



Amendment No. 5  
To  
Contract No. GA150000081  
For  
Printing Various Forms  
Between  
American Minority Business Forms, Inc.  
dba American Diversity  
and the  
City of Austin

- 1.0 The City hereby exercises this extension option for the subject contract. This extension option will be July 8, 2019 through July 7, 2020. No options remain.
- 2.0 The total contract amount is increased by \$101,391.00 by this extension period. The total contract authorization is recapped below:

Action	Action Amount	Total Contract Amount
Initial Term: 07/08/2015 – 07/07/2018	\$304,174.00	\$304,174.00
Amendment No. 1: Revision of Bid Sheets Items 08/20/2015	\$0.00	\$304,174.00
Amendment No. 2: Vendor Name Change 05/09/2017	\$0.00	\$304,174.00
Amendment No. 3: Price Increase 08/29/2017	\$0.00	\$304,174.00
Amendment No. 4: Option 1 – Extension 07/08/2018 – 07/07/2019	\$101,391.00	\$405,565.00
Amendment No. 5: Option 2 - Extension 07/08/2019 – 07/07/2020	\$101,391.00	\$506,956.00

- 3.0 MBE/WBE goals do not apply to this contract.
- 4.0 By signing this Amendment the Contractor certifies that the vendor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the GSA List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.
- 5.0 All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, this amendment is hereby incorporated into and made a part of the above-referenced contract.

Sign/Date: Erik Bataille 5-23-19

Printed Name: ERIK BATAILLE  
Authorized Representative

American Minority Business Forms, Inc.  
2504 Improver Road  
Spicewood, Texas 78669  
(512) 917-4695  
[ebataille@americanbus.com](mailto:ebataille@americanbus.com)

Sign/Date: M. Duree 6-5-19

Matthew Duree  
Procurement Manager

City of Austin  
Purchasing Office  
124 W. 8th Street, Ste. 310  
Austin, Texas 78701



Amendment No. 4  
To  
Contract No. GA150000081  
for  
Printing Various Forms  
between  
American Minority Business Forms, Inc. dba American Diversity  
and the  
City of Austin

- 1.0 The City hereby exercises this extension option for the subject contract. This extension option will be July 8, 2018 through July 7, 2019. One option will remain.
- 2.0 The above referenced contract is also amended to accept an Economic Price Adjustment increase of eight percent (8%) on all listed forms, per a related manufacturer cost increase. This price increase is effective July 8, 2018.
- 3.0 The total contract amount is increased by \$101,391 for this extension period. The total contract authorization is recapped below:

Action	Action Amount	Total Contract Amount
Initial Term: 7/08/2015-07/07/2018	\$304,174.00	\$304,174.00
Amendment No. 1: Revision of bid sheet items	\$0.00	\$304,174.00
Amendment No. 2: Vendor Name Change	\$0.00	\$304,174.00
Amendment No. 3: Price Increase	\$0.00	\$304,174.00
Amendment No. 4: Option 1 – 07/08/2018-07/07/2019 and Price Increase	\$101,391.00	\$405,565.00

- 4.0 MBE/WBE goals do not apply to this contract.
- 5.0 By signing this Amendment, the Contractor certifies that the vendor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the GSA List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.
- 6.0 All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, this amendment is hereby incorporated into and made a part of the above-referenced contract.

Sign/Date: Erik Bataille 7-5-18

Printed Name: ERIK BATAILLE  
Authorized Representative  
American Minority Business Forms, Inc.  
2504 Improver Rd.  
Spicewood, TX 78669

Sign/Date: Claudia Rodriguez 7-5-18

Claudia Rodriguez, Procurement Specialist IV  
City of Austin  
Purchasing Office  
124 W. 8<sup>th</sup> Street, Ste. 310  
Austin, Texas 78701

**Forms Contract GA150000081 Price Sheet**  
**Effective 07/08/2018**

Updated Item No.	ITEM DESCRIPTION	UNIT	Original Unit Price	Price Increase % 9/1/17		7/8/18 Price Increase	
1	CRIME SCENE LABEL; 500/BOX	BX	\$ 75.00	1%	75.75	8.0%	\$ 81.81
2	ASSAULT VICTIM STATEMENT; 2,500/CASE	CS	\$ 147.20	1%	148.67	8.0%	\$ 160.56
3	STICK " CHAIN OF CUSTODY" LABEL; 2,500/BOX	BX	\$ 195.00	1%	196.95	8.0%	\$ 212.71
4	FINGERPRINT CARD; 1,000/CASE	CS	\$ 41.30	1%	41.71	8.0%	\$ 45.05
5	OVERTIME/COMPENSATORY FORM; 500/BOX	BX	\$ 26.60	6%	28.20	8.0%	\$ 30.46
6	OUTSIDE OVERTIME ASSIGNMENT FORM: 500/BOX	BX	\$ 105.00	6%	111.30	8.0%	\$ 120.20
7	CRIMINAL TRESPASS BOOK; 100 BOOKS/CAS	CS	\$ 20.60	6%	21.84	8.0%	\$ 23.59
8	PALM PRINT; 500/BOX	BX	\$ 236.00	1%	238.36	8.0%	\$ 257.43
9	JUVENILE ARREST CARD; 250/BOX	BX	\$ 148.00	1%	149.48	8.0%	\$ 161.44
10	IMPOUND WRECKER SELECTION REPORT; 1,000/BOX	BX	\$ 101.00	6%	107.06	8.0%	\$ 115.62
11	LEAVE REQUEST; 250/BOX	BX	\$ 60.00	6%	63.60	8.0%	\$ 68.69
12	UNDERCOVER EXPENSE REPORT; 250/BOX	BX	\$ 40.00	6%	42.40	8.0%	\$ 45.79
13	POLICE NOTICE ABANDONED CAR (ORANGE) STICKER; 250/BOX	BX	\$ 37.50	1%	37.88	8.0%	\$ 40.91
14	ABANDONED NON-MOTORIZED VEHICLE (RED) STICKER ; 250/BOX	BX	\$ 37.50	1%	37.88	8.0%	\$ 40.91
15	PAWN SHOP RECORD BOOK; 75 BOOKS/CASE	BK	\$ 2.45	6%	2.60	8.0%	\$ 2.81
16	VEHICLE AND EQUIPMENT REPAIR FORM; 500/BOX	BX	\$ 46.00	6%	48.76	8.0%	\$ 52.66
17	CONTACT CARD; 250/BOX	BX	\$ 20.00	1%	20.20	8.0%	\$ 21.82
18	CONTACT CARD SPANISH; 250/BOX	BX	\$ 20.00	1%	20.20	8.0%	\$ 21.82
19	CONTACT CARD WITH HOURS; 250/BOX	BX	\$ 20.00	1%	20.20	8.0%	\$ 21.82
20	STREET CHECK CITATION BOOK; 300 BOOKS/CASE	BK	\$ 1.50	6%	1.59	8.0%	\$ 1.72
21	COUPON BOOK; 50/BOX	BK	\$ 3.00	1%	3.03	8.0%	\$ 3.27
22	COUPON BOOK; 50/BOX	BK	\$ 3.00	1%	3.03	8.0%	\$ 3.27
23	POLICE NOTICE JUNKED VEHICLE (GREEN) STICKER; 1,000/BOX	BX	\$ 150.00	1%	151.50	8.0%	\$ 163.62
24	MIRANDA CARD; 1,000/BOX	BX	\$ 52.00	1%	52.52	8.0%	\$ 56.72
25	REGISTER FORM 1,000/BOX	BX	\$ 165.00	6%	174.90	8.0%	\$ 188.89
26	EMERGENCY NOTIFICATION FORM 500/BOX	BX	\$ 145.00	6%	153.70	8.0%	\$ 166.00
27	PAWN SHOP PROPERTY HOLD CARD 50/BOX	BX	\$ 161.00	6%	170.66	8.0%	\$ 184.31
28	OUT OF SERVICE STICKER 1,000/BOX	BX	\$ 200.00	1%	202.00	8.0%	\$ 218.16
29	STICKER "POLICE PAL" PERFORATED 300 CT. ROLL; 1,000/ROLLS PER CASE	CS	\$ 50.00	1%	50.50	8.0%	\$ 54.54
30	STICKER "POLICE PAL EXPLORER" PERFORATED 300 CT. ROLL; 1,000/ROLLS PER CASE (NO SAMPLE FORM IN 0500 SCOPE FILE)	CS	\$ 100.00	1%	101.00	8.0%	\$ 109.08
31	FALSE ALARM STICKER, 1,000/BOX	BX	\$ 165.00	1%	166.65	8.0%	\$ 179.98
32	CITE AND RELEASE CITATION BOOKS PD-0139, 100/BOOKS IN A CASE	BK	\$ 2.14	6%	2.27	8.0%	\$ 2.45
33	LICENSE AND WEIGHT CITATION ORDER 1,000 A CASE	CS	\$ 300.00	6%	318.00	8.0%	\$ 343.44
34	LICENSE AND WEIGHT CITATION CONTINUATION SHEET, 1,000/CASE	CS	\$ 300.00	6%	318.00	8.0%	\$ 343.44
35	DIC 24 STATUTORY WARNING, 1,000/CASE	CS	\$ 136.00	6%	144.16	8.0%	\$ 155.69
36	DIC 24S STATUTORY WARNING SPANISH, 1,000/ CASE	CS	\$ 136.00	6%	144.16	8.0%	\$ 155.69
37	DIC 25 NOTICE OF SUSPENSION, ORDER 1,000 CASE	CS	\$ 136.00	6%	144.16	8.0%	\$ 155.69
38	DIC 25S NOTICE OF SUSPENSION SPANISH, 1,000/CASE	CS	\$ 136.00	6%	144.16	8.0%	\$ 155.69
39	CRASH REPORT FORM	CS	\$ 125.60	6%	133.14	8.0%	\$ 143.79
40	FORM. FIN-9074 PETTY CASH REIMBURSEMENT/ ADVANCE BK 13-1/2" X 9" WIDE WITH 3/4" TAB (1) SIDED (3) PART, (1) VERTICAL PERFORATION & (2 ) HORIZONTAL PERFORATION, BLACK INK, NCR 16 # BOND WHITE, CANARY, & PINK CHIPBOARD BACK WTH WRAP AROUND TAG COVER. NUMBERED FORM (IN RED INK). 50 SETS OF (3) PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	BK	\$ 13.00	6%	13.78	8.0%	\$ 14.88
41	395-60-109-016 FORM. RECEIPT FOR PAYMENT FUNDS BK 9-3/4" OVERALL WITH 3/4" TAB X 14" (1) SIDED (4) PART, (1) VERTICAL PERFORATION & (3 ) HORIZONTAL PERFORATION, BLACK INK, NCR 16 # BOND WHITE, CANARY, PINK & GOLDENROD, CHIPBOARD BACK WITH WRAP AROUND TAG COVER. NUMBERED FORM (IN RED INK). 50 SETS OF (4) PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	BK	\$ 10.00	6%	10.6	8.0%	\$ 11.45



Updated Item No.	ITEM DESCRIPTION	UNIT	Original Unit Price	Price Increase % 9/1/17		7/8/18 Price Increase	
42	395-70-107-001 FORM FIN-7027 PAYMENT RECEIPT 9 X 5-1/2 (1) SIDED (4) PART, 1 VERTICAL AND THREE HORIZONTAL PERFORATIONS BLACK INK, NCR 16# WHITE, CANARY, PINK & GOLDENROD. NUMBERED FORM (IN RED INK). CHIPBOARD BACK, WITH WRAP AROUND TAG COVER. 50 SETS OF THREE PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	BK	\$ 4.27	6%	4.53	8.0%	\$ 4.89
43	395-60-121-040 FORM, PETTY CASH REQUEST 6-1/4 X 4-1/4 (1) SIDED (2) PART. BLACK INK. NCR 16# BOND WHITE & CANARY. WITH CHIPBOARD BACK, QTY 50 SETS PER PKG	PK	\$ 5.25	6%	5.57	8.0%	\$ 6.02
44	VEHICLE INSPECTION FROM WITH 3/4" SNAP AT TOP; BLACK INK, COLOR WHITE, CANARY& PINK, DOUBLE SIDED, 50/PACK 20 PACKS PER CARTON	CTN	\$ 121.00	6%	128.26	8.0%	\$ 138.52
45	395-60-111-004 FORM LEAVE REPORT 8-1/2 X 5-1/2 (1) SIDED (1) PART, BLACK INK 20# PINK BOND WITH CHIPBOARD BACK, 100 PER PAD (NO SAMPLE FORM IN 0500 SCOPE FILE)	PD	\$ 3.00	6%	3.18	8.0%	\$ 3.43
46	PRIVATE VEHICLE MILEAGE REPORT FORM, 8-1/2 X 11 (1) SIDED (2) PART, BLACK INK 20# WHITE, PINK NCR PAPER (NO SAMPLE FORM IN 0500 SCOPE FILE)	PK	\$ 6.00	6%	6.36	8.0%	\$ 6.87
47	395-80-1001-001 FORM, PWTD4030 MANUAL FUELING LOG 8-112 X 11 (1) SIDED (2) PART, BLACK INK. NCR 16# BOND WHITE & CANARY NUMBERED FORM (IN RED INK). WITH CHIPBOARD BACK. QTY 10 PER PAD	PD	\$ 5.00	6%	5.3	8.0%	\$ 5.72
48	CAR COLLISION REPORT FORM AND ENVELOPE; ENVELOPE 6 X 9 AND FORMS (1) SIDED (1) PART BLACK INK ON WHITE 20 LB PAPER. ONE FORM HAS PERFORATION AT CENTER OF FORM; 10 KITS PER PACK	PK	\$ 15.20	1%	15.35	8.0%	\$ 16.58
49	VEHICLE EQUIPMENT STATUS NOTICE; 5 X 8-1/2" NCR PAPER, WHITE, YELLOW, PINK; BLACK, INK	PK	\$ 33.00	6%	34.98	8.0%	\$ 37.78
50	COST RECOVERY NOTIFICATION 8-1/2 X 11 (1) SIDED (4) PART, BLACK INK, NCR 20# BOND WHITE CANARY, PINK & GOLDENROD. QTY 50 PER PKG	PK	\$ 8.00	6%	8.48	8.0%	\$ 9.16
51	BILLING FORM, AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES, 8 1/2 X 11 WHITE, 24 LB LASER COMPATIBLE BOND, REFLEX BLUE INK , (1) PART, (1) SIDED, 2,000 SHEETS PER CARTON	CTN	\$ 24.00	1%	24.24	8.0%	\$ 26.18
52	IMPORTANT NOTICE - AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES FORM 8-1/2" X 11 (1) SIDED (1) PART, REFLUX BLUE INK 24# LASER COMPATIBLE BOND WHITE, PMS 185 RED, REFLUX BLUE 2,000 SHEETS PER CARTON	CTN	\$ 24.00	1%	24.24	8.0%	\$ 26.18
53	FINAL NOTICE - AUSTIN -TRAVIS COUNTY EMERGENCY MEDICAL SERVICES, 8-1/2 X 11 (1) PART WHITE, 24# LASER COMPATIBLE BOND PMS 185 RED AND REFLEX BLUE, 2,000 SHEETS PER CARTON	CTN	\$ 24.00	1%	24.24	8.0%	\$ 26.18
54	HCFA 1500 AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES REQUEST FOR QUOTE INSURANCE CLAIMS FORM, 8- 1/2 X 11 (1) PART CUT SHEET, 24# WHITE STOCK PRINTED IN TWO (2) ON 1 SIDE, REFLEX BLUE AND 185 RED. 2,000 SHEETS PER CARTON	CTN	\$ 24.00	1%	24.24	8.0%	\$ 26.18
55	EHSD - CUSTODIAL CARE INSPECTION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
56	EHSD - FARMERS MARKET FOOD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
57	EHSD - FOOD ENTERPRISE RE-INSPECTION NOTICE FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
58	EHSD-FOOD BORNE ILLNESS INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
59	EHSD- CORRECTIVE ACTION PLAN FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
60	EHSD- CERTIFICATE OF OCCUPANCY- CHANGE OF OWNERSHIP FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
61	EHSD- DETENTION ORDER FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
62	EHSD- BLANK GENERAL INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
63	EHSD- FOOD ESTABLISHMENT INSPECTION REPORT FORM; 8-1/2 x 11" WHITE WITH BLACK INK DOUBLE SIDED; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
64	REPORT PAGE 2 FORM; 8-1/2 x 11" WHITE WITH BLACK INK DOUBLE SIDED; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
65	EHSD- ORDER SUSPENDING FOOD ESTABLISHMENT PERMIT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03



Updated Item No.	ITEM DESCRIPTION	UNIT	Original Unit Price	Price Increase % 9/1/17		7/8/18 Price Increase	
66	EHSD- NOTICE OF COMPLIANCE SCHEDULE FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
67	EHSD- FOOD PRODUCT ESTABLISHMENT INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
68	EHSD- MOBILE FOOD VENDOR INSPECTION REPORT FORMS; 8- 1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
69	EHSD- MOBILE FOOD VENDOR PERMIT INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
70	EHSD- TEMPORARY FOOD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
71	EHSD-TRAVIS COUNTY HEALTH AND HUMAN SERVICE DPARTMENT NOTICE OF VIOLATION FORM; 8-1/2 X 11 WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
72	EHSD- DOG/ANIMAL ENCLOSURE NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
73	EHSD- FOWL ENCLOSURE NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
74	EHSD-POOL CO CHOW INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
75	EHSD- POOL INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
76	EHSD-PWIFF PUBLIC INTERACTIVE WATER FOUNTAINS INSPECTION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
77	EHSD- SIPPO/MATTO INSPECTION REPORT/NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
78	EHSD- FIELD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	4.66	8.0%	\$ 5.03
79	EHSD- FOOD MANAGER CERTIFICATE; 8-1/2 X 11" WHITE WITH RED INK; 25 PER PACK	PK	\$ 0.68	6%	0.72	8.0%	\$ 0.78
80	ATCHD- TUBERCULOSIS ELIMINATION DIVISION REPORT OF CASE AND PATIENT SERVICES FORM; 8-1/2 X 11 YELLOW WITH BLACK IN; 50 PER PAD, 2 HOLE PUNCH AT TOP OF PAGE	PD	\$ 2.70	6%	2.86	8.0%	\$ 3.09
81	DIVISION REPORT OF CASE AND PATIENT SERVICES FORM; 8-1/2 X 11 PINK WITH BLACK IN; 50 PER PAD, 2 HOLE PUNCH AT TOP OF PAGE	PD	\$ 2.70	6%	2.86	8.0%	\$ 3.09
82	ATCHD- COMMUNICABLE DISEASE UNIT TB/STD AUTHORIZATION TO RELEASE MEDICAL INFORMATION FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK IN; 50 PER PACK,	PK	\$ 7.50	6%	7.95	8.0%	\$ 8.59
83	ATCHD- COMMUNICABLE DISEASE UNIT TB/STD AUTORIZACION PARA LIBERAR INFORMACION MEDICA FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK IN; 50 PER PACK,	PK	\$ 7.50	6%	7.95	8.0%	\$ 8.59
84	ATCHD- COMMUNICABLE DISEASE UNIT LABORATORY LAB ORDER AND REPORT FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK AND RED INK; 50 PER PACK	PK	\$ 5.75	6%	\$6.10	8.0%	\$ 6.59
85	ATCHD-COMMUNICABLE DISEASE UNIT TUBERCULOSIS CLEARANCE FORM; 8-1/2 X 11", 3-PART, WHITE/YELLOW/PINK WITH BLACK INK, 50 PER PACK	PK	\$ 8.50	6%	\$9.01	8.0%	\$ 9.73
86	STATIONERY LETTERHEAD CITY OF AUSTIN 8-1/2 X 11 (1) SIDED (1) PART, BLUE & RED INK, @1 GRDE 20# BOND WHITE, QTY 500 PER RM. SHRINK WRAPPED WITH CHIPBOARD BACK AND FRONT	RM	\$ 12.10	1%	12.22	8.0%	\$ 13.20
87	HALF GREEN TAG 3-1/2" X 3-1/4", LIGHT GREEN (BRIGHT OR PHOSPHORESCENT) ADHESIVE LABEL ( MATAc STARLINER PERMANENT ADHESIVE OR EQUAL) WITH BLACK INK. PACKAGED 50 PER SHRINK WRAP	PK	\$ 2.00	1%	2.02	8.0%	\$ 2.18
88	ENVELOPE, #10 White (1) SIDED BLACK INK, INTEROFFICE ENVELOPE; 500/ Box	BX	\$ 25.00	1%	25.25	8.0%	\$ 27.27
89	ENVELOPE, #10 White (1) SIDED BLACK INK, RETURN ADDRESS 5/16" FROM SIDE OF ENVELOPE AND 3/8" FROM TOP OF ENVELOPE CORNER 2,500/ Case (PRINTING SHALL BE PLACED AS INDICATED ON WINDOW ENVELOPE SAMPLE)	CS	\$ 50.00	1%	50.5	8.0%	\$ 54.54
90	ENVELOPE.#10 BUSINESS, WINDOW (1) SIDED BLACK INK, RETURN ADDRESS 5/16" FROM SIDE OF ENVELOPE AND 3/8" FROM TOP OF ENVELOPE CORNER 2,500/ Case	CS	\$ 62.50	1%	63.13	8.0%	\$ 68.18
91	ENVELOPE, BID PROPOSAL "CONTRACT CONSTRUCTION" 10 X 13 (1) SIDED (1) PART, BLACK INK, SU832 MANILA ENVELOPE, QTY 25 PER PKG (NO SAMPLE IN 0500 SCOPE FILE)	PK	\$ 5.25	1%	5.3	8.0%	\$ 5.72
92	ENVELOPE, PETTY CASH TICKET 7-1/2 X 10-1/2 (1)SIDED PART, RED INK, SUB 32 MANILA ENVELOPE. QTY. 20 PER PKG (NO SAMPLE FORM IN 0500 SCOPE FILE)	PK	\$ 11.25	1%	11.36	8.0%	\$ 12.27

Updated Item No.	ITEM DESCRIPTION	UNIT	Original Unit Price	Price Increase % 9/1/17		7/8/18 Price Increase	
93	WPDR- CORRECTION NOTICE, SNAP-OUT FORM, 3-PART, NCR, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# NCR PAPER. COLOR PINK WITH THE MARGINAL WORD "ORIGINAL" PRINTED IN RED INK ON THE BOTOM CENTER WHITE WITH THE MARGINAL WORD "FIELD COPY" PRINTED IN RED INK ON THE BOTTOM CENTER OF SHEET LAST SHEET SHALL BE 104" TAG NCR, COLOR WHITE. PACKAGED BULK 50 PER SHRINK WRAP (NO SAMPLE FORM IN 0500 SCOPE FILE)	PK	\$ 6.30	6%	6.68	8.0%	\$ 7.21
94	WPDR- INVESTIGATION/RE-INSPECTION FEE, SNAP-APART FORM 2-PART, NCR, 8-1/2" X 4-1/2" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# NCR PAPER. COLOR YELLOW, MIDDLE SHEET SHALL BE 14# NCR PAPER, COLOR PINK, LAST SHEET SHALL BE 105# NCR TAG PAPER, COLOR WHITE, WITH BLUE AND RED INK CITY OF AUSTIN EMBLEM PRINTED AT THE TOP CENTER,	PK	\$ 5.50	6%	5.83	8.0%	\$ 6.30
95	WPDR- TEMPORARY OCCUPANCY SNAP APART FORM, 2-PART, CARBONLESS PAPER, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# PAPER, COLOR YELLOW, LAST SHEET SHALL BE 105# TAG PAPER, COLOR WHITE, WITH BLACK SCREENED CITY OF AUSTIN SEAL PRINTED AT THE TOP CENTER (ALL SHEETS). PACKAGED 50 PER SHRINK WRAP (NO SAMPLE FORM IN 0500 SCOPE FILE)	PK	\$ 5.50	6%	5.83	8.0%	\$ 6.30
96	WPDR- MEDICAL GAS INITIAL INSPECTION SNAP-APART FORM, 3-PART, CARBONLESS PAPER, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# PAPER, COLOR WHITE, MIDDLE SHEET SHALL BE 15#, COLOR CANARY LAST SHEET SHALL BE 15#, COLOR PINK WITH BLACK SCREENED CITY OF AUSTIN SEAL PRINTED AT THE TOP CENTER (ALL SHEETS). PACKAGED 50 PER SHRINK WRAP	PK	\$ 20.00	6%	21.20	8.0%	\$ 22.90
97	WPDR- PERMIT BOOKLET 8-1/2 X 3-1/2, 3- PART, CARBONLESS PAPER, 5 SETS PER PAD, 20# WHITE, CANARY AND PINK, BLACK INK, BLACK SCREENED CITY OF AUSTIN SEAL ON CENTER OF ALL SHEETS, CONTINUOUS CRASHED NUMBER IN RED INK, CHIP BOARD BACKING, GLUED AT TOP (NO SAMPLE FORM IN 0500 SCOPE FILE)	BK	\$ 5.00	6%	5.30	8.0%	\$ 5.72



Amendment No. 3  
to  
Contract No. GA150000081  
for  
Printing Various Forms  
between  
American Minority Business Forms, Inc. dba American Diversity  
and the  
City of Austin, Texas

1.0 The City hereby amends the above referenced contract to accept an Economic Price Adjustment increase of one percent (1%) on all forms. A six percent (6%) increase is also approved on all forms printed on NCR (carbonless) paper, per a related manufacturer cost increase. This price increase is effective September 1, 2017.

