

# CITY OF FOREST PARK PURCHASE REQUISITION FORM

For purchases valued \$1,000 and up

This form must be completed prior to creating a Purchase Order

<b>Department :</b>	Police	<b>Requisition Date:</b>	3/26/2024
<b>Prepared By:</b>	Lakeya Payton		

### Explanation

This Requisition is for: New radios for the police department.

Services

Goods

Public Works Construction

Other \_\_\_\_\_

### Justification for Request:

See attached \_\_\_\_\_ page(s) or \_\_\_\_\_ line item(s) and attached specifications \_\_\_\_\_ pages

### Budget

#### Attach proof of available funds and provide the following:

Budget Line Item:	100-31-3210-53-1711
Funds Available:	\$43,304.91

### Vendor

New vendors must complete the Vendor/Supplier Information Form and provide a w-9 and E-Verify Affidavit.

#### Select whether vendor is a new or current vendor of the City and provide the following:

<input type="checkbox"/> New	<input checked="" type="checkbox"/> Current	Vendor Name:	MOTOROLA SOLUTIONS
		Current Vendor Number:	026969
<b>If Statewide Contract, provide the following:</b> (Attach one quote. Three quotes are not needed)			
		Statewide Contract ID number:	99999-SPD0000172-011
<b>If Requisition is replacing a current Contract, provide the following:</b>			
		Current Contract Number:	Contract Expiration Date:


### Solicitation

Complete this section only if a formal bid or RFP advertisement is needed.

#### Also attach Solicitation Request Form

Estimated cost of goods or services:	\$39,148.20
Is cooperative purchase option available?	
Date goods or services are needed:	

### Signatures

<b>Department Head Authorization:</b>		Date:	3/26/24
<b>Purchasing Authorization:</b>		Date:	
<b>Finance Director:</b>		Date:	
<b>City Manager:</b>		Date:	

**Instructions:**

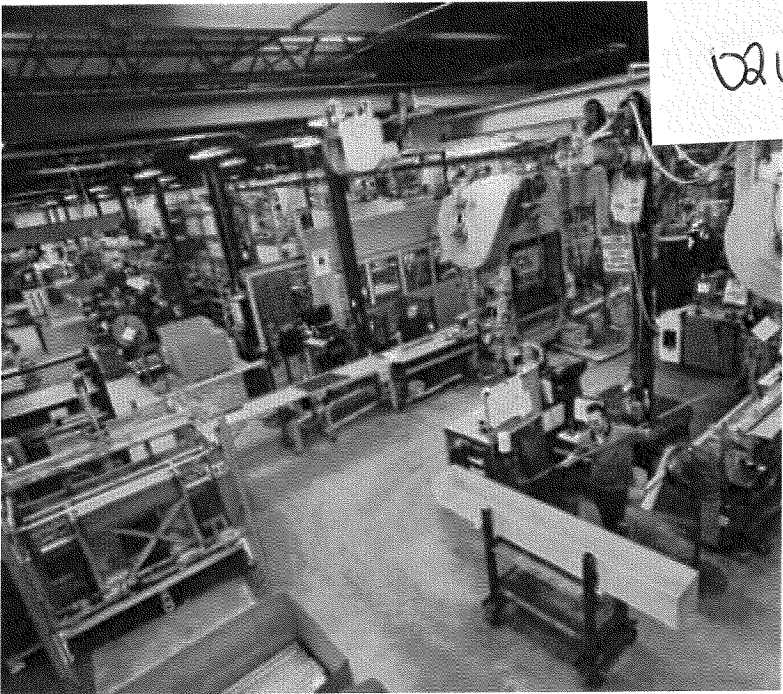
1. Complete requisition form in its entirety. (No previous versions of the Requisition Form will be accepted)
2. Attach 3 quotes (or justification if 3 quotes could not be obtained) and proof of budgeted funds.
3. Have New Vendors to send Vendor Information Form, w-9, and E-Verify directly to [accountspayable@forestparkga.gov](mailto:accountspayable@forestparkga.gov).
4. Email Requisition form and additional documents to [procurement@forestparkga.gov](mailto:procurement@forestparkga.gov).
5. Once a fully signed requisition has been returned to you, create PO and proceed with purchase.
6. Once service is received, submit signed Requisition, Invoice, and PO to Accounts Payable (copy Procurement) for payment.

**Please complete, sign, and return Requisition Form along with all required documents to [procurement@forestparkga.gov](mailto:procurement@forestparkga.gov)**  
 Requisition will not be approved and PO will not be paid if not completed properly.





