

**Commonwealth of Massachusetts – Statewide Operational Leasing Contract ITC70  
ASSET LEASE QUOTE FORM**

**ASSET TRANSACTION SUMMARY**

Lessee: City of Somerville  
 Lessee Location: 93 Highland Avenue, Somerville, MA 2143  
 Lessee Contact Name: David B. Goodridge  
 Telephone: (617) 625-6600  
 Fax:  
 Email: DGoodridge@somervillema.org

The Lessee hereby requests financing under the Statewide Operational Lease Services Contract ITC70 for the following Asset(s). The table will expand to accommodate additional rows. Lessee should append a row at the bottom of the list of Assets for de-installation, packaging, and/or return of the Asset(s) upon lease termination, if appropriate.

<b>Brief Description of Asset(s)</b>	<b>Asset Cost:</b>	<b>Total Financing Amount Requested:</b>	<b>Useful Life in Years</b>
Cisco Switch Upgrade Project w/ 5yrs of Support	\$826,878.88	\$826,878.88	5 Years

Asset Vendor Name (Entity being paid by Leasing Vendor): ePlus Technology  
 Statewide Contract ID from which the asset is being acquired: ITT50 Asset Quote #: 22550145  
 Vendor Address: 45 Shawmut Road, Suite 100, Canton, MA 02021  
 Vendor Remittance Address if different:  
 Contact Name: Lisa Ovalles  
 Telephone: (401) 261-5729  
 Fax:  
 Email: lovalles@eplus.com

Description of items being purchased from this Asset Vendor: Cisco Switching Upgrade with 5-year support.  
 Anticipated Delivery Date for Acceptance of Asset by Lessee after Delivery: As soon as possible.  
 Total Amount of Asset Cost to be paid to Asset Vendor: \$826,878.88  
 Anticipated Date for funding to be made by Statewide Operational Term Leasing Vendor/Lessor: As soon as possible.  
 Anticipated Lease period: 60 months after commencement.

Describe the essential use of the Asset and whether this Asset is replacing a current Asset or is a new essential use: Network and wireless for the city-wide infrastructure to provide a more stable environment that can be more easily supported and secured.

Statewide Operational Term Leasing Vendor Name: ePlus Group, inc.  
 Vendor Code: VC600251373 (For state agency Lessee payments.)  
 Contact Name: Raleigh Wheeler  
 Telephone: (703) 984-8087  
 Fax:  
 Email: Raleigh.wheeler@eplus.com

**QUOTE:**

The Statewide Operational Term Leasing Vendor must complete the following, execute this document and submit a proposed Payment Schedule for this Quote. If accepted, the Lessee will execute this document (below) then complete and submit the necessary Asset Listing, Essential Use Certification, Certificate of Appropriation, and Asset Acceptance Certificate to their Financial/Budget Authority for approval, and, after receipt and acceptance of the Asset, shall complete the Asset Acceptance Certificate, including the Final Asset Lease Payment Schedule.

**ITC70 Vendor Offer of Fixed Interest Rate Quote** (Valid for 30 days): 0%  
**ITC70 Vendor Payment Schedule Number of payments:** 5  
**ITC70 Vendor Payment Schedule payment amount:** \$165,375.78 annually in advance.

ITC70 Vendor Complete and attach the ASSET ACCEPTANCE CERTIFICATE AND LEASE PAYMENT SCHEDULE

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Lessee certifies that this document is being submitted to its funding authority to confirm availability of Lease funding. Contractor certifies that this quote will be held for 30 days and is being made in compliance with the Statewide Operational Lease Services Contract ITC70.

**AUTHORIZING SIGNATURE FOR THE OPERATIONAL LEASING  
VENDOR:**

X: \_\_\_\_\_ . Date: \_\_\_\_\_.

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name:

Print Title: \_\_\_\_\_

**AUTHORIZING SIGNATURE FOR THE LESSEE:**

X: \_\_\_\_\_ . Date: \_\_\_\_\_.

(Signature and Date Must Be Handwritten At Time of Signature)

Print Name:

Print Title: \_\_\_\_\_