2.0 The total Contract amount is recapped below:

Term	Contract Amount for the Item	Total Contract Amount
Basic Term: 7/08/2015 – 07/07/2018	\$304,174.00	\$304,174.00
Amendment No. 1: Revision of bid sheet items	\$0.00	\$304,174.00
Amendment No. 2: Vendor Name Change	\$0.00	\$304,174.00
Amendment No. 3: Price Increase (see attached updated price sheet)	\$0.00	\$304,174.00

3.0 MBE/WBE goals were not established for this contract.

4.0 By signing this Amendment the Contractor certifies that the Contractor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration (GSA) List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.

5.0 ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME.

BY THE SIGNATURE(S) affixed below, this Amendment is hereby incorporated and made a part of the above referenced contract.

Eric Bataille 8-29-17

Signature

Date

Printed Name: ERIK BATAILLE

American Minority Business Forms, Inc.

2504 Improver RC.

Spicewood, TX 78669

Claudia Rodriguez 8/29/17

Claudia Rodriguez, Procurement Specialist IV  
City of Austin Purchasing Office

Revised 8/4/2014



American Diversity MA# GA15000081  
Updated Price Sheet  
New Unit Prices Effective 9/1/17

ITEM NO.	Updated Item No.	ITEM DESCRIPTION	UNIT	UNIT PRICE	Allowable Price Increase %	Updated Unit Price Effective 9/1/17
1	1	CRIME SCENE LABEL; 500/BOX	BX	\$ 75.00	1%	\$ 75.75
2	2	ASSAULT VICTIM STATEMENT; 2,500/CASE	CS	\$ 147.20	1%	\$ 148.67
3	3	STICK "CHAIN OF CUSTODY" LABEL; 2,500/BOX	BX	\$ 195.00	1%	\$ 196.95
4	4	FINGERPRINT CARD; 1,000/CASE	CS	\$ 41.30	1%	\$ 41.71
5	5	OVERTIME/COMPENSATORY FORM; 500/BOX	BX	\$ 26.60	6%	\$ 28.20
6	6	OUTSIDE OVERTIME ASSIGNMENT FORM; 500/BOX	BX	\$ 105.00	6%	\$ 111.30
7	7	CRIMINAL TRESPASS BOOK; 100 BOOKS/CAS	CS	\$ 20.60	6%	\$ 21.84
8	8	PALM PRINT; 500/BOX	BX	\$ 236.00	1%	\$ 238.36
10	9	JUVENILE ARREST CARD; 250/BOX	BX	\$ 148.00	1%	\$ 149.48
11	10	IMPOUND WRECKER SELECTION REPORT; 1,000/BOX	BX	\$ 101.00	6%	\$ 107.06
12	11	LEAVE REQUEST; 250/BOX	BX	\$ 60.00	6%	\$ 63.60
13	12	UNDERCOVER EXPENSE REPORT; 250/BOX	BX	\$ 40.00	6%	\$ 42.40
14	13	POLICE NOTICE ABANDONED CAR (ORANGE) STICKER; 250/BOX	BX	\$ 37.50	1%	\$ 37.88
15	14	ABANDONED NON-MOTORIZED VEHICLE (RED) STICKER ; 250/BOX	BX	\$ 37.50	1%	\$ 37.88
16	15	PAWN SHOP RECORD BOOK; 75 BOOKS/CASE	BK	\$ 2.45	6%	\$ 2.60
17	16	VEHICLE AND EQUIPMENT REPAIR FORM; 500/BOX	BX	\$ 46.00	6%	\$ 48.76
18	17	CONTACT CARD; 250/BOX	BX	\$ 20.00	1%	\$ 20.20
19	18	CONTACT CARD SPANISH; 250/BOX	BX	\$ 20.00	1%	\$ 20.20
20	19	CONTACT CARD WITH HOURS; 250/BOX	BX	\$ 20.00	1%	\$ 20.20
21	20	STREET CHECK CITATION BOOK; 300 BOOKS/CASE	BK	\$ 1.50	6%	\$ 1.59
23	21	COUPON BOOK; 50/BOX	BK	\$ 3.00	1%	\$ 3.03
24	22	COUPON BOOK; 50/BOX	BK	\$ 3.00	1%	\$ 3.03
25	23	POLICE NOTICE JUNKED VEHICLE (GREEN) STICKER; 1,000/BOX	BX	\$ 150.00	1%	\$ 151.50
26	24	MIRANDA CARD; 1,000/BOX	BX	\$ 52.00	1%	\$ 52.52
27	25	REGISTER FORM 1,000/BOX	BX	\$ 165.00	6%	\$ 174.90
28	26	EMERGENCY NOTIFICATION FORM 500/BOX	BX	\$ 145.00	6%	\$ 153.70
29	27	PAWN SHOP PROPERTY HOLD CARD 50/BOX	BX	\$ 161.00	6%	\$ 170.66
30	28	OUT OF SERVICE STICKER 1,000/BOX	BX	\$ 200.00	1%	\$ 202.00
31	29	STICKER "POLICE PAL" PERFORATED 300 CT. ROLL; 1,000/ROLLS PER CASE	CS	\$ 50.00	1%	\$ 50.50
32	30	STICKER "POLICE PAL EXPLORER" PERFORATED 300 CT. ROLL; 1,000/ROLLS PER CASE (NO SAMPLE FORM IN 0500 SCOPE FILE)	CS	\$ 100.00	1%	\$ 101.00
33	31	FALSE ALARM STICKER, 1,000/BOX	BX	\$ 165.00	1%	\$ 166.65
34	32	CITE AND RELEASE CITATION BOOKS PD-0139, 100/BOOKS IN A CASE	BK	\$ 2.14	6%	\$ 2.27
35	33	LICENSE AND WEIGHT CITATION ORDER 1,000 A CASE	CS	\$ 300.00	6%	\$ 318.00
36	34	LICENSE AND WEIGHT CITATION CONTINUATION SHEET, 1,000/CASE	CS	\$ 300.00	6%	\$ 318.00
37	35	DIC 24 STATUTORY WARNING, 1,000/CASE	CS	\$ 136.00	6%	\$ 144.16
38	36	DIC 24S STATUTORY WARNING SPANISH, 1,000/ CASE	CS	\$ 136.00	6%	\$ 144.16

American Diversity MA# GA150000081  
Updated Price Sheet  
New Unit Prices Effective 9/1/17

ITEM NO.	Updated Item No.	ITEM DESCRIPTION	UNIT	UNIT PRICE	Allowable Price Increase %	Updated Unit Price Effective 9/1/17
39	37	DIC 25 NOTICE OF SUSPENSION, ORDER 1,000 CASE	CS	\$ 136.00	6%	\$ 144.16
40	38	DIC 25S NOTICE OF SUSPENSION SPANISH, 1,000/CASE	CS	\$ 136.00	6%	\$ 144.16
41	39	CRASH REPORT FORM	CS	\$ 125.60	6%	\$ 133.14
42	40	FORM. FIN-9074 PETTY CASH REIMBURSEMENT/ ADVANCE BK 13-1/2" X 9" WIDE WITH 3/4" TAB (1) SIDED (3) PART, (1) VERTICAL PERFORATION & (2 ) HORIZONTAL PERFORATION, BLACK INK, NCR 16 # BOND WHITE, CANARY, & PINK CHIPBOARD BACK WTH WRAP AROUND TAG COVER. NUMBERED FORM (IN RED INK). 50 SETS OF (3) PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	BK	\$ 13.00	6%	\$ 13.78
43	41	395-60-109-016 FORM. RECEIPT FOR PAYMENT FUNDS BK 9-3/4" OVERALL WITH 3/4" TAB X 14" (1) SIDED (4) PART, (1) VERTICAL PERFORATION & (3 ) HORIZONTAL PERFORATION, BLACK INK, NCR 16 # BOND WHITE, CANARY, PINK & GOLDENROD, CHIPBOARD BACK WITH WRAP AROUND TAG COVER. NUMBERED FORM (IN RED INK). 50 SETS OF (4) PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	BK	\$ 10.00	6%	\$ 10.60
44	42	395-70-107-001 FORM FIN-7027 PAYMENT RECEIPT 9 X 5-1/2 (1) SIDED (4) PART, 1 VERTICAL AND THREE HORIZONTAL PERFORATIONS BLACK INK, NCR 16# WHITE, CANARY, PINK & GOLDENROD. NUMBERED FORM (IN RED INK). CHIPBOARD BACK, WITH WRAP AROUND TAG COVER. 50 SETS OF THREE PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	BK	\$ 4.27	6%	\$ 4.53
45	43	395-60-121-040 FORM, PETTY CASH REQUEST 6-1/4 X 4-1/4 (1) SIDED (2) PART. BLACK INK. NCR 16# BOND WHITE & CANARY. WITH CHIPBOARD BACK, QTY 50 SETS PER PKG	PK	\$ 5.25	6%	\$ 5.57
46	44	VEHICLE INSPECTION FROM WITH 3/4" SNAP AT TOP; BLACK INK, COLOR WHITE, CANARY& PINK, DOUBLE SIDED, 50/PACK 20 PACKS PER CARTON	CTN	\$ 121.00	6%	\$ 128.26
47	45	395-60-111-004 FORM LEAVE REPORT 8-1/2 X 5-1/2 (1) SIDED (1) PART, BLACK INK 20# PINK BOND WITH CHIPBOARD BACK, 100 PER PAD (NO SAMPLE FORM IN 0500 SCOPE FILE)	PD	\$ 3.00	6%	\$ 3.18
48	46	PRIVATE VEHICLE MILEAGE REPORT FORM, 8-1/2 X 11 (1) SIDED (2) PART, BLACK INK 20# WHITE, PINK NCR PAPER (NO SAMPLE FORM IN 0500 SCOPE FILE)	PK	\$ 6.00	6%	\$ 6.36
49	47	395-80-1001-001 FORM, PWTD4030 MANUAL FUELING LOG 8-112 X 11 (1) SIDED (2) PART, BLACK INK. NCR 16# BOND WHITE & CANARY NUMBERED FORM (IN RED INK). WITH CHIPBOARD BACK. QTY 10 PER PAD	PD	\$ 5.00	6%	\$ 5.30
50	48	CAR COLLISION REPORT FORM AND ENVELOPE; ENVELOPE 6 X 9 AND FORMS (1) SIDED (1) PART BLACK INK ON WHITE 20 LB PAPER. ONE FORM HAS PERFORATION AT CENTER OF FORM; 10 KITS PER PACK	PK	\$ 15.20	1%	\$ 15.35

American Diversity MA# GA150000081  
Updated Price Sheet  
New Unit Prices Effective 9/1/17

ITEM NO.	Updated Item No.	ITEM DESCRIPTION	UNIT	UNIT PRICE	Allowable Price Increase %	Updated Unit Price Effective 9/1/17
51	49	VEHICLE EQUIPMENT STATUS NOTICE; 5 X 8-1/2" NCR PAPER, WHITE, YELLOW, PINK; BLACK, INK	PK	\$ 33.00	6%	\$ 34.98
52	50	COST RECOVERY NOTIFICATION 8-1/2 X 11 (1) SIDED (4) PART, BLACK INK, NCR 20# BOND WHITE CANARY, PINK & GOLDENROD. QTY 50 PER PKG	PK	\$ 8.00	6%	\$ 8.48
53	51	BILLING FORM, AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES, 8 1/2 X 11 WHITE, 24 LB LASER COMPATIBLE BOND, REFLEX BLUE INK , (1) PART, (1) SIDED, 2,000 SHEETS PER CARTON	CTN	\$ 24.00	1%	\$ 24.24
54	52	IMPORTANT NOTICE - AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES FORM 8-1/2" X 11 (1) SIDED (1) PART, REFLUX BLUE INK 24# LASER COMPATIBLE BOND WHITE, PMS 185 RED, REFLUX BLUE 2,000 SHEETS PER CARTON	CTN	\$ 24.00	1%	\$ 24.24
55	53	FINAL NOTICE - AUSTIN -TRAVIS COUNTY EMERGENCY MEDICAL SERVICES, 8-1/2 X 11 (1) PART WHITE, 24# LASER COMPATIBLE BOND PMS 185 RED AND REFLEX BLUE, 2,000 SHEETS PER CARTON	CTN	\$ 24.00	1%	\$ 24.24
56	54	HCFA 1500 AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES REQUEST FOR QUOTE INSURANCE CLAIMS FORM, 8-1/2 X 11 (1) PART CUT SHEET, 24# WHITE STOCK PRINTED IN TWO (2) ON 1 SIDE, REFLEX BLUE AND 185 RED. 2,000 SHEETS PER CARTON	CTN	\$ 24.00	1%	\$ 24.24
57	55	EHSD - CUSTODIAL CARE INSPECTION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
58	56	EHSD - FARMERS MARKET FOOD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
59	57	EHSD - FOOD ENTERPRISE RE-INSPECTION NOTICE FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
60	58	EHSD-FOOD BORNE ILLNESS INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
61	59	EHSD- CORRECTIVE ACTION PLAN FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
62	60	EHSD- CERTIFICATE OF OCCUPANCY- CHANGE OF OWNERSHIP FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
63	61	EHSD- DETENTION ORDER FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
64	62	EHSD- BLANK GENERAL INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
65	63	EHSD- FOOD ESTABLISHMENT INSPECTION REPORT FORM; 8-1/2 x 11" WHITE WITH BLACK INK DOUBLE SIDED; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
66	64	REPORT PAGE 2 FORM; 8-1/2 x 11" WHITE WITH BLACK INK DOUBLE SIDED; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
67	65	EHSD- ORDER SUSPENDING FOOD ESTABLISHMENT PERMIT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
68	66	EHSD- NOTICE OF COMPLIANCE SCHEDULE FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66



American Diversity MA# GA150000081  
Updated Price Sheet  
New Unit Prices Effective 9/1/17

ITEM NO.	Updated Item No.	ITEM DESCRIPTION	UNIT	UNIT PRICE	Allowable Price Increase %	Updated Unit Price Effective 9/1/17
69	67	EHSD- FOOD PRODUCT ESTABLISHMENT INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
70	68	EHSD- MOBILE FOOD VENDOR INSPECTION REPORT FORMS; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
71	69	EHSD- MOBILE FOOD VENDOR PERMIT INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
72	70	EHSD- TEMPORARY FOOD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
73	71	EHSD-TRAVIS COUNTY HEALTH AND HUMAN SERVICE DPARTMENT NOTICE OF VIOLATION FORM; 8-1/2 X 11 WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
74	72	EHSD- DOG/ANIMAL ENCLOSURE NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
75	73	EHSD- FOWL ENCLOSURE NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
76	74	EHSD-POOL CO CHOW INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
77	75	EHSD- POOL INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
78	76	EHSD-PWIFF PUBLIC INTERACTIVE WATER FOUNTAINS INSPECTION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
79	77	EHSD- SIPPO/MATTO INSPECTION REPORT/NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
80	78	EHSD- FIELD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	PK	\$ 4.40	6%	\$ 4.66
81	79	EHSD- FOOD MANAGER CERTIFICATE; 8-1/2 X 11" WHITE WITH RED INK; 25 PER PACK	PK	\$ 0.68	6%	\$ 0.72
82	80	ATCHD- TUBERCULOSIS ELIMINATION DIVISION REPORT OF CASE AND PATIENT SERVICES FORM; 8-1/2 X 11 YELLOW WITH BLACK IN; 50 PER PAD, 2 HOLE PUNCH AT TOP OF PAGE	PD	\$ 2.70	6%	\$ 2.86
83	81	DIVISION REPORT OF CASE AND PATIENT SERVICES FORM; 8-1/2 X 11 PINK WITH BLACK IN; 50 PER PAD, 2 HOLE PUNCH AT TOP OF PAGE	PD	\$ 2.70	6%	\$ 2.86
84	82	ATCHD- COMMUNICABLE DISEASE UNIT TB/STD AUTHORIZATION TO RELEASE MEDICAL INFORMATION FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK IN; 50 PER PACK,	PK	\$ 7.50	6%	\$ 7.95
85	83	ATCHD- COMMUNICABLE DISEASE UNIT TB/STD AUTORIZACION PARA LIBERAR INFORMACION MEDICA FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK IN; 50 PER PACK,	PK	\$ 7.50	6%	\$ 7.95
86	84	ATCHD- COMMUNICABLE DISEASE UNIT LABORATORY LAB ORDER AND REPORT FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK AND RED INK; 50 PER PACK	PK	\$ 5.75	6%	\$ 6.10

American Diversity MA# GA150000081  
Updated Price Sheet  
New Unit Prices Effective 9/1/17

ITEM NO.	Updated Item No.	ITEM DESCRIPTION	UNIT	UNIT PRICE	Allowable Price Increase %	Updated Unit Price Effective 9/1/17
87	85	ATCHD-COMMUNICABLE DISEASE UNIT TUBERCULOSIS CLEARANCE FORM; 8-1/2 X 11", 3-PART, WHITE/YELLOW/PINK WITH BLACK INK, 50 PER PACK	PK	\$ 8.50	6%	\$ 9.01
88	86	STATIONERY LETTERHEAD CITY OF AUSTIN 8-1/2 X 11 (1) SIDED (1) PART, BLUE & RED INK, @1 GRDE 20# BOND WHITE, QTY 500 PER RM. SHRINK WRAPPED WITH CHIPBOARD BACK AND FRONT	RM	\$ 12.10	1%	\$ 12.22
89	87	HALF GREEN TAG 3-1/2" X 3-1/4", LIGHT GREEN (BRIGHT OR PHOSPOHORESCENT) ADHESIVE LABEL ( MATAc STARLINER PERMANENT ADHESIVE OR EQUAL) WITH BLACK INK. PACKAGED 50 PER SHRINK WRAP	PK	\$ 2.00	1%	\$ 2.02
90	88	ENVELOPE, #10 White (1) SIDED BLACK INK, INTEROFFICE ENVELOPE; 500/ Box	BX	\$ 25.00	1%	\$ 25.25
91	89	ENVELOPE, #10 White (1) SIDED BLACK INK, RETURN ADDRESS 5/16" FROM SIDE OF ENVELOPE AND 3/8" FROM TOP OF ENVELOPE CORNER 2,500/ Case (PRINTING SHALL BE PLACED AS INDICATED ON WINDOW ENVELOPE SAMPLE)	CS	\$ 50.00	1%	\$ 50.50
92	90	ENVELOPE,#10 BUSINESS, WINDOW (1) SIDED BLACK INK, RETURN ADDRESS 5/16" FROM SIDE OF ENVELOPE AND 3/8" FROM TOP OF ENVELOPE CORNER 2,500/ Case	CS	\$ 62.50	1%	\$ 63.13
93	91	ENVELOPE, BID PROPOSAL "CONTRACT CONSTRUCTION" 10 X 13 (1) SIDED (1) PART, BLACK INK, SU832 MANILA ENVELOPE, QTY 25 PER PKG (NO SAMPLE IN 0500 SCOPE FILE)	PK	\$ 5.25	1%	\$ 5.30
94	92	ENVELOPE, PETTY CASH TICKET 7-1/2 X 10-1/2 (1)SIDED PART, RED INK, SUB 32 MANILA ENVELOPE. QTY. 20 PER PKG (NO SAMPLE FORM IN 0500 SCOPE FILE)	PK	\$ 11.25	1%	\$ 11.36
95	93	WPDR- CORRECTION NOTICE, SNAP-OUT FORM, 3-PART, NCR, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# NCR PAPER. COLOR PINK WITH THE MARGINAL WORD "ORIGINAL" PRINTED IN RED INK ON THE BOTOM CENTER WHITE WITH THE MARGINAL WORD "FIELD COPY" PRINTED IN RED INK ON THE BOTTOM CENTER OF SHEET LAST SHEET SHALL BE 104" TAG NCR, COLOR WHITE. PACKAGED BULK 50 PER SHRINK WRAP (NO SAMPLE FORM IN 0500 SCOPE FILE)	PK	\$ 6.30	6%	\$ 6.68
96	94	WPDR- INVESTIGATION/RE-INSPECTION FEE, SNAP-APART FORM 2-PART, NCR, 8-1/2" X 4-1/2" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# NCR PAPER. COLOR YELLOW, MIDDLE SHEET SHALL BE 14# NCR PAPER, COLOR PINK, LAST SHEET SHALL BE 105# NCR TAG PAPER, COLOR WHITE, WITH BLUE AND RED INK CITY OF AUSTIN EMBLEM PRINTED AT THE TOP CENTER,	PK	\$ 5.50	6%	\$ 5.83

American Diversity MA# GA150000081  
Updated Price Sheet  
New Unit Prices Effective 9/1/17

ITEM NO.	Updated Item No.	ITEM DESCRIPTION	UNIT	UNIT PRICE	Allowable Price Increase %	Updated Unit Price Effective 9/1/17
97	95	WPDR- TEMPORARY OCCUPANCY SNAP APART FORM, 2-PART, CARBONLESS PAPER, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# PAPER, COLOR YELLOW, LAST SHEET SHALL BE 105# TAG PAPER, COLOR WHITE, WITH BLACK SCREENED CITY OF AUSTIN SEAL PRINTED AT THE TOP CENTER (ALL SHEETS). PACKAGED 50 PER SHRINK WRAP (NO SAMPLE FORM IN 0500 SCOPE FILE)	PK	\$ 5.50	6%	\$ 5.83
98	96	WPDR- MEDICAL GAS INITIAL INSPECTION SNAP-APART FORM, 3-PART, CARBONLESS PAPER, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# PAPER, COLOR WHITE, MIDDLE SHEET SHALL BE 15#, COLOR CANARY LAST SHEET SHALL BE 15#, COLOR PINK WITH BLACK SCREENED CITY OF AUSTIN SEAL PRINTED AT THE TOP CENTER (ALL SHEETS). PACKAGED 50 PER SHRINK WRAP	PK	\$ 20.00	6%	\$ 21.20
99	97	WPDR- PERMIT BOOKLET 8-1/2 X 3-1/2, 3- PART, CARBONLESS PAPER, 5 SETS PER PAD, 20# WHITE, CANARY AND PINK, BLACK INK, BLACK SCREENED CITY OF AUSTIN SEAL ON CENTER OF ALL SHEETS, CONTINUOUS CRASHED NUMBER IN RED INK, CHIP BOARD BACKING, GLUED AT TOP (NO SAMPLE FORM IN 0500 SCOPE FILE)	BK	\$ 5.00	6%	\$ 5.30





Amendment No. 2  
to  
Contract No. GA150000081  
for  
Printing Various Forms  
Between  
American Minority Business Forms, Inc.  
dba American Diversity Business Solutions  
and the  
City of Austin

1.0 The Contract is hereby amended as follows: Change the vendor information as requested and documented by the vendor.

	From	To
<b>Vendor Name</b>	American Minority Business Forms, Inc. dba American Diversity Business Solutions	American Minority Business Forms, Inc. dba American Diversity
<b>Vendor Code</b>	AME7095155	AME7095155
<b>FEIN</b>	[REDACTED]	[REDACTED]

2.0 All other terms and conditions of the Contract remain unchanged and in full force and effect.

**BY THE SIGNATURE** affixed below, this Amendment No. 2 is hereby incorporated into and made a part of the Contract.

A handwritten signature in cursive script that reads "Linell Goodin-Brown".