Radio  
026969



FOREST PARK, CITY OF

03/20/2024

03/20/2024

FOREST PARK, CITY OF  
4539 JONESBORO RD  
FOREST PARK, GA 30297

Dear Lowens,

Motorola Solutions is pleased to present FOREST PARK, CITY OF with this quote for quality communications equipment and services. The development of this quote provided us the opportunity to evaluate your requirements and propose a solution to best fulfill your communications needs.

This information is provided to assist you in your evaluation process. Our goal is to provide FOREST PARK, CITY OF with the best products and services available in the communications industry. Please direct any questions to Dena Nunz at [dena.nunz@deirr.com](mailto:dena.nunz@deirr.com).

We thank you for the opportunity to provide you with premier communications and look forward to your review and feedback regarding this quote.

Sincerely,

Dena Nunz

Motorola Solutions Manufacturer's Representative

Billing Address:  
 FOREST PARK, CITY OF  
 4539 JONESBORO RD  
 FOREST PARK, GA 30297  
 US

Quote Date:03/20/2024  
 Expiration Date:05/19/2024  
 Quote Created By:  
 Dena Nunz  
 dena.nunz@deirr.com

End Customer:  
 FOREST PARK, CITY OF  
 Lowens

Line #	Item Number	Description	Qty	List Price	Sale Price	Ext. Sale Price
	APX™ 6000 Series	APX6000				
1	H98UCF9PW6BN	APX6000 700/800 MODEL 2.5 PORTABLE	7	\$3,595.00	\$2,624.35	\$18,370.45
1a	H869BZ	ENH: MULTIKEY	7	\$363.00	\$264.99	\$1,854.93
1b	Q361AR	ADD: P25 9600 BAUD TRUNKING	7	\$330.00	\$240.90	\$1,686.30
1c	QA00580AC	ADD: TDMA OPERATION	7	\$495.00	\$361.35	\$2,529.45
1d	QA05100AA	ENH: STD 1 YR WARRANTY APPLIES NO SFS	7	\$0.00	\$0.00	\$0.00
1e	H38BT	ADD: SMARTZONE OPERATION	7	\$1,320.00	\$963.60	\$6,745.20
1f	QA09113AB	ADD: BASELINE RELEASE SW	7	\$0.00	\$0.00	\$0.00
1g	Q806BM	ADD: ASTRO DIGITAL CAI OPERATION	7	\$567.00	\$413.91	\$2,897.37
1h	Q629AK	ENH: AES ENCRYPTION AND ADP	7	\$523.00	\$381.79	\$2,672.53
2	LSV00Q00202A	DEVICE PROGRAMMING	7	\$121.43	\$121.43	\$850.01
3	NNTN8860B	CHARGER, SINGLE-UNIT, IMPRES 2, 3A, 115VAC, US/NA	7	\$186.50	\$136.15	\$953.05
4	PMMN4065AL	MICROPHONE,IMPRES RSM, IP57	7	\$115.24	\$84.13	\$588.91

Grand Total

**\$39,148.20(USD)**



Any sales transaction following Motorola's quote is based on and subject to the terms and conditions of the valid and executed written contract between Customer and Motorola (the "Underlying Agreement") that authorizes Customer to purchase equipment and/or services or license software (collectively "Products"). If no Underlying Agreement exists between Motorola and Customer, then Motorola's Standard Terms of Use and Motorola's Standard Terms and Conditions of Sales and Supply shall govern the purchase of the Products.

Motorola Solutions, Inc.: 500 West Monroe, United States - 60661 ~ #: 36-1115800

**Notes:**

- Unless otherwise noted, this quote excludes sales tax or other applicable taxes (such as Goods and Services Tax, sales tax, Value Added Tax and other taxes of a similar nature). Any tax the customer is subject to will be added to invoices.

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## Purchase Order Checklist

**Marked as PO/ Contract/ Notice to Proceed on Company Letterhead**  
(PO will not be processed without this)

**PO Number/ Contract Number**

**PO Date**

**Vendor = Motorola Solutions, Inc.**

**Payment (Billing) Terms/ State Contract Number**

**Bill-To Name on PO must be equal to the *Legal* Bill-To Name**

**Bill-To Address**

**Ship-To Address (If we are shipping to a MR location, it must be documented on PO)**

**Ultimate Address (If the Ship-To address is the MR location then the Ultimate Destination address must be documented on PO )**

**PO Amount must be equal to or greater than Order Total**

**Non-Editable Format (Word/ Excel templates cannot be accepted)**

**Bill To Contact Name & Phone # and EMAIL for customer accounts payable dept**

**Ship To Contact Name & Phone #**

**Tax Exemption Status**

**Signatures (As required)**