

**Lucas County Information Services  
Checklist for Hardware/Software/Services**

Department:

Funding Account & Description:

Vendor:

State Term Contract ID

Requestor:

Req. Date:

Type of Request (check all that apply):

Hdw     SW     Services/New

Purchase     Lease     Subscription

Services/Support Renewal Original Purchase Date

Description or Nature of Request and for whom this is intended:

Hdw/SW/Service Item Descr	Quote #	Wrnty Term	Qty	Unit Cost	Support Cost	Total Cost
Autodesk AutoCAD Civil 3D	4507244		1	\$ 5,431.35		\$ 5,431.35
Autodesk Subscription 4/29/16 - 2/2/17	4507244	1 year	1		\$ 634.17	\$ 634.17
			0	\$ 0.00	\$ 0.00	\$ 0.00
			0	\$ 0.00	\$ 0.00	\$ 0.00
			0	\$ 0.00	\$ 0.00	\$ 0.00
			0	\$ 0.00	\$ 0.00	\$ 0.00

Total Request \$ 6,065.52

Business Reason or Justification:

Purchase of one additional license of Autodesk Civil 3D CAD software for use in the Enginner's department.

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Planned Location:

If Other please specify:

Network Connection Required?  Yes  No  N/A

LCIS installation assistance needed?  Yes  No Date:

LCIS on-going support required?  Yes  No  N/A

ITB or RFP completed?  Yes  No  N/A

LCIS Management review completed?  Yes  No  Exclusion

DP Board Approved?  Yes  No  Exclusion

Date of Approval:

Comments:

Prepared by Karen Schnitkey *KS 5/3/16*  
Reviewed by Jeremy Burnat *JB 5/5/16*  
Approved by Jason Gears *JG 5-8-2016*

*Office of the County Engineer*

One Government Center — Suite 870  
Toledo, Ohio 43604-2258

Phone: 419-213-4540  
FAX: 419-213-4598



*Keith G. Saxley, P.E., P.S.*  
County Engineer

**Date: May 3, 2016**

**Lucas County Automated Data Processing Board  
Ms. Anita Lopez, Secretary  
One Government Center, Suite 600  
Toledo, Ohio 43604**

**INTEROFFICE MAIL**

**Dear Ms. Lopez:**

**Our office is requesting authorization to purchase an additional license of AutoDesk Civil 3D CAD software.**

**The funding account for this purchase is:**

**2040-2920-530100**

**The total estimated cost for the above items is \$6,065.52. Funds for this equipment are included in our current budget. If you have any questions, or need additional information, please advise.**

**Very truly yours,**

A handwritten signature in black ink, appearing to read "Mark Drennen", is written over a horizontal line.

**Mark Drennen  
Administrative Deputy**

**BSM;bm  
Enclosures**



# Price Quotation

Quote: 4507244  
 Reference: 1171318  
 Date: 04/28/2016  
 Expires: 05/12/2016

To: Brian Miller  
 Lucas County (OH)  
 1049 S McCord Road  
 Bldg A  
 Holland, OH 43528

From: Kely Ta  
 DLT Solutions, LLC  
 2411 Dulles Comer Park  
 Suite 800  
 Herndon, VA 20171

Phone: (419) 213-2860  
 Fax:  
 Email: bsmiller@co.lucas.oh.us

Phone: (571) 346-1849  
 Fax: (866) 708-6705  
 Email: kely.ta@dlt.com

#	DLT Part No.	Contract	Qty	Unit Price	Ext. Price
1	9701-0446-16-ELS	OM	1	\$5,431.35	\$5,431.35
	Autodesk AutoCAD Civil 3D 2016 Government Standalone License ELD				
2	9701-0446-16-XW1	OM	1	\$634.17	\$634.17
	Autodesk AutoCAD Civil 3D 2016 Government Subscription - 1 year				
	<b>PoP: 4/29/2016 through 2/2/2017</b>				

Quoted on behalf of Eagle Point Software Corporation, your local Authorized Autodesk Reseller.

Total: \$6,065.52

Contract Number: OPEN MARKET  
 DUNS #: 78-646-8199  
 Federal ID #: 54-1599882  
 CAGE Code: 0S0H9  
 FOB: Destination  
 Terms: Net 30 (On Approved Credit)  
 DLT accepts VISA/MC/AMEX  
 DLT's standard Terms & Conditions apply

**PLEASE REMIT  
 PAYMENT TO:**

ACH: DLT Solutions, LLC  
 Bank of America  
 ABA # 111000012  
 Acct # 4451063799

**-OR-**

Mail: DLT Solutions, LLC  
 P.O. Box 743359  
 Atlanta, GA 30374-3359

Customer orders subject to applicable sales tax in: CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, MA, MD, MI, MO, MS, NC, NM, NJ, NV, NY, OH, OK, PA, RI, SC, TN, TX, VA, WA, WI

The terms and conditions of the Manufacturer's standard commercial license and subscription agreement are made a part of this quotation and shall govern purchaser's use of any Manufacturer product. Contact the DLT Sales Rep if further information is required.

Documentation to be submitted to validate Invoice for payment:

- Authorized Services shall be invoiced with a corresponding time report for the period of performance identifying names, days, and hours worked.
- Authorized reimbursable expenses shall be invoiced with a detailed expense report, documented by copies of supporting receipts.
- Authorized Education or Training shall be invoiced with a Report identifying date and name of class completed, and where applicable the name of attendees.