Linell Goodin-Brown  
Contract Compliance Supervisor  
City of Austin, Purchasing Office

5-9-17

Date



Amendment No. 1  
to  
Contract No. GA150000081  
for  
Printing Various Forms  
between  
American Minority Business Forms dba  
American Diversity Business Solutions  
and the  
City of Austin

1.0 The above referenced Contract is amended as follows:

1.1 The bid line items referenced below are hereby reduced from 1000 units per case to 500 units per case for ease of shipment. Pricing reflected on the original bid sheet is reduced by 50% to reflect reduction in case quantities.

Item Number	Form #	Description	UOM	Unit Price
2	PD-0010	Assault Victim Statement-500/Case	CS	\$73.60
41	CR-3	Crash Report Form-500/Case	CS	\$62.80

2.0 The total Contract amount is recapped below:

Term	Contract Amount for the Item	Total Contract Amount
Basic Term: 07/08/2015-07/07/2018	\$304,174.00	\$304,174.00
Amendment No. 1 – Revision of Bid Sheet Items	\$0	\$304,174.00

3.0 By signing this Amendment, the Contractor certifies that the Contractor and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration (GSA) List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas or the City of Austin.

4.0 All other terms and conditions remain unchanged and in full force and effect

BY THE SIGNATURES affixed below, Amendment No.1 is hereby incorporated into and made a part of the above-referenced contract.

Signature: *Teresa Reedy*  
Teresa Reedy  
Corp Purchasing Manager  
City of Austin  
Purchasing Office

Date

8/20/15

Signature: *Erik Bataille*  
Printed Name: ERIK BATAILLE  
Authorized Representative  
American Minority Business Forms dba  
American Diversity Business Solutions  
2504 Improver Rd.  
Spicewood, Texas 78669

Date

8-17-15





# City of Austin

## Purchasing Office, Financial Services Department

P.O. Box 1088, Austin, TX 78767

July 7, 2015

American Minority Business Forms DbA  
American Diversity Business Solutions  
Eric Bataille  
Account Executive  
2504 Improver Road  
Spicewood, TX. 78669

ebataille@austin.rr.com

Dear Mr. Bataille:

The Austin City Council approved the execution of a contract with your company for Printing Various Forms in accordance with the referenced solicitation.

Responsible Department:	APD
Department Contact Person:	Enjole Armstrong
Department Contact Email Address:	Enjole.armstrong@austintexas.gov
Department Contact Telephone:	512-974-5082
Responsible Department:	EMS
Department Contact Person:	William Aldrete
Department Contact Email Address:	William.alderete@austintexas.gov
Department Contact Telephone:	512-978-0485
Responsible Department:	Municipal Court
Department Contact Person:	David Coleman
Department Contact Email Address:	David.coleman@austintexas.gov
Department Contact Telephone:	512-974-4617
Responsible Department:	Public Works
Department Contact Person:	Peggy Ybanez
Department Contact Email Address:	Peggy.ybanez@austintexas.gov
Department Contact Telephone:	512-974-7238
Project Name:	Printing Various Forms
Contractor Name:	American Minority Business Forms Inc DbA American Diversity Business Solutions
Contract Number:	GA150000081
Contract Period:	July 8, 2015 through July 7, 2018
Dollar Amount	\$304,174.00
Extension Options:	Two 12-month Extension Options
Extension Option Dollar Amount	\$101,391.00
Requisition Number:	RQM 8700 1411030007
Solicitation Type & Number:	IFB ISR004
Agenda Item Number:	37
Council Approval Date:	June 18, 2015



# City of Austin

**Purchasing Office, Financial Services Department**

P.O. Box 1088, Austin, TX 78767

Thank you for your interest in doing business with the City of Austin. If you have any questions regarding this contract, please contact the person referenced under Department Contact Person.

Sincerely,

Irene Sanchez-Rocha

Senior Buyer

City of Austin

Purchasing Office

cc: Enjole Armstrong, APD  
William Aldrete, EMS  
David Coleman, Municipal Court  
Peggy Ybanez, Public Works

**CONTRACT BETWEEN THE CITY OF AUSTIN ("City")  
AND  
American Minority Business Forms Inc. DBA  
American Diversity Business Solutions ("Contractor")  
for  
PRINTING VARIOUS FORMS  
GA150000081**

The City accepts the Contractor's Offer (as referenced in Section 1.1.3 below) for the above requirement and enters into the following Contract.

This Contract is between **American Minority Business Forms Inc. DBA American Diversity Business Solutions** having offices at 2504 Improver Rd. Spicewood, TX. 78669 and the City, a home-rule municipality incorporated by the State of Texas, and is effective as of the date executed by the City ("Effective Date").

Capitalized terms used but not defined herein have the meanings given them in Solicitation Number ISR0004 Invitation For Bid.

**1.1 This Contract is composed of the following documents:**

- 1.1.1 This Contract
- 1.1.2 The City's Solicitation, Invitation for Bid (IFB), ISR0004 including all documents incorporated by reference
- 1.1.3 American Minority Business Forms Inc. DBA American Diversity Business Solutions Offer, dated 01/19/15, including subsequent clarifications

**1.2 Order of Precedence.** Any inconsistency or conflict in the Contract documents shall be resolved by giving precedence in the following order:

- 1.2.1 This Contract
- 1.2.2 The City's Solicitation as referenced in Section 1.1.2, including all documents incorporated by reference
- 1.2.3 The Contractor's Offer as referenced in Section 1.1.3, including subsequent clarifications.

**1.3 Term of Contract.** The Contract will be in effect for an initial term of thirty-six (36) months and may be extended thereafter for up to two (2) twelve (12) month extension option(s), subject to the approval of the Contractor and the City Purchasing Officer or his designee. See the Term of Contract provision in Section 0400 for additional Contract requirements.

**1.4 Compensation.** The Contractor shall be paid a total Not-to-Exceed amount of \$304,174.00 for the initial Contract term and \$101,391.00 for each extension option as indicated in the Bid Sheet, IFB Section 0600. Payment shall be made upon successful completion of services or delivery of goods as outlined in each individual Delivery Order.

1.5 **Quantity of Work.** There is no guaranteed quantity of work for the period of the Contract and there are no minimum order quantities. Work will be on an as needed basis as specified by the City for each Delivery Order

1.6 **Clarifications and Additional Agreements.** The following are incorporated into the Contract.

1.6.1 N/A

This Contract (including any Exhibits) constitutes the entire agreement of the parties regarding the subject matter of this Contract and supersedes all prior and contemporaneous agreements and understandings, whether written or oral, relating to such subject matter. This Contract may be altered, amended, or modified only by a written instrument signed by the duly authorized representatives of both parties.

In witness whereof, the City has caused a duly authorized representative to execute this Contract on the date set forth below.

**CITY OF AUSTIN**

Irene Sanchez-Rocha

Printed Name of Authorized Person



Signature

Senior Buyer

Title

7/8/2015

Date:

Steve T. Aden

Printed Name of Authorized Person



Signature

Corporate Purchasing Manager

Title

7/8/2015

Date:



# CITY OF AUSTIN, TEXAS

## Purchasing Office INVITATION FOR BID (IFB) OFFER SHEET

**SOLICITATION NO:** ISR0004

**DATE ISSUED:** DECEMBER 15, 2014

**REQUISITION NO.:** RQM 870014110300037

**COMMODITY CODE:** 9663121, 9663122,  
9663144, 9663190, 96636, AND 9663694

**FOR CONTRACTUAL AND TECHNICAL  
ISSUES CONTACT THE FOLLOWING  
AUTHORIZED CONTACT PERSON:**

IRENE SANCHEZ-ROCHA

SENIOR BUYER

**Phone:** (512) 972-0048

**E-Mail:** irene.sanchez-rocha@austintexas.gov

**COMMODITY/SERVICE DESCRIPTION:** PRINTING VARIOUS  
FORMS

**PRE-BID CONFERENCE TIME AND DATE:** N/A

**LOCATION:** N/A

**BID DUE PRIOR TO:** JANUARY 13, 2015, 2:00 P.M.

**BID OPENING TIME AND DATE:** 2:15 P.M. JANUARY 13, 2015

**LOCATION:** MUNICIPAL BUILDING, 124 W 8<sup>th</sup> STREET  
RM 308, AUSTIN, TEXAS 78701

### LIVE BID OPENING ONLINE:

For information on how to attend the Bid Opening online, please select  
this link:

<http://www.austintexas.gov/department/bid-opening-webinars>

When submitting a sealed Offer and/or Compliance Plan, use the proper address for the type of service desired,  
as shown below:

P.O. Address for US Mail	Street Address for Hand Delivery or Courier Service
City of Austin	City of Austin, Municipal Building
Purchasing Office-Response Enclosed	Purchasing Office-Response Enclosed
P.O. Box 1088	124 W 8 <sup>th</sup> Street, Rm 310
Austin, Texas 78767-8845	Austin, Texas 78701
	Reception Phone: (512) 974-2500

To ensure prompt delivery, all packages SHALL BE CLEARLY MARKED ON THE OUTSIDE "Purchasing Office-Response Enclosed" along with the offeror's name & address, solicitation number and due date and time. See Section 0200 Solicitation Instructions for more details.

All Offers (including Compliance Plans) that are not submitted in a sealed envelope or container will not be considered.

The Vendor agrees, if this Offer is accepted within 120 calendar days after the Due Date, to fully comply in strict accordance with the Solicitation, specifications and provisions attached thereto for the amounts shown on the accompanying Offer.

**SUBMIT 1 ORIGINAL, 1 COPY, AND 1 ELECTRONIC COPY OF YOUR RESPONSE**

Solicitation No. IFB ISR0004



If I am awarded the contract I agree to continue complying with the City's MBE/WBE Procurement Program Ordinance and Rules including contacting SMBR if any subcontracting is later identified.

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: AMERICAN DIVERSITY BUSINESS SOLUTIONS  
Company Address: 2504 IMPROVER ROAD / (LOCAL SALES OFFICE)  
City, State, Zip: SPICEWOOD, TX 78669  
Federal Tax ID No. [REDACTED]  
Printed Name of Officer or Authorized Representative: ERIK BATAILLE  
Title: ACCOUNT EXECUTIVE  
Signature of Officer or Authorized Representative: Erik Bataille  
Date: 1-19-15  
Email Address: ebataill@Austin.TX.com  
Phone Number: 512-335-8358

\* Completed Bid Sheet, section 0600 must be submitted with this Offer Sheet to be considered for award

American Diversity Business Solutions Addendum to ISR0004, Printing -Various Forms

As the incumbent vendor on this contract for the past 13 years American Diversity strives to please the City of Austin in all ways. We noticed that on this RFP that the requested packaging for many items has changed from the last contract. Where the packages are smaller we have no problem complying with the City's wishes. In some cases however the packages that are larger than before are problematic. The result is a box that is too heavy for most persons to lift, or the product if placed in a carton that big could not be shipped by anyone we know of. Lastly the manufacturers tell us that with cartons that are too big the contents are more likely to get damaged in transit. We also found two instances where the packaging request is confusing so we are recommending the City go with the manufacturers suggestion. The items in question are notated on our bid. Our suggestions are below.

1) Item PD-0010 Assault Victim Statement.

COA requested cartons: 2,500 per carton. This would result in the cartons weighing 116.5 lbs each with the current version of this form. We advise against this.

Suggested compromise quantity per carton: 1,000 forms per carton. Carton weight would them be 46.6 lbs. This is what we bid. Extended price unchanged. Carton price: \$147.20 each.

2) Item PD-0138 Street Check Citation form.

COA requested cartons: 300 books per case. This would result in the cartons weighing 90 lbs. each. We advise against this.

Suggest that the City stay with the current packaging of 100 books per carton. Carton weight will be 30 lbs. No effect on pricing whatsoever.

3) Items numbered PD-0215 and PD-0215B. Police Pal Sticker and Police Pal Explorer stickers.

COA requested pricing per carton in amounts per carton that are confusing. We currently produce these on rolls of 300, but the manufacturer can get up to 50 rolls per carton in a 40 lb. carton. That is 15,000 stickers. Sometimes the orders we get are for less than 15,000 for these items. We therefore advise against pricing per carton.

Suggest that the city stay with pricing per M ( Per thousand ) on this item. That is how we bid these two items, per thousand. The label manufacturers all price their products per thousand. That way the City can order the amount they wish with no confusion.

4) Item CR-3 Crash Report.

COA is requested cartons: 2,500 per carton. This form has the same specifications as item #1 above, The Assault Victim Statement. We therefore recommend packaging in cartons of 1,000. See #1 above for explanation.

**CITY OF AUSTIN  
PURCHASING OFFICE  
STANDARD PURCHASE TERMS AND CONDITIONS**

By submitting an Offer in response to the Solicitation, the Contractor agrees that the Contract shall be governed by the following terms and conditions. Unless otherwise specified in the Contract, Sections 3, 4, 5, 6, 7, 8, 20, 21, and 36 shall apply only to a Solicitation to purchase Goods, and Sections 9, 10, 11 and 22 shall apply only to a Solicitation to purchase Services to be performed principally at the City's premises or on public rights-of-way.

1. **CONTRACTOR'S OBLIGATIONS**. The Contractor shall fully and timely provide all Deliverables described in the Solicitation and in the Contractor's Offer in strict accordance with the terms, covenants, and conditions of the Contract and all applicable Federal, State, and local laws, rules, and regulations.
2. **EFFECTIVE DATE/TERM**. Unless otherwise specified in the Solicitation, this Contract shall be effective as of the date the contract is signed by the City, and shall continue in effect until all obligations are performed in accordance with the Contract.
3. **CONTRACTOR TO PACKAGE DELIVERABLES**: The Contractor will package Deliverables in accordance with good commercial practice and shall include a packing list showing the description of each item, the quantity and unit price. Unless otherwise provided in the Specifications or Supplemental Terms and Conditions, each shipping container shall be clearly and permanently marked as follows: (a) The Contractor's name and address, (b) the City's name, address and purchase order or purchase release number and the price agreement number if applicable, (c) Container number and total number of containers, e.g. box 1 of 4 boxes, and (d) the number of the container bearing the packing list. The Contractor shall bear cost of packaging. Deliverables shall be suitably packed to secure lowest transportation costs and to conform with requirements of common carriers and any applicable specifications. The City's count or weight shall be final and conclusive on shipments not accompanied by packing lists.
4. **SHIPMENT UNDER RESERVATION PROHIBITED**: The Contractor is not authorized to ship the Deliverables under reservation and no tender of a bill of lading will operate as a tender of Deliverables.
5. **TITLE & RISK OF LOSS**: Title to and risk of loss of the Deliverables shall pass to the City only when the City actually receives and accepts the Deliverables.
6. **DELIVERY TERMS AND TRANSPORTATION CHARGES**: Deliverables shall be shipped F.O.B. point of delivery unless otherwise specified in the Supplemental Terms and Conditions. Unless otherwise stated in the Offer, the Contractor's price shall be deemed to include all delivery and transportation charges. The City shall have the right to designate what method of transportation shall be used to ship the Deliverables. The place of delivery shall be that set forth in the block of the purchase order or purchase release entitled "Receiving Agency".
7. **RIGHT OF INSPECTION AND REJECTION**: The City expressly reserves all rights under law, including, but not limited to the Uniform Commercial Code, to inspect the Deliverables at delivery before accepting them, and to reject defective or non-conforming Deliverables. If the City has the right to inspect the Contractor's, or the Contractor's Subcontractor's, facilities, or the Deliverables at the Contractor's, or the Contractor's Subcontractor's, premises, the Contractor shall furnish, or cause to be furnished, without additional charge, all reasonable facilities and assistance to the City to facilitate such inspection.
8. **NO REPLACEMENT OF DEFECTIVE TENDER**: Every tender or delivery of Deliverables must fully comply with all provisions of the Contract as to time of delivery, quality, and quantity. Any non-complying tender shall constitute a breach and the Contractor shall not have the right to substitute a conforming tender; provided, where the time for performance has not yet expired, the Contractor may notify the City of the intention to cure and may then make a conforming tender within the time allotted in the contract.
9. **PLACE AND CONDITION OF WORK**: The City shall provide the Contractor access to the sites where the Contractor is to perform the services as required in order for the Contractor to perform the services in a timely and efficient manner, in accordance with and subject to the applicable security laws, rules, and regulations. The Contractor acknowledges that it has satisfied itself as to the nature of the City's service requirements and specifications, the location and essential characteristics of the work sites, the quality and quantity of materials, equipment, labor and facilities necessary to perform the services, and any other condition or state of fact which could in any way affect performance of the Contractor's obligations under the contract. The Contractor hereby

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STANDARD PURCHASE TERMS AND CONDITIONS**

releases and holds the City harmless from and against any liability or claim for damages of any kind or nature if the actual site or service conditions differ from expected conditions.

**10. WORKFORCE**

- A. The Contractor shall employ only orderly and competent workers, skilled in the performance of the services which they will perform under the Contract.
- B. The Contractor, its employees, subcontractors, and subcontractor's employees may not while engaged in participating or responding to a solicitation or while in the course and scope of delivering goods or services under a City of Austin contract or on the City's property .
  - i. use or possess a firearm, including a concealed handgun that is licensed under state law, except as required by the terms of the contract; or
  - ii. use or possess alcoholic or other intoxicating beverages, illegal drugs or controlled substances, nor may such workers be intoxicated, or under the influence of alcohol or drugs, on the job.
- C. If the City or the City's representative notifies the Contractor that any worker is incompetent, disorderly or disobedient, has knowingly or repeatedly violated safety regulations, has possessed any firearms, or has possessed or was under the influence of alcohol or drugs on the job, the Contractor shall immediately remove such worker from Contract services, and may not employ such worker again on Contract services without the City's prior written consent.

- 11. COMPLIANCE WITH HEALTH, SAFETY, AND ENVIRONMENTAL REGULATIONS:** The Contractor, its Subcontractors, and their respective employees, shall comply fully with all applicable federal, state, and local health, safety, and environmental laws, ordinances, rules and regulations in the performance of the services, including but not limited to those promulgated by the City and by the Occupational Safety and Health Administration (OSHA). In case of conflict, the most stringent safety requirement shall govern. The Contractor shall indemnify and hold the City harmless from and against all claims, demands, suits, actions, judgments, fines, penalties and liability of every kind arising from the breach of the Contractor's obligations under this paragraph.

**12. INVOICES:**

- A. The Contractor shall submit separate invoices in duplicate on each purchase order or purchase release after each delivery. If partial shipments or deliveries are authorized by the City, a separate invoice must be sent for each shipment or delivery made.
- B. **Proper Invoices must include a unique invoice number, the purchase order or delivery order number and the master agreement number if applicable, the Department's Name, and the name of the point of contact for the Department.** Invoices shall be itemized and transportation charges, if any, shall be listed separately. A copy of the bill of lading and the freight waybill, when applicable, shall be attached to the invoice. The Contractor's name and, if applicable, the tax identification number on the invoice must exactly match the information in the Vendor's registration with the City. Unless otherwise instructed in writing, the City may rely on the remittance address specified on the Contractor's invoice.
- C. Invoices for labor shall include a copy of all time-sheets with trade labor rate and Deliverables order number clearly identified. Invoices shall also include a tabulation of work-hours at the appropriate rates and grouped by work order number. Time billed for labor shall be limited to hours actually worked at the work site.
- D. Unless otherwise expressly authorized in the Contract, the Contractor shall pass through all Subcontract and other authorized expenses at actual cost without markup.
- E. Federal excise taxes, State taxes, or City sales taxes must not be included in the invoiced amount. The City will furnish a tax exemption certificate upon request.



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**13. PAYMENT:**

- A. All proper invoices received by the City will be paid within thirty (30) calendar days of the City's receipt of the Deliverables or of the invoice, whichever is later.
- B. **If payment is not timely made, (per paragraph A), interest shall accrue on the unpaid balance at the lesser of the rate specified in Texas Government Code Section 2251.025 or the maximum lawful rate; except, if payment is not timely made for a reason for which the City may withhold payment hereunder, interest shall not accrue until ten (10) calendar days after the grounds for withholding payment have been resolved.**
- C. If partial shipments or deliveries are authorized by the City, the Contractor will be paid for the partial shipment or delivery, as stated above, provided that the invoice matches the shipment or delivery.
- D. The City may withhold or set off the entire payment or part of any payment otherwise due the Contractor to such extent as may be necessary on account of:
  - i. delivery of defective or non-conforming Deliverables by the Contractor;
  - ii. third party claims, which are not covered by the insurance which the Contractor is required to provide, are filed or reasonable evidence indicating probable filing of such claims;
  - iii. failure of the Contractor to pay Subcontractors, or for labor, materials or equipment;
  - iv. damage to the property of the City or the City's agents, employees or contractors, which is not covered by insurance required to be provided by the Contractor;
  - v. reasonable evidence that the Contractor's obligations will not be completed within the time specified in the Contract, and that the unpaid balance would not be adequate to cover actual or liquidated damages for the anticipated delay;
  - vi. failure of the Contractor to submit proper invoices with all required attachments and supporting documentation; or
  - vii. failure of the Contractor to comply with any material provision of the Contract Documents.
- E. Notice is hereby given of Article VIII, Section 1 of the Austin City Charter which prohibits the payment of any money to any person, firm or corporation who is in arrears to the City for taxes, and of §2-8-3 of the Austin City Code concerning the right of the City to offset indebtedness owed the City.
- F. Payment will be made by check unless the parties mutually agree to payment by credit card or electronic transfer of funds. The Contractor agrees that there shall be no additional charges, surcharges, or penalties to the City for payments made by credit card or electronic funds transfer.
- G. The awarding or continuation of this contract is dependent upon the availability of funding. The City's payment obligations are payable only and solely from funds Appropriated and available for this contract. The absence of Appropriated or other lawfully available funds shall render the Contract null and void to the extent funds are not Appropriated or available and any Deliverables delivered but unpaid shall be returned to the Contractor. The City shall provide the Contractor written notice of the failure of the City to make an adequate Appropriation for any fiscal year to pay the amounts due under the Contract, or the reduction of any Appropriation to an amount insufficient to permit the City to pay its obligations under the Contract. In the event of non or inadequate appropriation of funds, there will be no penalty nor removal fees charged to the City.

