ 07083

PROFESSIONAL TECHNICAL SERVICES
 2014-2015 SCHOOL YEAR

NETWORK TECHNICIAN

The undersigned proposes to furnish the time and material for professional technical services – network technician – from July 1, 2014 to June 30, 2015

	Regular Time	Overtime	Holiday	Estimated Hours	Maximum Hours	TOTAL
Network Technician	140.00	200.00	200.00	100	200	14,000.00 @ 100 HRS
						28,000.00 @ 200 HRS

All repairs shall be unconditionally guaranteed for a period of sixty (60) days from the date of repair and shall include all necessary labor and other applicable costs.

Bids shall be compared for award purpose based upon a total of extended prices. Estimated quantities are estimates only. The Board of Education reserves the right to award amounts and quantities in its best interest less than the estimated quantity or up to the maximum quantity stated above.

Comparison of bids and awards shall be based upon the sum of the regular time rate times 100 hours, the overtime rate times 50 hours and the holiday rate times 50 hours.

COMPANY NAME/ADDRESS:

PROMEDIA Technology Services, Inc.
 5325 US Highway 46 EAST
 LITTLE FALLS, NJ 07424

TELEPHONE NUMBER

973-253-7600

AUTHORIZED SIGNATURE

W. Paul [Signature]

DATED: 5-21-2014

Regular time is defined as 7:00 a.m. to 5:00 p.m.

Overtime is defined as all other hours, including Saturdays and Sundays, excluding National Holidays.

Holidays shall be defined as National Holidays.

Response time shall be guaranteed to be four (4) hours or shorter

Certification

24693

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of

15-APR-2012 to 15-APR-2015

PROMEDIA TECHNOLOGY SERVICES INC.
535 US HIGHWAY 46 EAST
LITTLE FALLS NJ 07424



A handwritten signature in black ink, appearing to read "Andrew P. Sidamon-Eristoff".

Andrew P. Sidamon-Eristoff
State Treasurer





STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: PROMEDIA TECHNOLOGY SERVICES, INC.

Trade Name:

Address: 535 US HIGHWAY 46 EAST
LITTLE FALLS, NJ 07424-1945

Certificate Number: 0080560

Effective Date: May 07, 1992

Date of Issuance: September 19, 2011

For Office Use Only:

20110919153821744

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above
Promedia Technology Services, Inc.

Check appropriate box for federal tax classification (required):
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
535 US HWY 46 East

City, state, and ZIP code
Little Falls, NJ 07424

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
Employer identification number								
2	2		3	1	6	7	0	6

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ *[Handwritten Signature]* Date ▶ **5-21-2014**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/6/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McCue Captains Agency 680 Branch Ave Little Silver NJ 07739	CONTACT NAME: Rebecca Horvath
	PHONE (A/C, No, Ext): (732) 842-0444 FAX (A/C, No): (732) 576-1865
	E-MAIL ADDRESS: rebecca@mccuecaptains.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Great Northern Co NAIC # 20303
	INSURER B: Federal Insurance Co 20281
	INSURER C: Hiscox, Inc.
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: CL1412703895 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			35987770	1/30/2014	1/30/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual <input checked="" type="checkbox"/> X, C, U Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COM/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY			73582971	1/30/2014	1/30/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB			35987770	1/30/2014	1/30/2015	EACH OCCURRENCE \$ 4,000,000
	EXCESS LIAB						AGGREGATE \$ 4,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			35987770	1/30/2014	1/30/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					
C	Professional Liability			LF78200	7/1/2013	7/1/2014	Occurrence/Aggregate \$1mil/\$1mil
A	Equipment Floater			35987770	1/30/2014	1/30/2015	Limit \$45,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Insured Copy	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Caitlin Buckley/CAIT