- 14. TRAVEL EXPENSES:** All travel, lodging and per diem expenses in connection with the Contract for which reimbursement may be claimed by the Contractor under the terms of the Solicitation will be reviewed against the City's Travel Policy as published and maintained by the City's Controller's Office and the Current United States General Services Administration Domestic Per Diem Rates (the "Rates") as published and maintained on the Internet at:

<http://www.gsa.gov/portal/category/21287>



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No amounts in excess of the Travel Policy or Rates shall be paid. All invoices must be accompanied by copies of detailed itemized receipts (e.g. hotel bills, airline tickets). No reimbursement will be made for expenses not actually incurred. Airline fares in excess of coach or economy will not be reimbursed. Mileage charges may not exceed the amount permitted as a deduction in any year under the Internal Revenue Code or Regulations.

**15. FINAL PAYMENT AND CLOSE-OUT:**

- A. If an MBE/WBE Program Compliance Plan is required by the Solicitation, and the Contractor has identified Subcontractors, the Contractor is required to submit a Contract Close-Out MBE/WBE Compliance Report to the Project manager or Contract manager no later than the 15th calendar day after completion of all work under the contract. Final payment, retainage, or both may be withheld if the Contractor is not in compliance with the requirements of the Compliance Plan as accepted by the City.
- B. The making and acceptance of final payment will constitute:
  - i. a waiver of all claims by the City against the Contractor, except claims (1) which have been previously asserted in writing and not yet settled, (2) arising from defective work appearing after final inspection, (3) arising from failure of the Contractor to comply with the Contract or the terms of any warranty specified herein, (4) arising from the Contractor's continuing obligations under the Contract, including but not limited to indemnity and warranty obligations, or (5) arising under the City's right to audit; and
  - ii. a waiver of all claims by the Contractor against the City other than those previously asserted in writing and not yet settled.

**16. SPECIAL TOOLS & TEST EQUIPMENT:** If the price stated on the Offer includes the cost of any special tooling or special test equipment fabricated or required by the Contractor for the purpose of filling this order, such special tooling equipment and any process sheets related thereto shall become the property of the City and shall be identified by the Contractor as such.

**17. RIGHT TO AUDIT:**

- A. The Contractor agrees that the representatives of the Office of the City Auditor or other authorized representatives of the City shall have access to, and the right to audit, examine, or reproduce, any and all records of the Contractor related to the performance under this Contract. The Contractor shall retain all such records for a period of three (3) years after final payment on this Contract or until all audit and litigation matters that the City has brought to the attention of the Contractor are resolved, whichever is longer. The Contractor agrees to refund to the City any overpayments disclosed by any such audit.
- B. The Contractor shall include section a. above in all subcontractor agreements entered into in connection with this Contract.

**18. SUBCONTRACTORS:**

- A. If the Contractor identified Subcontractors in an MBE/WBE Program Compliance Plan or a No Goals Utilization Plan the Contractor shall comply with the provisions of Chapters 2-9A, 2-9B, 2-9C, and 2-9D, as applicable, of the Austin City Code and the terms of the Compliance Plan or Utilization Plan as approved by the City (the "Plan"). The Contractor shall not initially employ any Subcontractor except as provided in the Contractor's Plan. The Contractor shall not substitute any Subcontractor identified in the Plan, unless the substitute has been accepted by the City in writing in accordance with the provisions of Chapters 2-9A, 2-9B, 2-9C and 2-9D, as applicable. No acceptance by the City of any Subcontractor shall constitute a waiver of any rights or remedies of the City with respect to defective Deliverables provided by a Subcontractor. If a Plan has been approved, the Contractor is additionally required to submit a monthly Subcontract Awards and Expenditures Report to the Contract Manager and the Purchasing Office Contract Compliance Manager no later than the tenth calendar day of each month.

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- B. Work performed for the Contractor by a Subcontractor shall be pursuant to a written contract between the Contractor and Subcontractor. The terms of the subcontract may not conflict with the terms of the Contract, and shall contain provisions that:
- i. require that all Deliverables to be provided by the Subcontractor be provided in strict accordance with the provisions, specifications and terms of the Contract;
  - ii. prohibit the Subcontractor from further subcontracting any portion of the Contract without the prior written consent of the City and the Contractor. The City may require, as a condition to such further subcontracting, that the Subcontractor post a payment bond in form, substance and amount acceptable to the City;
  - iii. require Subcontractors to submit all invoices and applications for payments, including any claims for additional payments, damages or otherwise, to the Contractor in sufficient time to enable the Contractor to include same with its invoice or application for payment to the City in accordance with the terms of the Contract;
  - iv. require that all Subcontractors obtain and maintain, throughout the term of their contract, insurance in the type and amounts specified for the Contractor, with the City being a named insured as its interest shall appear; and
  - v. require that the Subcontractor indemnify and hold the City harmless to the same extent as the Contractor is required to indemnify the City.
- C. The Contractor shall be fully responsible to the City for all acts and omissions of the Subcontractors just as the Contractor is responsible for the Contractor's own acts and omissions. Nothing in the Contract shall create for the benefit of any such Subcontractor any contractual relationship between the City and any such Subcontractor, nor shall it create any obligation on the part of the City to pay or to see to the payment of any moneys due any such Subcontractor except as may otherwise be required by law.
- D. The Contractor shall pay each Subcontractor its appropriate share of payments made to the Contractor not later than ten (10) calendar days after receipt of payment from the City.

19. **WARRANTY-PRICE:**

- A. The Contractor warrants the prices quoted in the Offer are no higher than the Contractor's current prices on orders by others for like Deliverables under similar terms of purchase.
- B. The Contractor certifies that the prices in the Offer have been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such fees with any other firm or with any competitor.
- C. In addition to any other remedy available, the City may deduct from any amounts owed to the Contractor, or otherwise recover, any amounts paid for items in excess of the Contractor's current prices on orders by others for like Deliverables under similar terms of purchase.

20. **WARRANTY – TITLE:** The Contractor warrants that it has good and indefeasible title to all Deliverables furnished under the Contract, and that the Deliverables are free and clear of all liens, claims, security interests and encumbrances. The Contractor shall indemnify and hold the City harmless from and against all adverse title claims to the Deliverables.

21. **WARRANTY – DELIVERABLES:** The Contractor warrants and represents that all Deliverables sold the City under the Contract shall be free from defects in design, workmanship or manufacture, and conform in all material respects to the specifications, drawings, and descriptions in the Solicitation, to any samples furnished by the Contractor, to the terms, covenants and conditions of the Contract, and to all applicable State, Federal or local laws, rules, and regulations, and industry codes and standards. Unless otherwise stated in the Solicitation, the Deliverables shall be new or recycled merchandise, and not used or reconditioned.

- A. Recycled Deliverables shall be clearly identified as such.

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- B. The Contractor may not limit, exclude or disclaim the foregoing warranty or any warranty implied by law; and any attempt to do so shall be without force or effect.
  - C. Unless otherwise specified in the Contract, the warranty period shall be at least one year from the date of acceptance of the Deliverables or from the date of acceptance of any replacement Deliverables. If during the warranty period, one or more of the above warranties are breached, the Contractor shall promptly upon receipt of demand either repair the non-conforming Deliverables, or replace the non-conforming Deliverables with fully conforming Deliverables, at the City's option and at no additional cost to the City. All costs incidental to such repair or replacement, including but not limited to, any packaging and shipping costs, shall be borne exclusively by the Contractor. The City shall endeavor to give the Contractor written notice of the breach of warranty within thirty (30) calendar days of discovery of the breach of warranty, but failure to give timely notice shall not impair the City's rights under this section.
  - D. If the Contractor is unable or unwilling to repair or replace defective or non-conforming Deliverables as required by the City, then in addition to any other available remedy, the City may reduce the quantity of Deliverables it may be required to purchase under the Contract from the Contractor, and purchase conforming Deliverables from other sources. In such event, the Contractor shall pay to the City upon demand the increased cost, if any, incurred by the City to procure such Deliverables from another source.
  - E. If the Contractor is not the manufacturer, and the Deliverables are covered by a separate manufacturer's warranty, the Contractor shall transfer and assign such manufacturer's warranty to the City. If for any reason the manufacturer's warranty cannot be fully transferred to the City, the Contractor shall assist and cooperate with the City to the fullest extent to enforce such manufacturer's warranty for the benefit of the City.
22. **WARRANTY – SERVICES:** The Contractor warrants and represents that all services to be provided the City under the Contract will be fully and timely performed in a good and workmanlike manner in accordance with generally accepted industry standards and practices, the terms, conditions, and covenants of the Contract, and all applicable Federal, State and local laws, rules or regulations.
- A. The Contractor may not limit, exclude or disclaim the foregoing warranty or any warranty implied by law, and any attempt to do so shall be without force or effect.
  - B. Unless otherwise specified in the Contract, the warranty period shall be at least one year from the Acceptance Date. If during the warranty period, one or more of the above warranties are breached, the Contractor shall promptly upon receipt of demand perform the services again in accordance with above standard at no additional cost to the City. All costs incidental to such additional performance shall be borne by the Contractor. The City shall endeavor to give the Contractor written notice of the breach of warranty within thirty (30) calendar days of discovery of the breach warranty, but failure to give timely notice shall not impair the City's rights under this section.
  - C. If the Contractor is unable or unwilling to perform its services in accordance with the above standard as required by the City, then in addition to any other available remedy, the City may reduce the amount of services it may be required to purchase under the Contract from the Contractor, and purchase conforming services from other sources. In such event, the Contractor shall pay to the City upon demand the increased cost, if any, incurred by the City to procure such services from another source.
23. **ACCEPTANCE OF INCOMPLETE OR NON-CONFORMING DELIVERABLES:** If, instead of requiring immediate correction or removal and replacement of defective or non-conforming Deliverables, the City prefers to accept it, the City may do so. The Contractor shall pay all claims, costs, losses and damages attributable to the City's evaluation of and determination to accept such defective or non-conforming Deliverables. If any such acceptance occurs prior to final payment, the City may deduct such amounts as are necessary to compensate the City for the diminished value of the defective or non-conforming Deliverables. If the acceptance occurs after final payment, such amount will be refunded to the City by the Contractor.
24. **RIGHT TO ASSURANCE:** Whenever one party to the Contract in good faith has reason to question the other party's intent to perform, demand may be made to the other party for written assurance of the intent to perform. In the event

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that no assurance is given within the time specified after demand is made, the demanding party may treat this failure as an anticipatory repudiation of the Contract.

25. **STOP WORK NOTICE:** The City may issue an immediate Stop Work Notice in the event the Contractor is observed performing in a manner that is in violation of Federal, State, or local guidelines, or in a manner that is determined by the City to be unsafe to either life or property. Upon notification, the Contractor will cease all work until notified by the City that the violation or unsafe condition has been corrected. The Contractor shall be liable for all costs incurred by the City as a result of the issuance of such Stop Work Notice.
26. **DEFAULT:** The Contractor shall be in default under the Contract if the Contractor (a) fails to fully, timely and faithfully perform any of its material obligations under the Contract, (b) fails to provide adequate assurance of performance under Paragraph 24, (c) becomes insolvent or seeks relief under the bankruptcy laws of the United States or (d) makes a material misrepresentation in Contractor's Offer, or in any report or deliverable required to be submitted by the Contractor to the City.
27. **TERMINATION FOR CAUSE:** In the event of a default by the Contractor, the City shall have the right to terminate the Contract for cause, by written notice effective ten (10) calendar days, unless otherwise specified, after the date of such notice, unless the Contractor, within such ten (10) day period, cures such default, or provides evidence sufficient to prove to the City's reasonable satisfaction that such default does not, in fact, exist. The City may place Contractor on probation for a specified period of time within which the Contractor must correct any non-compliance issues. Probation shall not normally be for a period of more than nine (9) months, however, it may be for a longer period, not to exceed one (1) year depending on the circumstances. If the City determines the Contractor has failed to perform satisfactorily during the probation period, the City may proceed with suspension. In the event of a default by the Contractor, the City may suspend or debar the Contractor in accordance with the "City of Austin Purchasing Office Probation, Suspension and Debarment Rules for Vendors" and remove the Contractor from the City's vendor list for up to five (5) years and any Offer submitted by the Contractor may be disqualified for up to five (5) years. In addition to any other remedy available under law or in equity, the City shall be entitled to recover all actual damages, costs, losses and expenses, incurred by the City as a result of the Contractor's default, including, without limitation, cost of cover, reasonable attorneys' fees, court costs, and prejudgment and post-judgment interest at the maximum lawful rate. All rights and remedies under the Contract are cumulative and are not exclusive of any other right or remedy provided by law.
28. **TERMINATION WITHOUT CAUSE:** The City shall have the right to terminate the Contract, in whole or in part, without cause any time upon thirty (30) calendar days' prior written notice. Upon receipt of a notice of termination, the Contractor shall promptly cease all further work pursuant to the Contract, with such exceptions, if any, specified in the notice of termination. The City shall pay the Contractor, to the extent of funds Appropriated or otherwise legally available for such purposes, for all goods delivered and services performed and obligations incurred prior to the date of termination in accordance with the terms hereof.
29. **FRAUD:** Fraudulent statements by the Contractor on any Offer or in any report or deliverable required to be submitted by the Contractor to the City shall be grounds for the termination of the Contract for cause by the City and may result in legal action.
30. **DELAYS:**
- A. The City may delay scheduled delivery or other due dates by written notice to the Contractor if the City deems it is in its best interest. If such delay causes an increase in the cost of the work under the Contract, the City and the Contractor shall negotiate an equitable adjustment for costs incurred by the Contractor in the Contract price and execute an amendment to the Contract. The Contractor must assert its right to an adjustment within thirty (30) calendar days from the date of receipt of the notice of delay. Failure to agree on any adjusted price shall be handled under the Dispute Resolution process specified in paragraph 49. However, nothing in this provision shall excuse the Contractor from delaying the delivery as notified.
- B. Neither party shall be liable for any default or delay in the performance of its obligations under this Contract if, while and to the extent such default or delay is caused by acts of God, fire, riots, civil commotion, labor disruptions, sabotage, sovereign conduct, or any other cause beyond the reasonable control of such Party. In

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the event of default or delay in contract performance due to any of the foregoing causes, then the time for completion of the services will be extended; provided, however, in such an event, a conference will be held within three (3) business days to establish a mutually agreeable period of time reasonably necessary to overcome the effect of such failure to perform.

**31. INDEMNITY:**

**A. Definitions:**

- i. "Indemnified Claims" shall include any and all claims, demands, suits, causes of action, judgments and liability of every character, type or description, including all reasonable costs and expenses of litigation, mediation or other alternate dispute resolution mechanism, including attorney and other professional fees for:
  - (1) damage to or loss of the property of any person (including, but not limited to the City, the Contractor, their respective agents, officers, employees and subcontractors; the officers, agents, and employees of such subcontractors; and third parties); and/or
  - (2) death, bodily injury, illness, disease, worker's compensation, loss of services, or loss of income or wages to any person (including but not limited to the agents, officers and employees of the City, the Contractor, the Contractor's subcontractors, and third parties),
- ii. "Fault" shall include the sale of defective or non-conforming Deliverables, negligence, willful misconduct, or a breach of any legally imposed strict liability standard.

**B. THE CONTRACTOR SHALL DEFEND (AT THE OPTION OF THE CITY), INDEMNIFY, AND HOLD THE CITY, ITS SUCCESSORS, ASSIGNS, OFFICERS, EMPLOYEES AND ELECTED OFFICIALS HARMLESS FROM AND AGAINST ALL INDEMNIFIED CLAIMS DIRECTLY ARISING OUT OF, INCIDENT TO, CONCERNING OR RESULTING FROM THE FAULT OF THE CONTRACTOR, OR THE CONTRACTOR'S AGENTS, EMPLOYEES OR SUBCONTRACTORS, IN THE PERFORMANCE OF THE CONTRACTOR'S OBLIGATIONS UNDER THE CONTRACT. NOTHING HEREIN SHALL BE DEEMED TO LIMIT THE RIGHTS OF THE CITY OR THE CONTRACTOR (INCLUDING, BUT NOT LIMITED TO, THE RIGHT TO SEEK CONTRIBUTION) AGAINST ANY THIRD PARTY WHO MAY BE LIABLE FOR AN INDEMNIFIED CLAIM.**

**32. INSURANCE: (reference Section 0400 for specific coverage requirements). The following insurance requirement applies. (Revised March 2013).**

**A. General Requirements.**

- i. The Contractor shall at a minimum carry insurance in the types and amounts indicated in Section 0400, Supplemental Purchase Provisions, for the duration of the Contract, including extension options and hold over periods, and during any warranty period.
- ii. The Contractor shall provide Certificates of Insurance with the coverages and endorsements required in Section 0400, Supplemental Purchase Provisions, to the City as verification of coverage prior to contract execution and within fourteen (14) calendar days after written request from the City. Failure to provide the required Certificate of Insurance may subject the Offer to disqualification from consideration for award. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or hold over period is exercised, as verification of continuing coverage.
- iii. The Contractor shall not commence work until the required insurance is obtained and until such insurance has been reviewed by the City. Approval of insurance by the City shall not relieve or decrease the liability of the Contractor hereunder and shall not be construed to be a limitation of liability on the part of the Contractor.
- iv. The City may request that the Contractor submit certificates of insurance to the City for all subcontractors prior to the subcontractors commencing work on the project.



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- v. The Contractor's and all subcontractors' insurance coverage shall be written by companies licensed to do business in the State of Texas at the time the policies are issued and shall be written by companies with A.M. Best ratings of B+VII or better.
- vi. The "other" insurance clause shall not apply to the City where the City is an additional insured shown on any policy. It is intended that policies required in the Contract, covering both the City and the Contractor, shall be considered primary coverage as applicable.
- vii. If insurance policies are not written for amounts specified in Section 0400, Supplemental Purchase Provisions, the Contractor shall carry Umbrella or Excess Liability Insurance for any differences in amounts specified. If Excess Liability Insurance is provided, it shall follow the form of the primary coverage.
- viii. The City shall be entitled, upon request, at an agreed upon location, and without expense, to review certified copies of policies and endorsements thereto and may make any reasonable requests for deletion or revision or modification of particular policy terms, conditions, limitations, or exclusions except where policy provisions are established by law or regulations binding upon either of the parties hereto or the underwriter on any such policies.
- ix. The City reserves the right to review the insurance requirements set forth during the effective period of the Contract and to make reasonable adjustments to insurance coverage, limits, and exclusions when deemed necessary and prudent by the City based upon changes in statutory law, court decisions, the claims history of the industry or financial condition of the insurance company as well as the Contractor.
- x. The Contractor shall not cause any insurance to be canceled nor permit any insurance to lapse during the term of the Contract or as required in the Contract.
- xi. The Contractor shall be responsible for premiums, deductibles and self-insured retentions, if any, stated in policies. Self-insured retentions shall be disclosed on the Certificate of Insurance.
- xii. The Contractor shall provide the City thirty (30) calendar days' written notice of erosion of the aggregate limits below occurrence limits for all applicable coverages indicated within the Contract.
- xiii. The insurance coverages specified in Section 0400, Supplemental Purchase Provisions, are required minimums and are not intended to limit the responsibility or liability of the Contractor.

**B. Specific Coverage Requirements: Specific insurance requirements are contained in Section 0400, Supplemental Purchase Provisions**

33. **CLAIMS:** If any claim, demand, suit, or other action is asserted against the Contractor which arises under or concerns the Contract, or which could have a material adverse affect on the Contractor's ability to perform thereunder, the Contractor shall give written notice thereof to the City within ten (10) calendar days after receipt of notice by the Contractor. Such notice to the City shall state the date of notification of any such claim, demand, suit, or other action; the names and addresses of the claimant(s); the basis thereof; and the name of each person against whom such claim is being asserted. Such notice shall be delivered personally or by mail and shall be sent to the City and to the Austin City Attorney. Personal delivery to the City Attorney shall be to City Hall, 301 West 2<sup>nd</sup> Street, 4<sup>th</sup> Floor, Austin, Texas 78701, and mail delivery shall be to P.O. Box 1088, Austin, Texas 78767.
34. **NOTICES:** Unless otherwise specified, all notices, requests, or other communications required or appropriate to be given under the Contract shall be in writing and shall be deemed delivered three (3) business days after postmarked if sent by U.S. Postal Service Certified or Registered Mail, Return Receipt Requested. Notices delivered by other means shall be deemed delivered upon receipt by the addressee. Routine communications may be made by first class mail, telefax, or other commercially accepted means. Notices to the Contractor shall be sent to the address specified in the Contractor's Offer, or at such other address as a party may notify the other in writing. Notices to the

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City shall be addressed to the City at P.O. Box 1088, Austin, Texas 78767 and marked to the attention of the Contract Administrator.

35. **RIGHTS TO BID, PROPOSAL AND CONTRACTUAL MATERIAL:** All material submitted by the Contractor to the City shall become property of the City upon receipt. Any portions of such material claimed by the Contractor to be proprietary must be clearly marked as such. Determination of the public nature of the material is subject to the Texas Public Information Act, Chapter 552, Texas Government Code.
36. **NO WARRANTY BY CITY AGAINST INFRINGEMENTS:** The Contractor represents and warrants to the City that: (i) the Contractor shall provide the City good and indefeasible title to the Deliverables and (ii) the Deliverables supplied by the Contractor in accordance with the specifications in the Contract will not infringe, directly or contributorily, any patent, trademark, copyright, trade secret, or any other intellectual property right of any kind of any third party; that no claims have been made by any person or entity with respect to the ownership or operation of the Deliverables and the Contractor does not know of any valid basis for any such claims. The Contractor shall, at its sole expense, defend, indemnify, and hold the City harmless from and against all liability, damages, and costs (including court costs and reasonable fees of attorneys and other professionals) arising out of or resulting from: (i) any claim that the City's exercise anywhere in the world of the rights associated with the City's ownership, and if applicable, license rights, and its use of the Deliverables infringes the intellectual property rights of any third party; or (ii) the Contractor's breach of any of Contractor's representations or warranties stated in this Contract. In the event of any such claim, the City shall have the right to monitor such claim or at its option engage its own separate counsel to act as co-counsel on the City's behalf. Further, Contractor agrees that the City's specifications regarding the Deliverables shall in no way diminish Contractor's warranties or obligations under this paragraph and the City makes no warranty that the production, development, or delivery of such Deliverables will not impact such warranties of Contractor.
37. **CONFIDENTIALITY:** In order to provide the Deliverables to the City, Contractor may require access to certain of the City's and/or its licensors' confidential information (including inventions, employee information, trade secrets, confidential know-how, confidential business information, and other information which the City or its licensors consider confidential) (collectively, "Confidential Information"). Contractor acknowledges and agrees that the Confidential Information is the valuable property of the City and/or its licensors and any unauthorized use, disclosure, dissemination, or other release of the Confidential Information will substantially injure the City and/or its licensors. The Contractor (including its employees, subcontractors, agents, or representatives) agrees that it will maintain the Confidential Information in strict confidence and shall not disclose, disseminate, copy, divulge, recreate, or otherwise use the Confidential Information without the prior written consent of the City or in a manner not expressly permitted under this Agreement, unless the Confidential Information is required to be disclosed by law or an order of any court or other governmental authority with proper jurisdiction, provided the Contractor promptly notifies the City before disclosing such information so as to permit the City reasonable time to seek an appropriate protective order. The Contractor agrees to use protective measures no less stringent than the Contractor uses within its own business to protect its own most valuable information, which protective measures shall under all circumstances be at least reasonable measures to ensure the continued confidentiality of the Confidential Information.
38. **PUBLICATIONS:** All published material and written reports submitted under the Contract must be originally developed material unless otherwise specifically provided in the Contract. When material not originally developed is included in a report in any form, the source shall be identified.
39. **ADVERTISING:** The Contractor shall not advertise or publish, without the City's prior consent, the fact that the City has entered into the Contract, except to the extent required by law.
40. **NO CONTINGENT FEES:** The Contractor warrants that no person or selling agency has been employed or retained to solicit or secure the Contract upon any agreement or understanding for commission, percentage, brokerage, or contingent fee, excepting bona fide employees of bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business. For breach or violation of this warranty, the City shall have the right, in addition to any other remedy available, to cancel the Contract without liability and to deduct from any amounts owed to the Contractor, or otherwise recover, the full amount of such commission, percentage, brokerage or contingent fee.

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41. **GRATUITIES:** The City may, by written notice to the Contractor, cancel the Contract without liability if it is determined by the City that gratuities were offered or given by the Contractor or any agent or representative of the Contractor to any officer or employee of the City of Austin with a view toward securing the Contract or securing favorable treatment with respect to the awarding or amending or the making of any determinations with respect to the performing of such contract. In the event the Contract is canceled by the City pursuant to this provision, the City shall be entitled, in addition to any other rights and remedies, to recover or withhold the amount of the cost incurred by the Contractor in providing such gratuities.
42. **PROHIBITION AGAINST PERSONAL INTEREST IN CONTRACTS:** No officer, employee, independent consultant, or elected official of the City who is involved in the development, evaluation, or decision-making process of the performance of any solicitation shall have a financial interest, direct or indirect, in the Contract resulting from that solicitation. Any willful violation of this section shall constitute impropriety in office, and any officer or employee guilty thereof shall be subject to disciplinary action up to and including dismissal. Any violation of this provision, with the knowledge, expressed or implied, of the Contractor shall render the Contract voidable by the City.
43. **INDEPENDENT CONTRACTOR:** The Contract shall not be construed as creating an employer/employee relationship, a partnership, or a joint venture. The Contractor's services shall be those of an independent contractor. The Contractor agrees and understands that the Contract does not grant any rights or privileges established for employees of the City.
44. **ASSIGNMENT-DELEGATION:** The Contract shall be binding upon and enure to the benefit of the City and the Contractor and their respective successors and assigns, provided however, that no right or interest in the Contract shall be assigned and no obligation shall be delegated by the Contractor without the prior written consent of the City. Any attempted assignment or delegation by the Contractor shall be void unless made in conformity with this paragraph. The Contract is not intended to confer rights or benefits on any person, firm or entity not a party hereto; it being the intention of the parties that there be no third party beneficiaries to the Contract.
45. **WAIVER:** No claim or right arising out of a breach of the Contract can be discharged in whole or in part by a waiver or renunciation of the claim or right unless the waiver or renunciation is supported by consideration and is in writing signed by the aggrieved party. No waiver by either the Contractor or the City of any one or more events of default by the other party shall operate as, or be construed to be, a permanent waiver of any rights or obligations under the Contract, or an express or implied acceptance of any other existing or future default or defaults, whether of a similar or different character.
46. **MODIFICATIONS:** The Contract can be modified or amended only by a writing signed by both parties. No pre-printed or similar terms on any the Contractor invoice, order or other document shall have any force or effect to change the terms, covenants, and conditions of the Contract.
47. **INTERPRETATION:** The Contract is intended by the parties as a final, complete and exclusive statement of the terms of their agreement. No course of prior dealing between the parties or course of performance or usage of the trade shall be relevant to supplement or explain any term used in the Contract. Although the Contract may have been substantially drafted by one party, it is the intent of the parties that all provisions be construed in a manner to be fair to both parties, reading no provisions more strictly against one party or the other. Whenever a term defined by the Uniform Commercial Code, as enacted by the State of Texas, is used in the Contract, the UCC definition shall control, unless otherwise defined in the Contract.
48. **DISPUTE RESOLUTION:**
- A. If a dispute arises out of or relates to the Contract, or the breach thereof, the parties agree to negotiate prior to prosecuting a suit for damages. However, this section does not prohibit the filing of a lawsuit to toll the running of a statute of limitations or to seek injunctive relief. Either party may make a written request for a meeting between representatives of each party within fourteen (14) calendar days after receipt of the request or such later period as agreed by the parties. Each party shall include, at a minimum, one (1) senior level individual with decision-making authority regarding the dispute. The purpose of this and any subsequent meeting is to attempt in good faith to negotiate a resolution of the dispute. If, within thirty (30) calendar days after such

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meeting, the parties have not succeeded in negotiating a resolution of the dispute, they will proceed directly to mediation as described below. Negotiation may be waived by a written agreement signed by both parties, in which event the parties may proceed directly to mediation as described below.

- B. If the efforts to resolve the dispute through negotiation fail, or the parties waive the negotiation process, the parties may select, within thirty (30) calendar days, a mediator trained in mediation skills to assist with resolution of the dispute. Should they choose this option, the City and the Contractor agree to act in good faith in the selection of the mediator and to give consideration to qualified individuals nominated to act as mediator. Nothing in the Contract prevents the parties from relying on the skills of a person who is trained in the subject matter of the dispute or a contract interpretation expert. If the parties fail to agree on a mediator within thirty (30) calendar days of initiation of the mediation process, the mediator shall be selected by the Travis County Dispute Resolution Center (DRC). The parties agree to participate in mediation in good faith for up to thirty (30) calendar days from the date of the first mediation session. The City and the Contractor will share the mediator's fees equally and the parties will bear their own costs of participation such as fees for any consultants or attorneys they may utilize to represent them or otherwise assist them in the mediation.
49. **JURISDICTION AND VENUE:** The Contract is made under and shall be governed by the laws of the State of Texas, including, when applicable, the Uniform Commercial Code as adopted in Texas, V.T.C.A., Bus. & Comm. Code, Chapter 1, excluding any rule or principle that would refer to and apply the substantive law of another state or jurisdiction. All issues arising from this Contract shall be resolved in the courts of Travis County, Texas and the parties agree to submit to the exclusive personal jurisdiction of such courts. The foregoing, however, shall not be construed or interpreted to limit or restrict the right or ability of the City to seek and secure injunctive relief from any competent authority as contemplated herein.
50. **INVALIDITY:** The invalidity, illegality, or unenforceability of any provision of the Contract shall in no way affect the validity or enforceability of any other portion or provision of the Contract. Any void provision shall be deemed severed from the Contract and the balance of the Contract shall be construed and enforced as if the Contract did not contain the particular portion or provision held to be void. The parties further agree to reform the Contract to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this section shall not prevent this entire Contract from being void should a provision which is the essence of the Contract be determined to be void.
51. **HOLIDAYS:** The following holidays are observed by the City:

<u>Holiday</u>	<u>Date Observed</u>
New Year's Day	January 1
Martin Luther King, Jr.'s Birthday	Third Monday in January
President's Day	Third Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4
Labor Day	First Monday in September
Veteran's Day	November 11
Thanksgiving Day	Fourth Thursday in November
Friday after Thanksgiving	Friday after Thanksgiving
Christmas Eve	December 24
Christmas Day	December 25

If a Legal Holiday falls on Saturday, it will be observed on the preceding Friday. If a Legal Holiday falls on Sunday, it will be observed on the following Monday.

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52. **SURVIVABILITY OF OBLIGATIONS:** All provisions of the Contract that impose continuing obligations on the parties, including but not limited to the warranty, indemnity, and confidentiality obligations of the parties, shall survive the expiration or termination of the Contract.

53. **NON-SUSPENSION OR DEBARMENT CERTIFICATION:**

The City of Austin is prohibited from contracting with or making prime or sub-awards to parties that are suspended or debarred or whose principals are suspended or debarred from Federal, State, or City of Austin Contracts. By accepting a Contract with the City, the Vendor certifies that its firm and its principals are not currently suspended or debarred from doing business with the Federal Government, as indicated by the General Services Administration List of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.

54. **EQUAL OPPORTUNITY**

- A. **Equal Employment Opportunity:** No Offeror, or Offeror's agent, shall engage in any discriminatory employment practice as defined in Chapter 5-4 of the City Code. No Offer submitted to the City shall be considered, nor any Purchase Order issued, or any Contract awarded by the City unless the Offeror has executed and filed with the City Purchasing Office a current Non-Discrimination Certification. Non-compliance with Chapter 5-4 of the City Code may result in sanctions, including termination of the contract and the Contractor's suspension or debarment from participation on future City contracts until deemed compliant with Chapter 5-4.
- B. **Americans with Disabilities Act (ADA) Compliance:** No Offeror, or Offeror's agent, shall engage in any discriminatory employment practice against individuals with disabilities as defined in the ADA.

55. **BUY AMERICAN ACT-SUPPLIES (Applicable to certain Federally funded requirements)**

- A. Definitions. As used in this paragraph –

- i. "Component" means an article, material, or supply incorporated directly into an end product.
- ii. "Cost of components" means -
  - (1) For components purchased by the Contractor, the acquisition cost, including transportation costs to the place of incorporation into the end product (whether or not such costs are paid to a domestic firm), and any applicable duty (whether or not a duty-free entry certificate is issued); or
  - (2) For components manufactured by the Contractor, all costs associated with the manufacture of the component, including transportation costs as described in paragraph (1) of this definition, plus allocable overhead costs, but excluding profit. Cost of components does not include any costs associated with the manufacture of the end product.
- iii. "Domestic end product" means-
  - (1) An unmanufactured end product mined or produced in the United States; or
  - (2) An end product manufactured in the United States, if the cost of its components mined, produced, or manufactured in the United States exceeds 50 percent of the cost of all its components. Components of foreign origin of the same class or kind as those that the agency determines are not mined, produced, or manufactured in sufficient and reasonably available commercial quantities of a satisfactory quality are treated as domestic. Scrap generated, collected, and prepared for processing in the United States is considered domestic.

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- iv. "End product" means those articles, materials, and supplies to be acquired under the contract for public use.
  - v. "Foreign end product" means an end product other than a domestic end product.
  - vi. "United States" means the 50 States, the District of Columbia, and outlying areas.
- B. The Buy American Act (41 U.S.C. 10a - 10d) provides a preference for domestic end products for supplies acquired for use in the United States.
- C. The City does not maintain a list of foreign articles that will be treated as domestic for this Contract; but will consider for approval foreign articles as domestic for this product if the articles are on a list approved by another Governmental Agency. The Offeror shall submit documentation with their Offer demonstrating that the article is on an approved Governmental list.
- D. The Contractor shall deliver only domestic end products except to the extent that it specified delivery of foreign end products in the provision of the Solicitation entitled "Buy American Act Certificate".



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The following Supplemental Purchasing Provisions apply to this solicitation:

1. **EXPLANATIONS OR CLARIFICATIONS:** (reference paragraph 5 in Section 0200)

All requests for explanations or clarifications must be submitted in writing to the Purchasing Office by January 6<sup>th</sup>, 2015, either by FAX at 512-972-4015 or via e-mail at [irene.sanchez-rocha@austintexas.gov](mailto:irene.sanchez-rocha@austintexas.gov).

2. **ALTERNATE OFFERS:** (reference paragraph 7A in Section 0200)

Alternate Offers will NOT be considered.

3. **INSURANCE:** Insurance is required for this solicitation.

A. **General Requirements:** See Section 0300, Standard Purchase Terms and Conditions, paragraph 32, entitled Insurance, for general insurance requirements.

- i. The Contractor shall provide a Certificate of Insurance as verification of coverages required below to the City at the below address prior to contract execution and within 14 calendar days after written request from the City. Failure to provide the required Certificate of Insurance may subject the Offer to disqualification from consideration for award
- ii. The Contractor shall not commence work until the required insurance is obtained and until such insurance has been reviewed by the City. Approval of insurance by the City shall not relieve or decrease the liability of the Contractor hereunder and shall not be construed to be a limitation of liability on the part of the Contractor.
- iii. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or holdover period is exercised, as verification of continuing coverage.
- iv. The Certificate of Insurance, and updates, shall be mailed to the following address:

City of Austin Purchasing Office  
P. O. Box 1088  
Austin, Texas 78767

B. **Specific Coverage Requirements:** The Contractor shall at a minimum carry insurance in the types and amounts indicated below for the duration of the Contract, including extension options and hold over periods, and during any warranty period. These insurance coverages are required minimums and are not intended to limit the responsibility or liability of the Contractor.

- i. **Worker's Compensation and Employers' Liability Insurance:** Coverage shall be consistent with statutory benefits outlined in the Texas Worker's Compensation Act (Section 401). The minimum policy limits for Employer's Liability are \$100,000 bodily injury each accident, \$500,000 bodily injury by disease policy limit and \$100,000 bodily injury by disease each employee.
  - (1) The Contractor's policy shall apply to the State of Texas and include these endorsements in favor of the City of Austin:
    - (a) Waiver of Subrogation, Form WC420304, or equivalent coverage
    - (b) Thirty (30) days Notice of Cancellation, Form WC420601, or equivalent coverage
- ii. **Commercial General Liability Insurance:** The minimum bodily injury and property damage per occurrence are \$500,000 for coverages A (Bodily Injury and Property Damage) and B (Personal and Advertising Injury).
  - (1) The policy shall contain the following provisions:
    - (a) Contractual liability coverage for liability assumed under the Contract and all other Contracts related to the project.
    - (b) Contractor/Subcontracted Work.

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- (c) Products/Completed Operations Liability for the duration of the warranty period.
      - (d) If the project involves digging or drilling provisions must be included that provide Explosion, Collapse, and/or Underground Coverage.
    - (2) The policy shall also include these endorsements in favor of the City of Austin:
      - (a) Waiver of Subrogation, Endorsement CG 2404, or equivalent coverage
      - (b) Thirty (30) days Notice of Cancellation, Endorsement CG 0205, or equivalent coverage
      - (c) The City of Austin listed as an additional insured, Endorsement CG 2010, or equivalent coverage
  - iii. **Business Automobile Liability Insurance:** The Contractor shall provide coverage for all owned, non-owned and hired vehicles with a minimum combined single limit of \$500,000 per occurrence for bodily injury and property damage. Alternate acceptable limits are \$250,000 bodily injury per person, \$500,000 bodily injury per occurrence and at least \$100,000 property damage liability per accident.
    - (1) The policy shall include these endorsements in favor of the City of Austin:
      - (a) Waiver of Subrogation, Endorsement CA0444, or equivalent coverage
      - (b) Thirty (30) days Notice of Cancellation, Endorsement CA0244, or equivalent coverage
      - (c) The City of Austin listed as an additional insured, Endorsement CA2048, or equivalent coverage.
- C. **Endorsements:** The specific insurance coverage endorsements specified above, or their equivalents must be provided. In the event that endorsements, which are the equivalent of the required coverage, are proposed to be substituted for the required coverage, copies of the equivalent endorsements must be provided for the City's review and approval.

4. **TERM OF CONTRACT:**

- A. The Contract shall be in effect for an initial term of thirty-six (36) months and may be extended thereafter for up to two (2) additional twelve (12) month periods, subject to the approval of the Contractor and the City Purchasing Officer or his designee.
- B. Upon expiration of the initial term or period of extension, the Contractor agrees to hold over under the terms and conditions of this agreement for such a period of time as is reasonably necessary to re-solicit and/or complete the project (not to exceed 120 days unless mutually agreed on in writing).
- C. Upon written notice to the Contractor from the City's Purchasing Officer or his designee and acceptance of the Contractor, the term of this contract shall be extended on the same terms and conditions for an additional period as indicated in paragraph A above.
- D. Prices are firm and fixed for the first twelve (12) months. Thereafter, price changes are subject to the Economic Price Adjustment provisions of this Contract.

**THIS IS A 36 MONTH CONTRACT**  
**FIRM PRICES ARE TO BE SUBMITTED FOR THE FIRST TWELVE (12) MONTH PERIOD**

5. **QUANTITIES:** The quantities listed herein are estimates for the period of the Contract. The City reserves the right to purchase more or less of these quantities as may be required during the Contract term. Quantities will be as needed and specified by the City for each order. Unless specified in the solicitation, there are no minimum order quantities.

6. **DELIVERY REQUIREMENTS:**

Location:

Days:

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Various Locations as indicated in

Monday – Friday 8:00 a.m. – 4:30 p.m.

Section 4.6 of 0500 Scope of Work

- A. Delivery is to be made within 10 business days after the order is placed (either verbally or in writing). All orders must be shipped complete unless arrangements for partial shipments are made in advance.
- B. The Contractor shall provide, with each delivery, a Shipping or Delivery Ticket showing the description of each item, quantity, and unit price.
- C. The Contractor shall confirm the quantity to be shipped on all orders within two (2) hours of notification by phone from the City.
- D. Unless requested by the City, deliveries shall not be made on City-recognized legal holidays (see paragraph 51 in Section 0300).

**7. INVOICES and PAYMENT:** (reference paragraphs 12 and 13 in Section 0300)

- A. Invoices shall contain a unique invoice number and the information required in Section 0300, paragraph 12, entitled “Invoices.” Invoices received without all required information cannot be processed and will be returned to the vendor.

Invoices shall be mailed to the below address:

	City of Austin
Department	<b>Various Departments as indicated in section 5.2 of 0500 Scope of Work</b>
Attn:	
Address	
City, State Zip Code	

- B. The Contractor agrees to accept payment by either credit card, check or Electronic Funds Transfer (EFT) for all goods and/or services provided under the Contract. The Contractor shall factor the cost of processing credit card payments into the Offer. There shall be no additional charges, surcharges, or penalties to the City for payments made by credit card.

**8. RECYCLED PRODUCTS:**

- A. The City prefers that Offerors offer products that contain recycled materials. When a recycled product is offered by the Offeror, the Offeror must state in their Offer the percentage of the product that is recycled and must include a list of the recycled materials that are contained in the product.
- B. The recycled content of paper products offered to the City shall be in accordance with the Federal Environmental Protection Agency’s Recycled Product Procurement Guidelines. These guidelines are available at <http://www.epa.gov/cpg/> .
- C. Contract award for paper products will be made for recycled products unless the cost is more than 10% above the lowest price for non-recycled paper products as required in the City’s Comprehensive Recycling Resolution.

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**9. NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING:**

- A. On November 10, 2011, the Austin City Council adopted Ordinance No. 20111110-052 amending Chapter 2.7, Article 6 of the City Code relating to Anti-Lobbying and Procurement. The policy defined in this Code applies to Solicitations for goods and/or services requiring City Council approval under City Charter Article VII, Section 15 (Purchase Procedures). During the No-Contact Period, Offerors or potential Offerors are prohibited from making a representation to anyone other than the Authorized Contact Person in the Solicitation as the contact for questions and comments regarding the Solicitation.
- B. If during the No-Contact Period an Offeror makes a representation to anyone other than the Authorized Contact Person for the Solicitation, the Offeror's Offer is disqualified from further consideration except as permitted in the Ordinance.
- C. If an Offeror has been disqualified under this article more than two times in a sixty (60) month period, the Purchasing Officer shall debar the Offeror from doing business with the City for a period not to exceed three (3) years, provided the Offeror is given written notice and a hearing in advance of the debarment.
- D. The City requires Offerors submitting Offers on this Solicitation to certify that the Offeror has not in any way directly or indirectly made representations to anyone other than the Authorized Contact Person during the No-Contact Period as defined in the Ordinance. The text of the City Ordinance is posted on the Internet at: <http://www.ci.austin.tx.us/edims/document.cfm?id=161145>

**10. WORKFORCE SECURITY CLEARANCE AND IDENTIFICATION (ID):**

- A. Access to the Austin Police Department, Austin Fire Department, Emergency Medical Services and Aviation Department building by the Contractor, all subcontractors and their employees will be strictly controlled at all times by the City. Security badges will be issued by the Department for this purpose. The Contractor shall submit a complete list of all persons requiring access to the Austin Police Department, Austin Fire Department, Emergency Medical Services and Aviation Department building at least thirty (30) days in advance of their need for access. The City reserves the right to deny a security badge to any Contractor personnel for reasonable cause. The City will notify the Contractor of any such denial no more than twenty (20) days after receipt of the Contractor's submittal.
- B. Where denial of access by a particular person may cause the Contractor to be unable to perform any portion of the work of the contract, the Contractor shall so notify the City's Contract Manager, in writing, within ten (10) days of the receipt of notification of denial.
- C. Contractor personnel will be required to check in at the security desk when entering or leaving the Austin Police Department, Austin Fire Department, Emergency Medical Services and Aviation Department building and security badges must be on display at all times when in the building. Failure to do so may be cause for removal of Contractor Personnel from the worksite, without regard to Contractor's schedule. Security badges may not be removed from the premises.
- D. The Contractor shall provide the City's Contract Manager with a list of personnel scheduled to enter the building, seven days in advance. The list shall identify the persons by name, date of birth, driver's license number, the times that they will be inside the building and the areas where they will be working. Only persons previously approved by the City for the issuance of security badges will be admitted to the building.
- E. The Contractor shall comply with all other security requirements imposed by the City and shall ensure that all employees and subcontractors are kept fully informed as to these requirements.

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11. **MONTHLY SUBCONTRACT AWARDS AND EXPENDITURES REPORT:** (reference paragraph 18 in Section 0300) (applicable when an MBE/WBE Compliance Plan is required)

- A. The Contractor must submit a monthly Subcontract Awards and Expenditures Report to the Contract Manager specified herein and to the Purchasing Office Contract Compliance Manager no later than the tenth calendar day of each month.
- B. Mail the Purchasing Office Copy of the report to the following address:

City of Austin  
Purchasing Office  
Attn: Contract Compliance Manager  
P. O. Box 1088  
Austin, Texas 78767

12. **ECONOMIC PRICE ADJUSTMENT:**

- A. **Price Adjustments:** Prices shown in this Contract shall remain firm for the first 12- months of the Contract. After that, in recognition of the potential for fluctuation of the Contractor's cost, a price adjustment (increase or decrease) may be requested by either the City or the Contractor on the anniversary date of the Contract or as may otherwise be specified herein. The percentage change between the contract price and the requested price shall not exceed the percentage change between the specified index in effect on the date the solicitation closed and the most recent, non-preliminary data at the time the price adjustment is requested. The requested price adjustment shall not exceed twenty-five percent (25%) for any single line item and in no event shall the total amount of the contract be automatically adjusted as a result of the change in one or more line items made pursuant to this provision. Prices for products or services unaffected by verifiable cost trends shall not be subject to adjustment.
- B. **Effective Date:** Approved price adjustments will go into effect on the first day of the upcoming renewal period or anniversary date of contract award and remain in effect until contract expiration unless changed by subsequent amendment.
- C. **Adjustments:** A request for price adjustment must be made in writing and submitted to the other Party prior to the yearly anniversary date of the Contract; adjustments may only be considered at that time unless otherwise specified herein. Requested adjustments must be solely for the purpose of accommodating changes in the Contractor's direct costs. Contractor shall provide an updated price listing once agreed to adjustment(s) have been approved by the parties.
- D. **Indexes:** In most cases an index from the Bureau of Labor Standards (BLS) will be utilized; however, if there is more appropriate, industry recognized standard then that index may be selected.
  - i. The following definitions apply:
    - (1) **Base Period:** Month and year of the original contracted price (the solicitation close date).
    - (2) **Base Price:** Initial price quoted, proposed and/or contracted per unit of measure.
    - (3) **Adjusted Price:** Base Price after it has been adjusted in accordance with the applicable index change and instructions provided.
    - (4) **Change Factor:** The multiplier utilized to adjust the Base Price to the Adjusted Price.
    - (5) **Weight %:** The percent of the Base Price subject to adjustment based on an index change.
  - ii. **Adjustment-Request Review:** Each adjustment-request received will be reviewed and compared to changes in the index(es) identified below. Where applicable:
    - (1) Utilize final Compilation data instead of Preliminary data
    - (2) If the referenced index is no longer available shift up to the next higher category index.

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iii. **Index Identification:** Complete table as they may apply.

Weight % or \$ of Base Price: 50%	
Database Name: Producer Price Index Industry Data	
Series ID: PCU322121322121	
<input checked="" type="checkbox"/> Not Seasonally Adjusted	<input type="checkbox"/> Seasonally Adjusted
Geographical Area: N/A	
Description of Series ID: Paper, except newsprint, mills	
This Index shall apply to the following items of the Bid Sheet / Cost Proposal: All	

Weight % or \$ of Base Price: 50%	
Database Name: Producer Price Index Industry Data	
Series ID: PCU3231K32311K61	
<input checked="" type="checkbox"/> Not Seasonally Adjusted	<input type="checkbox"/> Seasonally Adjusted
Geographical Area: N/A	
Description of Series ID: Commercial printing (except screen and books)	
This Index shall apply to the following items of the Bid Sheet / Cost Proposal: All	

E. **Calculation:** Price adjustment will be calculated as follows:

**Single Index:** Adjust the Base Price by the same factor calculated for the index change.

Index at time of calculation
Divided by index on solicitation close date
Equals Change Factor
Multiplied by the Base Rate
Equals the Adjusted Price

13. **INTERLOCAL PURCHASING AGREEMENTS:** (applicable to competitively procured goods/services contracts).

- A. The City has entered into Interlocal Purchasing Agreements with other governmental entities, pursuant to the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code. The Contractor agrees to offer the same prices and terms and conditions to other eligible governmental agencies that have an interlocal agreement with the City.
- B. The City does not accept any responsibility or liability for the purchases by other governmental agencies through an interlocal cooperative agreement.

38. **CONTRACT MANAGER:** The following person is designated as Contract Manager, and will act as the contact point between the City and the Contractor during the term of the Contract:



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Austin Police Department, Enjole Armstrong, Contract Compliance Specialist Sr., 512-974-5082, [Enjole.armstrong@austintexas.gov](mailto:Enjole.armstrong@austintexas.gov)

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Austin Fire Department, Claudia Rodriquez, Contract Compliance Specialist Sr., 512-974-4132, [Claudia.rodriquez@austintexas.gov](mailto:Claudia.rodriquez@austintexas.gov)

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Emergency Medical Services, William Alderete, Manager Central Supply and Services, 512-978-0485, [William.alderete@austintexas.gov](mailto:William.alderete@austintexas.gov)

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Austin Bergstrom International Airport, Marsha Wells, Buyer 1, 512-530-6655, [marsha.wells@austintexas.gov](mailto:marsha.wells@austintexas.gov)

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EHSD, Denise Estrada, Customer Service Representative, 512-978-0339, [denise.estrada@austintexas.gov](mailto:denise.estrada@austintexas.gov)

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\*Note: The above listed Contract Manager is not the authorized Contact Person for purposes of the **NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING Provision** of this Section; and therefore, contact with the Contract Manager is prohibited during the no contact period.

# CITY OF AUSTIN POLICE DEPARTMENT

## SCOPE OF WORK

### PRINTING VARIOUS FORMS

#### **1.0 PURPOSE**

This specification establishes the minimum standard for printing, production and management of various forms for the City of Austin, Austin Police Department (APD), Health and Human Services, Emergency Medical Services and various other departments, herein after referred to as “City”. The successful bidder, hereinafter referred to as “Contractor” is required to meet all specifications listed herein as minimum requirements and is required to submit a firm fixed cost for all services under the terms of this solicitation. It is the intention of this specification to acquire complete printing, production and management of various forms any services that have been omitted from this specification which are clearly necessary or in conformance with normal printing, production and management practice shall be considered a requirement although not directly specified or called for in the specification.

#### **2.0 BACKGROUND**

On January II, 1990, Council approved a resolution known as the Comprehensive Recycling Resolution, which set goals for the purchase of recycled fine paper for City of Austin use. The Resolution establishes a policy to buy recycled fine paper so long as the price for recycled fine paper is no more that 10% higher than that for virgin paper.

In September 2013, the City Manager established the City of Austin Administrative Bulletin 13-03 regarding the Sustainable Printer and Paper Policy. The purpose of the Administrative Bulletin is to minimize the City’s printer and paper usage in order to reduce costs, save energy, and save natural resources. The primary goals of the Administrative Bulletin that relate to this solicitation are to purchase the most environmentally preferable paper products possible, and to reduce the quantity of paper used in city operations. The paper used for the City’s printing needs shall be environmentally preferable paper, including multi-function device paper, and any vendor printed items including stationary, business cards, stickers, etc. All paper should be made from 100% post-consumer content

#### **3.0 TECHNICAL REQUIREMENTS**

##### **3.1 *Contractor’s Minimum Qualifications & Experience***

Contractor shall have at minimum three years’ experience in printing, production and management of forms.

##### **3.2 *Contractor’s Responsibilities***

- 3.2.1 Contractor shall provide all labor, material and equipment required to print various forms as identified on Bid Sheet and Attachment 1.
- 3.2.2 Contractor shall use paper made from 100% post-consumer content.
- 3.2.3 If 100% post-consumer content is not available, paper used under this contract should be chlorine and acid free and forestry stewardship Council (FSC) Certified.

- 3.2.4 Contractor shall use grade 3 Standard Work: Most jobs are run under this category. Normal care and precision are exercised. While color match, register, and uniformity of inking through the run are important, extreme quality may be compromised in favor of cost. Goal is maximum quality at a competitive price.
- 3.2.5 Contractor may view samples of current form in attached PDF file. PDF File is not all inclusive and post award contracted vendor shall attain sample of form(s) required from each respective department prior to printing of any form.
- 3.2.6 Contractor shall obtain final proof approval from respective Department Contract Manager or designee prior to printing of sample of revised and/or new form(s).
- 3.2.7 Contractor shall not stock any of these forms.
- 3.2.8 Contractor shall shrink-wrap, box and/or pad forms in individual package as indicated on Bid Sheet unless otherwise specified at time of order.
- 3.2.9 Form content revision shall justify a one-time typesetting fee, but NOT a form price increase.
- 3.2.10 Form(s) similar to an existing form shall be priced at the same rate as forms listed on bid sheet based upon size/format/paper of same or similar current form.
- 3.2.11 Revision of existing form(s) that in addition to form content involve changes in construction, paper, number of copies, etc. will be subject to review by the Purchasing Office and a rate priced agreed on prior to printing the first order of the revised form. This price shall remain firm for the remainder of the contract period.
- 3.2.12 All proofs and negatives or artwork used in the production of forms shall remain the property of the City and shall be returned to the Contract Manager upon request at the end of the contract term.

### **3.3 *City's Responsibilities***

- 3.3.1 The City reserves the right to reject any printing deemed unsatisfactory by the respective Contract Manager or designee at no additional cost to the City.
- 3.3.2 The respective Contract Manager or designee will review typesetting fee and price will be determined prior to printing of the form(s).
- 3.3.3 Contract Manager or designee will place orders for reprinting of current forms or printing of new forms.
- 3.3.4 Contract Manager or designee will review and approve final proof prior to printing of form.

## **4.0 DELIVERY & ORDERING REQUIREMENTS:**

- 4.1 Routine orders and deliveries shall be made within ten (10) business days of receipt of order, via fax or e-mail notification by Contract Manager or designee.
- 4.2 Rush delivery response shall be within twenty-four (24) hours of notification by department. The City estimates we will have approximately three (3) requests per year.
- 4.3 Vendor shall include one (1) copy of itemized packing slip to the delivery site; the following information shall be included on packing slips:
  - a. Contract Master Agreement Number,
  - b. Purchase Order Number (DO#),
  - c. City of Austin or Department stock number of each form.
  - d. Quantities ordered (in departments unit of issue),
  - e. Quantities shipped (in departments unit of issue),
  - f. Signature line for authorized department representative to sign for shipment.
- 4.4 Complete shipments are desired, however partial shipments shall be considered/required upon occasion, and shall be delivered at no additional cost to the City.
- 4.5 The City will not be responsible for payment on overages in printing and/or delivery of forms. Overages will not be allowed.
- 4.6 Deliveries shall be made to the existing following locations. The City reserves the right to add locations during the contract period, at no additional cost to the City.

APD Headquarters 715 E. 8<sup>th</sup> St. Austin, TX. 78701  
APD East-Sub 812 Springdale Rd. Austin, TX. 78702  
APD North-sub 12425 Lamplight Dr., Austin, TX. 78758  
APD South-sub 404 Ralph Ablanedo Dr., Austin, TX. 78748  
Law Department 301 W. 2<sup>nd</sup> Street, Austin, TX 78701  
Aviation 9400 Freight Ln. Austin, TX 78719  
Health Department RBJ-15 Waller Street, 1<sup>st</sup> Floor, Austin, TX 78702  
Controller's Office 124 W. 8<sup>th</sup> St. Suite 140, Austin, TX 78701  
EHSD 1520 Rutherford Ln., Bldg. 1, Austin, TX 78754  
AFD Headquarters 4201 Ed Bluestein Blvd., Dock F, Austin, TX 78721  
EMS 4201 Ed Bluestein Blvd. Dock E, Austin, TX 78721

Estimated order quantities of each form are as noted on Bid Sheet and Attachment I including minimum order quantities if applicable.

- 4.7 Minimum order quantities are not allowed for this contract unless so stated in attachment 1. Any bid submitted stating minimum quantities will not be considered for award.

## **5.0 INVOICE REQUIREMENTS:**

- 5.1 Invoice and one (1) signed packing slip copy shall be submitted to Department billing address as indicated below, for payment. Submitted packing slip for payment shall have an authorized representative signature. The City reserves the right to reject any unsigned packing slips.
- 5.2 Invoices shall be mailed to:

City of Austin- Police Department  
Attn: Financial Management  
P.O. BOX 1629  
Austin TX. 78767-1629

City of Austin - Law Department  
PO Box 1088  
Austin, TX 78767

City of Austin - Aviation Department  
3600 Presidential Blvd. Suite 411  
Austin, TX 78719

Health Department  
HHSD Accounting  
PO Box 1088  
Austin, TX 78767

City of Austin- Controller's Office  
PO Box 2920  
Austin, TX 78768

EHSD  
PO Box 1088  
Austin, TX 78767

City of Austin- Fire Department  
Accounts Payable  
4201 Ed Bluestein Blvd.  
Austin, TX. 78721

AFD Accounts Payable e-mail [FIREacctspayable@austintexas.gov](mailto:FIREacctspayable@austintexas.gov)

City of Austin- Emergency Medical Services  
Attn: Accounts Payable  
15 Waller St.  
Austin, TX 78702

# BID SHEET CITY OF AUSTIN

## PRINTING: VARIOUS FORMS, PRODUCTION & MANAGEMENT

ID NO. ISR0004

QM NO. 8700 14110300037

ID OPENING DATE AND TIME: JANUARY 13, 2015 AT 2:00 p.m.

UYER: IRENE SANCHEZ-ROCHA

**opies of Bid: Vendor must submit two copies of its signed bid - one original and one copy and one electronic copy.**

is is a solicitation for a 36 month supply agreement for Printing, Production and Management of Various Forms for Departments within the City with an option to tend for up to three (3) additional twelve (12) month periods, subject to the approval of the City Manager or Designee and the Supplier. The quantities noted below are nual estimates.

**pecial Instructions:** Be advised that exceptions taken to any portion of the solicitations may jeopardize acceptance of the bid. **Please state on bid sheet line item if rm cannot be produced on recycled paper.**

ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
1	PD-0009B	CRIME SCENE LABEL; 500/BOX	2	BX	\$ 75.00/bx	\$ 150.00
2	PD-0010	ASSAULT VICTIM STATEMENT; 2,500/CASE <i>SEE ADDENDUM #1</i>	4	CS	\$ 147.20/m	\$ 1472.00
3	PD-0015	STICK "CHAIN OF CUSTODY" LABEL; 2,500/BOX	20	BX	\$ 195.00/bx	\$ 3900.00
4	PD-0029	FINGERPRINT CARD; 1,000/CASE	50	CS	\$ 41.30/cs	\$ 2065.00
5	PD-0037	OVERTIME/COMPENSATORY FORM; 500/BOX	50	BX	\$ 26.60/bx	\$ 1330.00
6	PD-0037B	OUTSIDE OVERTIME ASSIGNMENT FORM; 500/BOX	2	BX	\$ 105.00/bx	\$ 210.00
7	PD-0040	CRIMINAL TRESPASS BOOK; 100 BOOKS/CASE	30	CS	\$ 20.60/cs	\$ 618.00
8	PD-0042	PALM PRINT; 500/BOX	2	BX	\$ 236.00/bx	\$ 472.00
9	PD-0047	APD CASE DISPOSITION; 500/BOX <i>DELETED POL CITY</i>	20	BX	\$ —	\$ —
10	PD-0056A	JUVENILE ARREST CARD; 250/BOX	4	BX	\$ 148.00/bx	\$ 592.00
11	PD-0068	IMPOUND WRECKER SELECTION REPORT; 1,000/BOX	42	BX	\$ 101.00/bx	\$ 4242.00
12	PD-0069A	LEAVE REQUEST; 250/BOX	4	BX	\$ 60.00/bx	\$ 240.00
13	PD-0069B	UNDERCOVER EXPENSE REPORT; 250/BOX	4	BX	\$ 40.00/bx	\$ 160.00
14	PD-0107	POLICE NOTICE ABANDONED CAR (ORANGE) STICKER; 250/BOX	12	BX	\$ 37.50/bx	\$ 450.00

PAGE TOTAL 15,901.00<sup>1</sup>



ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
15	PD-0107A	ABANDONED NON-MOTORIZED VEHICLE (RED) STICKER ; 250/BOX	4	BX	\$ 37.50/BX	\$ 150.00
16	PD-0109B	PAWN SHOP RECORD BOOK; 75 BOOKS/CASE	675	BK	\$ 2.45/BK	\$ 1653.75
17	PD-0113	VEHICLE AND EQUIPMENT REPAIR FORM; 500/BOX	12	BX	\$ 46.00/BX	\$ 552.00
18	PD-0133	CONTACT CARD; 250/BOX	12	BX	\$ 20.00/BX	\$ 240.00
19	PD-0133S	CONTACT CARD SPANISH; 250/BOX	4	BX	\$ 20.00/BX	\$ 80.00
20	PD-0134	CONTACT CARD WITH HOURS; 250/BOX	4	BX	\$ 20.00/BX	\$ 80.00
21	PD-0138	STREET CHECK CITATION BOOK; 300 BOOKS/CASE <sup>X 2</sup> ADDENDUM	1,200	BK	\$ 1.50/BK	\$ 1800.00
22	PD-0141	WARNING TICKET; 100/CASE DELETED Per COA	2	CS	\$ —	\$ —
23	PD-0144	COUPON BOOK; 50/BOX	50	BK	\$ 3.00/BK	\$ 150.00
24	PD-0144A	COUPON BOOK; 50/BOX	50	BK	\$ 3.00/BK	\$ 150.00
25	PD-0154	POLICE NOTICE JUNKED VEHICLE (GREEN) STICKER; 1,000/BOX	1	BX	\$ 150.00/BX	\$ 150.00
26	PD-0162	MIRANDA CARD; 1,000/BOX	4	BX	\$ 52.00/BX	\$ 208.00
27	PD-0166	REGISTER FORM 1,000/BOX	1	BX	\$ 165.00/BX	\$ 165.00
28	PD-020	EMERGENCY NOTIFICATION FORM 500/BOX	1	BX	\$ 145.00/BX	\$ 145.00
29	PD-0201	PAWN SHOP PROPERTY HOLD CARD 50/BOX	1	BX	\$ 161.00/BX	\$ 161.00
30	PD-0211	OUT OF SERVICE STICKER 1,000/BOX	1	BX	\$ 200.00/BX	\$ 200.00
31	PD-0215	STICKER "POLICE PAL" PERFORATED 300 CT. ROLL; 1,000/ROLLS PER CASE <sup>X 3</sup> ADDENDUM	25	CS	\$ 50.00/1M	\$ 1250.00
32	PD-0215B	STICKER "POLICE PAL EXPLORER" PERFORATED 300 CT. ROLL; 1,000/ROLLS PER CASE (NO SAMPLE FORM IN 0500 SCOPE FILE) <sup>X 3</sup>	5	CS	\$ 100.00/1M	\$ 500.00
33	PD-FAS	FALSE ALARM STICKER, 1,000/BOX	3	BX	\$ 165.00/BX	\$ 495.00
34	PD-0139	CITE AND RELEASE CITATION BOOKS PD-0139, 100/BOOKS IN A CASE	500	BK	\$ 2.14/BK	\$ 1070.00
35	PD-LWC	LICENSE AND WEIGHT CITATION ORDER 1,000 A CASE	1	CS	\$ 300.00/CS	\$ 300.00
36	PD-LWCCS	LICENSE AND WEIGHT CITATION CONTINUATION SHEET, 1,000/CASE	1	CS	\$ 300.00/CS	\$ 300.00
37	DIC-24	DIC 24 STATUTORY WARNING, 1,000/CASE	1	CS	\$ 136.00/CS	\$ 136.00

PAGE TOTAL \$ 9935.75<sup>2</sup>

EB.



ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
38	DIC-24S	DIC 24S STATUTORY WARNING SPANISH, 1,000/ CASE	1	CS	\$ 136.00/CS	\$ 136.00
39	DIC-25	DIC 25 NOTICE OF SUSPENSION, ORDER 1,000 CASE	1	CS	\$ 136.00/CS	\$ 136.00
40	DIC-25S	DIC 25S NOTICE OF SUSPENSION SPANISH, 1,000/CASE	1	CS	\$ 136.00/CS	\$ 136.00
41	CR-3	CRASH REPORT FORM <sup>SEE</sup> ADDENDUM # 4	4	CS	\$ 125.60/4	\$ 1256.00
42	FIN-9074 R	FORM. FIN-9074 PETTY CASH REIMBURSEMENT/ ADVANCE BK 13-1/2" X 9" WIDE WITH 3/4" TAB (1) SIDED (3) PART, (1) VERTICAL PERFORATION & (2) HORIZONTAL PERFORATION, BLACK INK, NCR 16 # BOND WHITE, CANARY, & PINK CHIPBOARD BACK WTH WRAP AROUND TAG COVER. NUMBERED FORM (IN RED INK). 50 SETS OF (3) PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	ANN. QTY CHANGED PER COA 50 <del>250</del>	BK	\$ 13.00	\$ 650.00
43	FIN-7026	395-60-109-016 FORM. RECEIPT FOR PAYMENT FUNDS BK 9-3/4" OVERALL WITH 3/4" TAB X 14" (1) SIDED (4) PART, (1) VERTICAL PERFORATION & (3) HORIZONTAL PERFORATION, BLACK INK, NCR 16 # BOND WHITE, CANARY, PINK & GOLDENROD, CHIPBOARD BACK WITH WRAP AROUND TAG COVER. NUMBERED FORM (IN RED INK). 50 SETS OF (4) PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	200	BK	\$ 10.00	\$ 2000.00
44	FIN-7027	395-70-107-001 FORM FIN-7027 PAYMENT RECEIPT 9 X 5-1/2 (1) SIDED (4) PART, 1 VERTICAL AND THREE HORIZONTAL PERFORATIONS BLACK INK, NCR 16# WHITE, CANARY, PINK & GOLDENROD. NUMBERED FORM (IN RED INK). CHIPBOARD BACK, WITH WRAP AROUND TAG COVER. 50 SETS OF THREE PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	50	BK	\$ 4.27/BK	\$ 213.50
45	FIN-9070 R	395-60-121-040 FORM, PETTY CASH REQUEST 6-1/4 X 4-1/4 (1) SIDED (2) PART. BLACK INK. NCR 16# BOND WHITE & CANARY. WITH CHIPBOARD BACK, QTY 50 SETS PER PKG	50	PK	\$ 5.25/PK	\$ 262.50
46	DVR-1000	VEHICLE INSPECTION FROM WITH 3/4" SNAP AT TOP; BLACK INK, COLOR WHITE, CANARY & PINK, DOUBLE SIDED, 50/PACK 20 PACKS PER CARTON	50	CTN	\$ 121.00/CTN	\$ 6050.00
47	PER-7005	395-60-111-004 FORM LEAVE REPORT 8-1/2 X 5-1/2 (1) SIDED (1) PART, BLACK INK 20# PINK BOND WITH CHIPBOARD BACK, 100 PER PAD (NO SAMPLE FORM IN 0500 SCOPE FILE)	100	PD	\$ 3.00/PD	\$ 300.00

PAGE TOTAL ~~10770~~ 3  
10877.50



ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
48	FIN-9038	PRIVATE VEHICLE MILEAGE REPORT FORM, 8-1/2 X 11 (1) SIDED (2) PART, BLACK INK 20# WHITE, PINK NCR PAPER (NO SAMPLE FORM IN 0500 SCOPE FILE)	50	PK	\$ 6.00 / PK	\$ 300.00
49	PWTD-4030	395-80-1001-001 FORM, PWTD4030 MANUAL FUELING LOG 8-112 X 11 (1) SIDED (2) PART, BLACK INK. NCR 16# BOND WHITE & CANARY NUMBERED FORM (IN RED INK). WITH CHIPBOARD BACK. QTY 10 PER PAD	30	PD	\$ 5.00 / PK	\$ 150.00
50	CCR-KIT	CAR COLLISION REPORT FORM AND ENVELOPE; ENVELOPE 6 X 9 AND FORMS (1) SIDED (1) PART BLACK INK ON WHITE 20 LB PAPER. ONE FORM HAS PERFORATION AT CENTER OF FORM; 10 KITS PER PACK	25	PK	\$ 15.20 / PK	\$ 380.00
51	FOR-2146	VEHICLE EQUIPMENT STATUS NOTICE; 5 X 8-1/2" NCR PAPER, WHITE, YELLOW, PINK; BLACK INK	4	PK	\$ 33.00 / PK	\$ 132.00
52	AFD-7011	FORM, 966-36-621-121, AFD-7011 HAZMAT COST RECOVERY NOTIFICATION 8-1/2 X 11 (1) SIDED (4) PART, BLACK INK, NCR 20# BOND WHITE CANARY, PINK & GOLDENROD. QTY 50 PER PKG	25	PK	\$ 8.00 / PK	\$ 200.00
53	EMS-BN	BILLING FORM, AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES, 8 1/2 X 11 WHITE, 24 LB LASER COMPATIBLE BOND, REFLEX BLUE INK, (1) PART, (1) SIDED, 2,000 SHEETS PER CARTON	130	CTN	\$ 24.00 / <sup>CTN</sup> <del>PK</del>	\$ 3120.00
54	EMS-IN	IMPORTANT NOTICE - AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES FORM 8-1/2" X 11 (1) SIDED (1) PART, REFLUX BLUE INK 24# LASER COMPATIBLE BOND WHITE, PMS 185 RED, REFLUX BLUE 2,000 SHEETS PER CARTON	130	CTN	\$ 24.00 / CTN	\$ 3120.00
55	EMS-FN	FINAL NOTICE - AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES, 8-1/2 X 11 (1) PART WHITE, 24# LASER COMPATIBLE BOND PMS 185 RED AND REFLEX BLUE, 2,000 SHEETS PER CARTON	115	CTN	\$ 24.00 / CTN	\$ 2760.00
56	EMS-HCFA	HCFA 1500 AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES REQUEST FOR QUOTE INSURANCE CLAIMS FORM, 8-1/2 X 11 (1) PART CUT SHEET, 24# WHITE STOCK PRINTED IN TWO (2) ON 1 SIDE, REFLEX BLUE AND 185 RED. 2,000 SHEETS PER CARTON	115	CTN	\$ 24.00 / CTN	\$ 2760.00
57	CH-TC 201	EHSD - CUSTODIAL CARE INSPECTION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	30	PK	\$ 4.40 / PK	\$ 132.00
58	CH-TC FFI	EHSD - FARMERS MARKET FOOD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	14	PK	\$	\$ 61.60
59	300-FRE INSP	EHSD - FOOD ENTERPRISE RE-INSPECTION NOTICE FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	100	PK	\$	\$ 440.00
60	CH-TC 506	EHSD-FOOD BORNE ILLNESS INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	20	PK	\$	\$ 88.00

PAGE TOTAL 13,643.60 4



ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
61	CH-TC 507	EHSD- CORRECTIVE ACTION PLAN FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	10	PK	\$ 4.40/PK	\$ 44.00
62	CH-TC 505	EHSD- CERTIFICATE OF OCCUPANCY-CHANGE OF OWNERSHIP FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	60	PK	\$	\$ 264.00
63	CH 601	EHSD- DETENTION ORDER FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	32	PK	\$	\$ 140.80
64	BGIR	EHSD- BLANK GENERAL INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK 25 PER PACK	10	PK	\$	\$ 44.00
65	CH-TC 500A	EHSD- FOOD ESTABLISHMENT INSPECTION REPORT FORM; 8-1/2 x 11" WHITE WITH BLACK INK DOUBLE SIDED; 25 PER PACK	320	PK	\$	\$ 1408.00
66	CH-TC 500B	EHSD- FOOD ESTABLISHMENT INSPECTION REPORT PAGE 2 FORM; 8-1/2 x 11" WHITE WITH BLACK INK DOUBLE SIDED; 25 PER PACK	320	PK	\$	\$ 1408.00
67	CH-602	EHSD- ORDER SUSPENDING FOOD ESTABLISHMENT PERMIT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	16	PK	\$	\$ 70.40
68	CH-602 NCS	EHSD- NOTICE OF COMPLIANCE SCHEDULE FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	16	PK	\$	\$ 70.40
69	CH-TC 501	EHSD- FOOD PRODUCT ESTABLISHMENT INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	20	PK	\$	\$ 88.00
70	CH-TC 503	EHSD- MOBILE FOOD VENDOR INSPECTION REPORT FORMS; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	60	PK	\$	\$ 264.00
71	CH-TC 502	EHSD- MOBILE FOOD VENDOR PERMIT INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	60	PK	\$	\$ 264.00
72	CH-TC 504	EHSD- TEMPORARY FOOD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	140	PK	\$	\$ 616.00
73	TC-604 NOV	EHSD-TRAVIS COUNTY HEALTH AND HUMAN SERVICE DPARTMENT NOTICE OF VIOLATION FORM; 8-1/2 X 11 WHITE WITH BLACK INK; 25 PER PACK	20	PK	\$	\$ 88.00
74	DOG-NOV	EHSD- DOG/ANIMAL ENCLOSURE NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	3	PK	\$	\$ 13.20
75	DOG-FOWL	EHSD- FOWL ENCLOSURE NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	6	PK	\$	\$ 26.40
76	EH-TC 904	EHSD-POOL CO CHOW INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	10	PK	\$ ✓	\$ 44.00

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ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
77	EH-TC 901	EHSD- POOL INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	100	PK	\$ 4.40 / PK	\$ 440.00
78	EH-TC 905	EHSD-PWIFF PUBLIC INTERACTIVE WATER FOUNTAINS INSPECTION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	2	PK	\$ 1	\$ 8.80
79	ECHU 701	EHSD- SIPPO/MATTO INSPECTION REPORT/NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	3	PK	\$ 1	\$ 13.20
80	EHS RVP	EHSD- FIELD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	3	PK	\$ 1	\$ 13.20
81	FMC-EHSD	EHSD- FOOD MANAGER CERTIFICATE; 8-1/2 X 11" WHITE WITH RED INK; 25 PER PACK	200	PK	\$ .68 / PK	\$ 136.00
82	TB400A	ATCHD- TUBERCULOSIS ELIMINATION DIVISION REPORT OF CASE AND PATIENT SERVICES FORM; 8-1/2 X 11 YELLOW WITH BLACK IN; 50 PER PAD, 2 HOLE PUNCH AT TOP OF PAGE	150	PD	\$ 2.70 / PD	\$ 405.00
83	TB400B	ATCHD- TUBERCULOSIS ELIMINATION DIVISION REPORT OF CASE AND PATIENT SERVICES FORM; 8-1/2 X 11 PINK WITH BLACK IN; 50 PER PAD, 2 HOLE PUNCH AT TOP OF PAGE	80	PD	\$ 2.70 / PD	\$ 216.00
84	2200-CD UNIT	ATCHD- COMMUNICABLE DISEASE UNIT TB/STD AUTHORIZATION TO RELEASE MEDICAL INFORMATION FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK IN; 50 PER PACK,	80	PK	\$ 7.50 / PK	\$ 600.00
85	2200SSP-CD UNIT	ATCHD- COMMUNICABLE DISEASE UNIT TB/STD AUTORIZACION PARA LIBERAR INFORMACION MEDICA FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK IN; 50 PER PACK,	50	PK	\$ 7.50 / PK	\$ 375.00
86	LAB-ORD FORM	ATCHD- COMMUNICABLE DISEASE UNIT LABORATORY LAB ORDER AND REPORT FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK AND RED INK; 50 PER PACK	300	PK	\$ 5.75 / PK	\$ 1725.00
87	TBCF	ATCHD-COMMUNICABLE DISEASE UNIT TUBERCULOSIS CLEARANCE FORM; 8-1/2 X 11", 3-PART, WHITE/YELLOW/PINK WITH BLACK INK, 50 PER PACK	50	PK	\$ 8.50 / PK	\$ 425.00
88	966-30-100-001	STATIONERY LETTERHEAD CITY OF AUSTIN 8-1/2 X 11 (1) SIDED (1) PART, BLUE & RED INK, @1 GRDE 20# BOND WHITE, QTY 500 PER RM. SHRINK WRAPPED WITH CHIPBOARD BACK AND FRONT <i>CHANGE PER CITY</i>	<del>100</del> 125	RM	\$ 12.10 / RM	\$ 1210.00
89	HGT-WPDR	HALF GREEN TAG 3-1/2" X 3-1/4", LIGHT GREEN (BRIGHT OR PHOSPOHORESCENT) ADHESIVE LABEL ( MATAAC STARLINER PERMANENT ADHESIVE OR EQUAL) WITH BLACK INK. PACKAGED 50 PER SHRINK WRAP	600	PK	\$ 2.00 / PK	\$ 1200.00
90	ENV-IOE	ENVELOPE, #10 White (1) SIDED BLACK INK, INTEROFFICE ENVELOPE; 500/ Box	20	BX	\$ 25.00 / BX	\$ 500.00

PAGE TOTAL 7267.20 6



ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
91	ENV-#10BUS	ENVELOPE, #10 White (1) SIDED BLACK INK, RETURN ADDRESS 5/16" FROM SIDE OF ENVELOPE AND 3/8" FROM TOP OF ENVELOPE CORNER 2,500/ Case (PRINTING SHALL BE PLACED AS INDICATED ON WINDOW ENVELOPE SAMPLE)	60	CS	\$ 50.00/CS	\$ 3000.00
92	ENV-#10WBUS	ENVELOPE, #10 BUSINESS, WINDOW (1) SIDED BLACK INK, RETURN ADDRESS 5/16" FROM SIDE OF ENVELOPE AND 3/8" FROM TOP OF ENVELOPE CORNER 2,500/ Case	75	CS	\$ 62.50/CS	\$ 4687.50
93	310-48-101-001	ENVELOPE, BID PROPOSAL "CONTRACT CONSTRUCTION" 10 X 13 (1) SIDED (1) PART, BLACK INK, SU832 MANILA ENVELOPE, QTY 25 PER PKG (NO SAMPLE IN 0500 SCOPE FILE)	40	PK	\$ 5.25 /PK	\$ 210.00
94	310-48-102-001	ENVELOPE, PETTY CASH TICKET 7-1/2 X 10-1/2 (1)SIDED PART, RED INK, SUB 32 MANILA ENVELOPE. QTY. 20 PER PKG (NO SAMPLE FORM IN 0500 SCOPE FILE)	20	PK	\$ 11.25 /PK	\$ 225.00
95	WPDR-CORRN	WPDR- CORRECTION NOTICE, SNAP-OUT FORM, 3-PART, NCR, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# NCR PAPER. COLOR PINK WITH THE MARGINAL WORD "ORIGINAL" PRINTED IN RED INK ON THE BOTOM CENTER WHITE WITH THE MARGINAL WORD "FIELD COPY" PRINTED IN RED INK ON THE BOTTOM CENTER OF SHEET LAST SHEET SHALL BE 104" TAG NCR, COLOR WHITE. PACKAGED BULK 50 PER SHRINK WRAP (NO SAMPLE FORM IN 0500 SCOPE FILE)	50	PK	\$ 6.30 /PK	\$ 315.00
96	WPDR-IRI	WPDR- INVESTIGATION/RE-INSPECTION FEE, SNAP-APART FORM 2-PART, NCR, 8-1/2" X 4-1/2" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# NCR PAPER. COLOR YELLOW, MIDDLE SHEET SHALL BE 14# NCR PAPER, COLOR PINK, LAST SHEET SHALL BE 105# NCR TAG PAPER, COLOR WHITE, WITH BLUE AND RED INK CITY OF AUSTIN EMBLEM PRINTED AT THE TOP CENTER, TEXT IN BLACK INK. PACKAGED 50 PER SHRINK WRAP (NO SAMPLE FORM IN 0500 SCOPE FILE)	100	PK	\$ 5.50 /PK	\$ 550.00
97	WPDR-TO	WPDR- TEMPORARY OCCUPANCY SNAPAPART FORM, 2-PART, CARBONLESS PAPER, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# PAPER, COLOR YELLOW, LAST SHEET SHALL BE 105# TAG PAPER, COLOR WHITE, WITH BLACK SCREENED CITY OF AUSTIN SEAL PRINTED AT THE TOP CENTER (ALL SHEETS). PACKAGED 50 PER SHRINK WRAP (NO SAMPLE FORM IN 0500 SCOPE FILE)	100	PK	\$ 5.50 /PK	\$ 550.00

PAGE TOTAL 9537.50



ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
98	WPDR-MGI	WPDR- MEDICAL GAS INITIAL INSPECTION SNAP-APART FORM, 3-PART, CARBONLESS PAPER, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# PAPER, COLOR WHITE, MIDDLE SHEET SHALL BE 15#, COLOR CANARY LAST SHEET SHALL BE 15#, COLOR PINK WITH BLACK SCREENED CITY OF AUSTIN SEAL PRINTED AT THE TOP CENTER (ALL SHEETS). PACKAGED 50 PER SHRINK WRAP	25	PK	\$ 20.00 / PK	\$ 500.00
99	WPDR-BKLT	WPDR- PERMIT BOOKLET 8-1/2 X 3-1/2, 3-PART, CARBONLESS PAPER, 5 SETS PER PAD, 20# WHITE, CANARY AND PINK, BLACK INK, BLACK SCREENED CITY OF AUSTIN SEAL ON CENTER OF ALL SHEETS, CONTINUOUS CRASHED NUMBER IN RED INK, CHIP BOARD BACKING, GLUED AT TOP (NO SAMPLE FORM IN 0500 SCOPE FILE)	50	BK	\$ 5.00 / BK	\$ 250.00
<b>TOTAL DOLLAR AMOUNT FOR ITEMS: 1 - 99</b>					\$ 72,765.75	
					AMOUNT BEFORE MSRP DISCOUNT	NOT APPLICABLE SEE BELOW
					ANNUAL AMOUNT	% DISCOUNT
THE CITY MAY WISH TO PURCHASE ADDITIONAL ITEMS OR SERVICES FROM THE SUCCESSFUL BIDDER IN THE FUTURE THAT ARE NOT LISTED ON THIS BID SHEET, PLEASE INDICATE THE DISCOUNT FROM MANUFACTURE SUGGESTED PRICE FOR THESE ITEMS OR SERVICES					\$15,000.00	THIS IS NOT APPLICABLE AS ALL ITEMS ARE CUSTOM AND MADE TO ORDER
** TYPESETTING CHARGES PER HOUR \$ 50.00						
<b>TOTAL BID</b>					\$ 72,765.75	

DELIVERY SHALL BE WITHIN **10 BUSINESS DAYS** AFTER RECEIPT OF ORDER, BIDDER CAN MEET DELIVERY X YES  
    NO

BIDDER'S BEST DELIVERY FOR BOOKED FORMS IS 12 BUSINESS DAYS AFTER RECEIPT OF ORDER

DELIVERY TERMS: ALL SHIPPING AND HANDLING CHARGES MUST BE INCLUDED IN BID. DELIVERY SHALL BE FOB DESTINATION, PREPAID AND ALLOWED

DELIVERY METHOD: UPS, COURIER, COMMON CARRIER

COMPANY NAME: AMERICAN DIVERSITY BUSINESS SOLUTIONS

ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE

SIGNATURE OF AUTHORIZED REPRESENTATIVE: Erik Bataille

PRINTED NAME: ERIK BATAILLE

EMAIL ADDRESS: ebataille@Austin.TT.COM



ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS

Printing Various Forms

Invitation for Bid (RFP): ISR0004 ADDENDUM NO. 1 DATE OF ADDENDUM: January 5, 2015

This addendum is to incorporate changes to the above referenced solicitation:

1. Extend Bid Due Date and Time: January 20, 2015 2:00 p.m.  
Bid Opening Time and Date 2:15 p.m. January 20, 2015.

All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, Addendum #1 is hereby incorporated and made a part of the above referenced Solicitation.

APPROVED BY:

A handwritten signature in black ink, appearing to read "Irene Sanchez-Rocha".

Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

ACKNOWLEDGED BY:

American Diversity

SUPPLIER

Eut Bataille

AUTHORIZED SIGNATURE

1-7-15

DATE

RETURN ONE (1) COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH PROPOSAL OR PRIOR TO BID OPENING. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION OF YOUR OFFER.





ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): **ISR0004** ADDENDUM NO. **2** DATE OF ADDENDUM: **January 9, 2015**

This addendum is to incorporate changes to the above referenced solicitation:

**1. Questions:**

- (Q1) PD-0056A Juvenile Arrest Card; Do you have a PDF available of this complete document only? Sample looks to have watermark, is this pink or gray sale watermark? How many pages have the watermark? What is the "HARD COPY" paper stock? Is this manila tag back blank or is this the "Hard Copy"
- (A1) **PD-0056A Juvenile Arrest card; A complete document sample PDF attached herein. The City will provide a complete recently printed sample of the document at award. This document does have a gray watermark on all pages of this document. The "HARD COPY" paper is card stock manila color. See enclosed picture and PDF.**
- (Q2) PD-0138 Street Check Citation Book; Do you have a PDF available of this complete document only? Is this 2 color? Confirm finish size 42.5" x 10"? How many sheet are 2 sided?
- (A2) **PD-0138 Street Check Citation Book; A complete document PDF attached herein. This book has two pages. First pages top/front page is white 20#CB, 2<sup>nd</sup> page/bottom yellow/canary 15# CF. See enclosed picture and PDF**
- (Q3) PD-0144 & PD0144A Coupon Books; Is there any printing on covers? How many coupons per book?
- (A3) **The PD-0144& PD-0144a have no printing on cover and contain twenty (20) coupons per book. Form size is 5-7/8" x 3" the stub is approximately 1/4" stapled.**
- (Q4) HHSD-Food Enterprise Inspection Form; Attachment 1 says form is 2 pages 1 image but the paper color is white NCR is this correct? If so, do we need to print 2 white NCR pages and pad them together?
- (A4) **The HHSD-Food Enterprise Re-Inspection Form; Line 59 on bid sheet (300-FRE INSP) is two (2) pages NCR. The top page is white 20# CB and back page is 20# Yellow CF.**
- (Q5) PD-0009B Crime Scene Label; What is color and weight of the label stock? Is this crack'n peel?
- (A5) **PD-0009B Crime Scene Label is fluorescent orange with permanent adhesive back 5.6mil label. The back is a peel of back crack and peel.**
- (Q6) HHSD-Food Enterprise Inspection Form; Attachment 1 says form is 2 pages 1 image but the paper color is white NCR is this correct? If so, do we need to print 2 white NCR pages and pad them together?
- (A6) **The City has attached available survey data for the site as well a conceptual plan for ADA accessible sidewalk developed by the Department for the Proposers consideration. See enclosed picture and PDF.**
- (Q7) PD-0015 Chain of Custody Label; What is color and weight of the label stock? Is this crack'n peel?
- (A7) **PD-0015 Chain of custody label; Color is white 5.6mil permanent adhesive crack and peel label.**



- (Q8) PD-0010 Assault Victim Statement; This is listed as an 11" x 17" folded and perfed, what is the finished size? There seems to be 10 copies making 5 pages? Is this a booklet
- (A8) **PD-0010 Assault Victim Statement; This form is a 11" x 17" folded and perforated form. There are 3 pages front and back each page is separated by a perforated line measuring 11" inches long. Pages 1 and 4 are glued together by a 0.5: inch strip. Crime Scene Label is fluorescent orange with permanent adhesive back 60# label. The back is a peel of back crack and peel. See enclosed picture and PDF.**
- (Q9) PD-0037 & pd0037B Overtime Compensatory Assignment forms; The copy shows there is a screen, can you confirm the ink color of the scree or is this the pink copy that was scanned? Is this a fanapart with stub? Is it glued at the top?
- (A9) **PD-0037 & pd0037B Overtime compensatory assignment form; There is no screen on this form it is the color of the pink second page showing through. This form is a 20#white CB and a 20# Pink CF snap set.**
- (Q9) PD-0040 Criminal Trespass Book; What weight, color & brand is the paper? What is the size of the stub? Do all parts print alike? What type, color and position is the numbering? Do any parts stay in the book? Is the cover printed? If so, what color.
- (A9) **PD-0040 Criminal Trespass Book; This form is a booklet manila bounded by three staples at top and cardboard insert in back of book. The paper weight is 15# white CB, 14# yellow/canary CFB and 15# Pink CF, any brand of paper is fine, all parts print alike. The stub size is approximately 5/8", the form itself measures 8.5" x 11". This is not a numbered booklet. No parts stay in the book. The cover is not printed. See enclosed picture and PDF**
- (Q10) PD-0047 Case Disposition and PD-0141 Warning Ticket Book; Is this a fanapart with no stub? Glued at the top and do all parts print alike .
- (A10) **PD-0047 Case Disposition and PD-0141 Warning Ticket Book; Remove bid item #9 (PD-0047 and bid item #22 PD-0141 No longer required.**
- (Q11) PD-0068 Impound Wrecker Report; What is the weight of the paper? Is there a screen or is the copy received of goldenrod or canary part? Is this a fanapart with no stub? If not, what size is the stub? Do all parts print alike?
- (A11) **PD-0068 Impound Wrecker Report; Weight of paper is white 15# CB, 14# Yellow/Canary CFB, 14#Pink CFB, 15#Goldenrod CF with a 5/8" stub at top. All parts print the same.**
- (Q12) PD-0069B Undercover Expense Report; The copy shows 2 holes drilled left please confirm? If so do all parts drill?
- (A12) **PD-0069B Undercover Expense Report; There are two holes drilled through all parts. All parts print the same.**
- (Q13) PD-107A Non-Motorized Vehicle; Is this standard red Fluorescent crack'n peel stock? Is this permanent adhesive?
- (A13) **PD-107A Non-Motorized Vehicle; This is a 5.6mil standard fluorescent red label with peel off back.**
- (Q14) PD-0109B Pawn Shop Record Book; Does the 4-1/4" x 6" include the stub? If not, what is the stub size? What weight, color and brand is the paper? Do all parts print alike? Does the cover print? If so, what color? Do any parts stay in the book?
- (A14) **PD-0109B Pawn Shop Record Book; This is a booklet manila bounded by two staples at top and cardboard insert in back of book. The paper weight is 20# white CB, 14# yellow/canary CFB and 20# Pink CF, any brand of paper is fine, all parts print alike. The stub size is approximately 3/4", the form itself measures 6" x 4-1/4". This is not a numbered booklet. No parts stay in the book. The cover is not printed. See enclosed picture and PDF**
- (Q15) PD-0201 Pawn Shop Property Hold Card; Does the 6" x 4-1/2" include the stub? If not, what is the stub size? What weight, color and brand is the paper? Do all parts print alike?

- (A15) PD-0201 Pawn Shop Property Hold Card; This is a three page form. The paper weight is 20# green CB, 20# yellow/canary CFB and 20# white CF, any brand of paper is fine, all parts print alike. The stub size is approximately 1/4", the form itself measures 6" x 4-1/2".
- (Q16) PD-0211 Sticker out of Service; You list paper as red/orange are you saying either one? Is this a crack and peel label? Is the adhesive permanent?
- (A16) PD-0211 Sticker out of Service; This is a 5.6mil standard fluorescent red/orange color label with peel off back. This is permanent adhesive. Enclosed below is color red-orange
- (Q17) PD-FAS False Alarm Sticker; You list paper as red/orange are you saying either one? Is this a crack and peel label? Is the adhesive permanent?
- (A17) PD-FAS False Alarm Sticker; This is a 5.6mil standard fluorescent red/orange color label with peel off back. This is permanent adhesive. Enclosed below is color red-orange



- (Q18) CR-3 Crash Report form; the number of pages of copy is 10 For an 11" x 25-1/2" sheet folded to 8-1/2" x 11" it would only be 6 pages or panels. Need Sample please?
- (A18) CR-3 Crash Report Form; The form is 6 pages 8.2" x 11" front and back. Each form is separated by a perforated line measuring 11" long. The first and second pages are glued together by a 0.5" strip. See enclosed picture and PDF.
- (Q19) Can you provide samples of form to view at one central City of Austin location to confirm the missing specification information will we list with the questions attached?
- (A19) The City of Austin does not have one location that retains copies of all the forms in the solicitation. I have attached pictures and additional PDF's on a few of the more complex forms actual copies of the forms in this solicitation will be provided to awarded vendor.

3. Addendum three with additional question responses will be sent out on Monday, January the 12<sup>th</sup>.

**All other terms and conditions remain the same.**

BY THE SIGNATURES affixed below, Addendum #1 is hereby incorporated and made a part of the above referenced Solicitation.

**APPROVED BY:**

Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

**ACKNOWLEDGED BY:**

American Diversity

SUPPLIER

Eric Batelle

AUTHORIZED SIGNATURE

1-9-15

DATE

**RETURN ONE (1) COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH PROPOSAL OR PRIOR TO BID OPENING. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION OF YOUR OFFER.**





ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): ISR0004 ADDENDUM NO. 3 DATE OF ADDENDUM: January 12, 2015

This addendum is to incorporate changes to the above referenced solicitation:

1. Attachment to Addendum 2. This addendum is to attach pictures for more complex forms as stated in addendum 2.

All other terms and conditions remain the same.

BY THE SIGNATURES affixed below, Addendum #1 is hereby incorporated and made a part of the above referenced Solicitation.

APPROVED BY:

A handwritten signature in black ink, appearing to read "Irene Sanchez-Rocha".

Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

ACKNOWLEDGED BY:

American Diversity

SUPPLIER

Edu Bataillo

AUTHORIZED SIGNATURE

1-13-15

DATE

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ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): **ISR0004** ADDENDUM NO. **4** DATE OF ADDENDUM: **January 12, 2015**

This addendum is to incorporate changes to the above referenced solicitation:

**1. Questions:**

- (Q1) PD-0144 & PD 0144A Coupon Book; Does the 5-7/8" x 3" include the stub? If not, what size is the stub? Is the 100# White inside a text weight or index? How is the book bound? Saddle stitched, tape bound? If tape bound what color is tape?
- (A1) **PD-0144 & PD 0144A Coupon Book; The 5-7/8" x 3" includes the 7/8" stub. The White inside is text weight. The book is bound by staples.**
- (Q2) PD-020 Emergency Notification form; Confirm size. What size is stub? Do all Parts print alike?
- (A2) **PD-020 Emergency Notification form; The form size is 8-1/2 x 11. The stub is approximately 1/4" and all parts print alike.**
- (Q3) PD-0215 & PD0215B Sticker Police Pal; Spes call for black ink but the copy shows a gold or brown also, please confirm. Are there any special adhesive requirements such as placing on clothing?
- (A3) **PD-0215 & PD0215B Sticker Police Pal; The police pal sticker is printed on silver foil paper and has gold as well as black ink color. These sticker shall adhere on clothing.**
- (Q4) PD-LWC & PD-LWCCS License and Weigh Citation; Does the 8-1/2" x 11" include the stub? If not, what is the stub size? Or is this a fanapart? What weight, color & brand is the paper? Do all parts print alike? Specification does not have numbering checked, but the copy shows' numbering is this crash or press and what color?
- (A4) **PD-LWC & PD-LWCCS License and Weigh Citation; The 8-1/2" x 11" does not include the stub. The stub is approximately 5/8". This is form is 15# white CB, 14# yellow/canary CFB, 14#pink CFB and 15#Goldenrod CF. All parts pring the same and it is a numbered form. The form number is in red ink.**
- (Q5) FIN-9074R Petty Cash Reimbursement Advance Book; Do all parts print alike? What color & weight is the tag cover?
- (A5) **FIN-9074R Petty Cash Reimbursement Advance Book; All parts print alike in the book. The color of the tag is vanilla & it is 100# wrap around cover.**
- (Q6) FIN-7026 Receipt for Payment of Funds Book; Do all parts print alike? What color & weight is the tag cover?
- (A6) **FIN-7026 Receipt for Payment of Funds Book; All parts print alike in the book. The color of the tag is vanilla & it is 100# wrap around cover.**
- (Q7) FIN-7027 Receipt for Payment of Funds Book; Please confirm all specs, they do not coincide with the copy?
- (A7) **FIN-7027 Receipt for Payment of Funds Book; 9-3/4" x 5-1/2" with 3/4" left stub. 16#white CB, 14#canary/yellow CFB, 14# pink CFB, 15#goldenrod DF. Wrap around vanilla tag, black ink all alike red receipt number.**



- (Q8) FIN-9070R COA Petty Cash; Is the chipboard back part of the shrink wrap or are these forms padded? Do both parts print alike? Is this a fanapart form glued at the top? If not, what is the size with and without stub?
- (A8) **FIN-9070R COA Petty Cash; Paper is 6-1/4" x 5" 3/4" stub at top 16# white CB, 15#canary/yellow CF. All alike shrink wrapped in 50's with chipboard back.**
- (Q9) DVR-1000 Vehicle Inspection Form; Is the screen "DO NOT COPY" a phantom or void? Is it black or blue? Do all parts print alike? The specs are checked as numbering. Please provide numbering type, color and position.
- (A9) **DVR-1000 Vehicle Inspection Form; The form has a watermark "DO NOT COPY" in black ink which looks gray on all three pages. All parts print the same and have a unique red number on each form in upper left corner.**
- (Q10) CCR-KIT Car Collision Envelope and Forms (3-Forms); Please confirm the 6" x 9" is a catalog envelope. 24/#white wove catalog envelope open side, center seam regular gum. What color does the envelope print? How many forms are placed into the envelope and the name of each.
- (A10) **CCR-KIT Car Collision Envelope and Forms (3-Forms); The envelope is a catalog envelope 24# white wove, 6" x 9" side open center seam regular gum. The envelope has black ink print. Envelope has three forms, Drivers Report, Exchange of information form, Dept Safety Representative Report form.**
- (Q11) FOR-2146 Vehicle Equipment Status, AFD-7011 Hazmat Cost Recovery Notification and bid line item 56 -81 ; ; Does the 8-1/2" x 11" include the stub? If not, what is the stub size? Or is this a fanapart? What weight, color & brand is the paper? Do all parts print alike?.
- (A11) **FOR-2146 Vehicle Equipment Status, AFD-7011 Hazmat Cost Recovery Notification and bid line item 56 -81; All these forms are two part forms which have a 5/8" stub at top and are 8-1/2" x 11" in paper color indicated on the attachment in the scope of work PDF. The survey monkey web address will be the black ink color.**
- (Q12) Bid Item 84 - 87; Is it black ink only? Copy is 4 colors please confirm. Does form size include the stub what is weight of the paper do all parts print alike?
- (A12) **Bid Item 84 - 87; The forms are 8-1/2" x 11" with a 5/8" stub. One color black ink all parts print alike. The paper weight is 15#white CB, 14#yellow CFB and 15# pink CF.**
- (Q13) Bid Item 90; Is envelope a booklet or catalog? What is the weight and brand of the paper? What is the closure, gum, latex or peel 'n seal?
- (A13) **Bid Item 90; Is a standard 4-1/2: x 9-1/2" 24# white wove side open latex closure.**
- (Q4) Bid Item 91 - 92; Is envelope a booklet or catalog? What is the weight and brand of the paper? What is the closure, gum, latex or peel 'n seal?
- (A14) **Bid Item 91 - 92; Is a standard business 4-1/2: x 9-1/2" 24# white wove side open gum closure. Item 92 is a poly window. Window size is as indicated on scope of work PDF.**
- (Q5) Bid Item 93; Is envelope a booklet or catalog? What is the weight and brand of the paper? What is the closure, gum, latex or peel 'n seal?
- (A15) **Bid Item 93; Is a catalog 10" x 13" 32# manila kraft envelope, that opens at end. Seam is in center and is gum sealed.**
- (Q16) Bid Item 94; Is envelope a booklet or catalog? What is the weight and brand of the paper? What is the closure, gum, latex or peel 'n seal?
- (A16) **Bid Item 94; Is a custom 32# manila kraft envelope, that opens at end. Seam is in center and is gum sealed.**

**All other terms and conditions remain the same.**

BY THE SIGNATURES affixed below, Addendum #1 is hereby incorporated and made a part of the above referenced Solicitation.

APPROVED BY:



Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

ACKNOWLEDGED BY:

American Diversity

SUPPLIER



AUTHORIZED SIGNATURE

1-13-15

DATE

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ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): **ISR0004** ADDENDUM NO. **5** DATE OF ADDENDUM: **January 15, 2015**

This addendum is to incorporate changes to the above referenced solicitation:

**Clarification to Bidsheet:**

**Bid Sheet line item #46 correct description and Unit of Measure (UOM):**

Reads: VEHICLE INSPECTION FORM WITH 3/4" SNAP AT TOP; BLACK INK, COLOR WHITE, CANARY & PINK, DOUBLE SIDED, 50/PACK 20 PACKS PER CARTON – 50 QUANTITY UOM CTN

**SHOULD READ: VEHICLE INSPECTION FORM WITH 3/4" SNAP AT TOP; BLACK INK, COLOR WHITE, CANARY & PINK, DOUBLE SIDED, 50/PACK – 50 QUANTITY UOM PK (TOTAL ANNUAL QUANTITY ESTIMATE IS 2,500 YEAR)**

**Bid Sheet line item #47 correct description:**

Reads: 395-60-111-004 FORM LEAVE REPORT 8-1/2 X 5-1/2 (1) SIDED (1) PART, BLACK INK 20# PINK BOND WITH CHIPBOARD BACK, 100 PER PAD (NO SAMPLE IN SCOPE FILE)

**SHOULD READ: 395-60-111-004 FORM LEAVE REPORT 8-1/2 X 5-1/2 (1) SIDED (1) PART, BLACK INK 20# PINK BOND WITH CHIPBOARD BACK, 50 PER PAD (NO SAMPLE IN SCOPE FILE) (TOTAL ANNUAL QUANTITY ESTIMATE IS 5,000 YEAR)**

**Bid Sheet line item #51 add packaging description to bid sheet:**

Reads: VEHICLE EQUIPMENT STATUS NOTICE; 5 X 8-1/2" NCR PAPER, WHITE, YELLOW, PINK; BLACK INK

**SHOULD READ: VEHICLE EQUIPMENT STATUS NOTICE; 5 X 8-1/2" NCR PAPER, WHITE, YELLOW, PINK; BLACK INK, PACKED 100 PER PACK.**

**Bid Sheet line item #88 correct quantity:**

Reads: Quantity 125 RM

**SHOULD READ: Quantity 100 RM**

**All other terms and conditions remain the same.**

BY THE SIGNATURES affixed below, Addendum #5 is hereby incorporated and made a part of the above referenced Solicitation.



APPROVED BY:



Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

ACKNOWLEDGED BY:

American Diversity

SUPPLIER

Erik Bataille

AUTHORIZED SIGNATURE

1-13-15

DATE

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ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): ISR0004 ADDENDUM NO. 6 DATE OF ADDENDUM: January 16, 2015

This addendum is to incorporate changes to the above referenced solicitation:

**Clarification to Bidsheet and Attachment 1:**

**Bid Sheet line item #42 correct quantity on bid sheet and attachment 1:**

Bid Sheet and Attachment 1 Read: QUANTITY 250 UOM BK

**BID SHEET AND ATTACHMENT 1 SHOULD READ: QUANTITY 50 UOM BK**

**All other terms and conditions remain the same.**

BY THE SIGNATURES affixed below, Addendum #5 is hereby incorporated and made a part of the above referenced Solicitation.

APPROVED BY:

A handwritten signature in black ink, appearing to read "Irene Sanchez-Rocha".

Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

ACKNOWLEDGED BY:

American Diversity

SUPPLIER

Eva Batello

AUTHORIZED SIGNATURE

1-16-15

DATE

RETURN ONE (1) COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH PROPOSAL OR PRIOR TO BID OPENING. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION OF YOUR OFFER.



Section 0835: Non-Resident Bidder Provisions

Company Name AMERICAN DIVERSITY BUSINESS SOLUTIONS

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: NON-RESIDENT

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.  
(2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder id a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: NO Which State: MINNESOTA

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: \_\_\_\_\_

**Section 0700: Reference Sheet**

Please include the following information if required in solicitation:

Responding Company Name AMERICAN DIVERSITY BUSINESS SOLUTIONS

1. Company's Name CITY OF Austin POLICE DEPT.  
Name and Title of Contact DAN DELLEMACHE - CONTRACT COMPLIANCE  
Present Address 715 E. 8TH ST.  
City, State, Zip Code AUSTIN, TX 78701  
Telephone Number (512) 974-5057 Fax Number (512) 974-5960  
Email Address DANIEL.DELLEMACHE@AUSTINTEXAS.GOV
2. Company's Name CITY OF AUSTIN - CODE DEPT.  
Name and Title of Contact DOUGLASS JANISKY - ADM. HEARING COORD  
Present Address P.O. BOX 1088  
City, State, Zip Code AUSTIN, TX 78767  
Telephone Number (512) 974-8547 Fax Number (512) 974-9049  
Email Address DOUGLASS.JANISKY@AUSTINTEXAS.GOV
3. Company's Name CITY OF Austin - PLANNING DEPT.  
Name and Title of Contact JULIE KIRBY - TECH WRITER  
Present Address 505 BARTON SPRINGS RD 3RD. Floor  
City, State, Zip Code AUSTIN, TX 78704  
Telephone Number (512) 974-2417 Fax Number ( )  
Email Address JULIE.KIRBY@AUSTINTEXAS.GOV  
COA - HEALTH DEPT
4. Company's Name ROBERT WRIGHT - HEALTH DEPT -  
Name and Title of Contact ENVIRONMENTAL HEALTH SERVICES DIVISION SUPER.  
Present Address 1520 RUTHERFORD LANE  
City, State, Zip Code AUSTIN, TX 78754  
Telephone Number (512) 978-0302 Fax Number (512) 978-0322  
Email Address ROBERT.WRIGHT@AUSTINTEXAS.GOV

Solicitation No. IFB ISR0004



TO: Veronica Lara, Director  
Department of Small and Minority Business Resources

FROM: Irene Sanchez-Rocha, Senior Buyer

DATE: December 9, 2014

SUBJECT: Request for Determination of Goals for Solicitation No. ISR0004

Project Name: Printing Various Forms

Commodity 96636, 9663694, 9663121, 9663122, 9663144 and 9663190

Code(s):

Estimated Value: \$85,000.00

Below are scopes of work for this project as determined by the Purchasing Office and Department that are contained in this solicitation.

Printing Various Forms scope of work included in this e-mail

The Departmental Point of Contact is: \_\_\_\_\_ at Phone: \_\_\_\_\_

Per paragraph 8.2.1 of the Rules Governing the Minority and Women Owned Business Enterprise Procurement Program, please approve the use of the above goals by completing and returning the below endorsement. If you have questions, please call me at 512-972-0048.

☒ Approved w/ Goals

☒ Approved, w/out Goals

Recommend the use of the following goals based on the below reasons:

a. Goals: \_\_\_\_\_ % MBE \_\_\_\_\_ % WBE

b. Subgoals \_\_\_\_\_ % African American \_\_\_\_\_ % Hispanic

\_\_\_\_\_ % Native/Asian American \_\_\_\_\_ % WBE

This determination is based on the following reasons:

*There are very limited subcontracting opportunities due to limited scope of work. Additionally, there are 10 certified firms used for the above scopes of printing.*

Veronica Lara, Director

Date: 12/11/14

cc: Lorena Resendiz





## **CITY OF AUSTIN, TEXAS**

### **Purchasing Office INVITATION FOR BID (IFB) OFFER SHEET**

**SOLICITATION NO:** ISR0004

**DATE ISSUED:** DECEMBER 15, 2014

**REQUISITION NO.:** RQM 870014110300037

**COMMODITY CODE:** 9663121, 9663122,  
9663144, 9663190, 96636, AND 9663694

**FOR CONTRACTUAL AND TECHNICAL  
ISSUES CONTACT THE FOLLOWING  
AUTHORIZED CONTACT PERSON:**

**IRENE SANCHEZ-ROCHA**

**SENIOR BUYER**

**Phone: (512) 972-0048**

**E-Mail: [Irene.sanchez-rocha@austintexas.gov](mailto:Irene.sanchez-rocha@austintexas.gov)**

**COMMODITY/SERVICE DESCRIPTION:** PRINTING VARIOUS  
FORMS

**PRE-BID CONFERENCE TIME AND DATE:** N/A

**LOCATION:** N/A

**BID DUE PRIOR TO:** JANUARY 13, 2015, 2:00 P.M.

**BID OPENING TIME AND DATE:** 2:15 P.M. JANUARY 13, 2015

**LOCATION:** MUNICIPAL BUILDING, 124 W 8<sup>th</sup> STREET  
RM 308, AUSTIN, TEXAS 78701

**LIVE BID OPENING ONLINE:**

**For information on how to attend the Bid Opening online, please select  
this link:**

<http://www.austintexas.gov/department/bid-opening-webinars>

**When submitting a sealed Offer and/or Compliance Plan, use the proper address for the type of service desired,  
as shown below:**

<b>P.O. Address for US Mail</b>	<b>Street Address for Hand Delivery or Courier Service</b>
City of Austin	City of Austin, Municipal Building
Purchasing Office-Response Enclosed	Purchasing Office-Response Enclosed
P.O. Box 1088	124 W 8 <sup>th</sup> Street, Rm 310
Austin, Texas 78767-8845	Austin, Texas 78701
	Reception Phone: (512) 974-2500

**To ensure prompt delivery, all packages SHALL BE CLEARLY MARKED ON THE OUTSIDE "Purchasing Office-Response Enclosed" along with the offeror's name & address, solicitation number and due date and time. See Section 0200 Solicitation Instructions for more details.**

**All Offers (including Compliance Plans) that are not submitted in a sealed envelope or container will not be considered.**

**The Vendor agrees, if this Offer is accepted within 120 calendar days after the Due Date, to fully comply in strict accordance with the Solicitation, specifications and provisions attached thereto for the amounts shown on the accompanying Offer.**

**SUBMIT 1 ORIGINAL, 1 COPY, AND 1 ELECTRONIC COPY OF YOUR RESPONSE**

Solicitation No. IFB ISR0004

**\*\*\*SIGNATURE FOR SUBMITTAL REQUIRED ON PAGE 3 OF THIS DOCUMENT\*\*\***

This solicitation is comprised of the following required sections. Please ensure to carefully read each section including those incorporated by reference. By signing this document, you are agreeing to all the items contained herein and will be bound to all terms.

SECTION NO.	TITLE	PAGES
0100	STANDARD PURCHASE DEFINITIONS	*
0200	STANDARD SOLICITATION INSTRUCTIONS	*
0300	STANDARD PURCHASE TERMS AND CONDITIONS	*
0400	SUPPLEMENTAL PURCHASE PROVISIONS	7
0500	SCOPE OF WORK	4
0600	BID SHEET – Must be completed and returned with Offer	9
0605	LOCAL BUSINESS PRESENCE IDENTIFICATION FORM – Complete & return	1
0700	REFERENCE SHEET – Complete and return if required	1
0800	NON-DISCRIMINATION CERTIFICATION	*
0805	NON-SUSPENSION OR DEBARMENT CERTIFICATION	*
0810	NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING CERTIFICATION	*
0835	NONRESIDENT BIDDER PROVISIONS – Complete and return	1

**\* Documents are hereby incorporated into this Solicitation by reference, with the same force and effect as if they were incorporated in full text. The full text versions of these Sections are available, on the Internet at the following online address:**

[http://www.austintexas.gov/financeonline/vendor\\_connection/index.cfm#STANDARDBIDDOCUMENTS](http://www.austintexas.gov/financeonline/vendor_connection/index.cfm#STANDARDBIDDOCUMENTS)

**If you do not have access to the Internet, you may obtain a copy of these Sections from the City of Austin Purchasing Office located in the Municipal Building, 124 West 8<sup>th</sup> Street, Room #308 Austin, Texas 78701; phone (512) 974-2500. Please have the Solicitation number available so that the staff can select the proper documents. These documents can be mailed, expressed mailed, or faxed to you.**

**I agree to abide by the City's MBE/WBE Procurement Program Ordinance and Rules. In cases where the City has established that there are no M/WBE subcontracting goals for a solicitation, I agree that by submitting this offer my firm is completing all the work for the project and not subcontracting any portion. If any service is needed to perform the contract that my firm does not perform with its own workforce or supplies, I agree to contact the Small and Minority Business Resources Department (SMBR) at (512) 974-7600 to obtain a list of MBE and WBE firms available to perform the service and am including the completed No Goals Utilization Plan with my submittal. This form can be found Under the Standard Bid Document Tab on the Vendor Connection Website:**

[http://www.austintexas.gov/financeonline/vendor\\_connection/index.cfm#STANDARDBIDDOCUMENTS](http://www.austintexas.gov/financeonline/vendor_connection/index.cfm#STANDARDBIDDOCUMENTS)

**If I am awarded the contract I agree to continue complying with the City's MBE/WBE Procurement Program Ordinance and Rules including contacting SMBR if any subcontracting is later identified.**

**The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Federal Tax ID No. \_\_\_\_\_

Printed Name of Officer or Authorized Representative: \_\_\_\_\_

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

Signature of Officer or Authorized Representative: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\* Completed Bid Sheet, section 0600 must be submitted with this Offer Sheet to be considered for award**

**Section 0605: Local Business Presence Identification**

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

**OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.**

*NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN.*

**\*USE ADDITIONAL PAGES AS NECESSARY\***

**OFFEROR:**

Name of Local Firm						
Physical Address						
Is Firm located in the Corporate City Limits? (circle one)	Yes			No		
In business at this location for past 5 yrs?	Yes			No		
Location Type:	Headquarters	Yes	No	Branch	Yes	No

**SUBCONTRACTOR(S):**

Name of Local Firm						
Physical Address						
Is Firm located in the Corporate City Limits? (circle one)	Yes			No		
In business at this location for past 5 yrs?	Yes			No		
Location Type:	Headquarters	Yes	No	Branch	Yes	No

**SUBCONTRACTOR(S):**

Name of Local Firm						
Physical Address						
Is Firm located in the Corporate City Limits? (circle one)	Yes			No		
In business at this location for past 5 yrs.?	Yes			No		
Location Type:	Headquarters	Yes	No	Branch	Yes	No



**Section 0700: Reference Sheet**

Please include the following information if required in solicitation:

Responding Company Name \_\_\_\_\_

1. Company's Name \_\_\_\_\_  
Name and Title of Contact \_\_\_\_\_  
Present Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_)\_\_\_\_\_ Fax Number (\_\_\_\_)\_\_\_\_\_  
Email Address \_\_\_\_\_
2. Company's Name \_\_\_\_\_  
Name and Title of Contact \_\_\_\_\_  
Present Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_)\_\_\_\_\_ Fax Number (\_\_\_\_)\_\_\_\_\_  
Email Address \_\_\_\_\_
3. Company's Name \_\_\_\_\_  
Name and Title of Contact \_\_\_\_\_  
Present Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_)\_\_\_\_\_ Fax Number (\_\_\_\_)\_\_\_\_\_  
Email Address \_\_\_\_\_
4. Company's Name \_\_\_\_\_  
Name and Title of Contact \_\_\_\_\_  
Present Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (\_\_\_\_)\_\_\_\_\_ Fax Number (\_\_\_\_)\_\_\_\_\_  
Email Address \_\_\_\_\_

**Section 0835: Non-Resident Bidder Provisions**

Company Name \_\_\_\_\_

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: \_\_\_\_\_

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
- (2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder is a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: \_\_\_\_\_ Which State: \_\_\_\_\_

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: \_\_\_\_\_

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IFB NO. ISR0004**

The following Supplemental Purchasing Provisions apply to this solicitation:

1. **EXPLANATIONS OR CLARIFICATIONS:** (reference paragraph 5 in Section 0200)

All requests for explanations or clarifications must be submitted in writing to the Purchasing Office by January 6<sup>th</sup>, 2015, either by FAX at 512-972-0346 or via e-mail at [irene.sanchez-rocha@austintexas.gov](mailto:irene.sanchez-rocha@austintexas.gov).

2. **ALTERNATE OFFERS:** (reference paragraph 7A in Section 0200)

Alternate Offers will NOT be considered.

3. **INSURANCE:** Insurance is required for this solicitation.

A. **General Requirements:** See Section 0300, Standard Purchase Terms and Conditions, paragraph 32, entitled Insurance, for general insurance requirements.

- i. The Contractor shall provide a Certificate of Insurance as verification of coverages required below to the City at the below address prior to contract execution and within 14 calendar days after written request from the City. Failure to provide the required Certificate of Insurance may subject the Offer to disqualification from consideration for award
- ii. The Contractor shall not commence work until the required insurance is obtained and until such insurance has been reviewed by the City. Approval of insurance by the City shall not relieve or decrease the liability of the Contractor hereunder and shall not be construed to be a limitation of liability on the part of the Contractor.
- iii. The Contractor must also forward a Certificate of Insurance to the City whenever a previously identified policy period has expired, or an extension option or holdover period is exercised, as verification of continuing coverage.
- iv. The Certificate of Insurance, and updates, shall be mailed to the following address:

City of Austin Purchasing Office  
P. O. Box 1088  
Austin, Texas 78767

B. **Specific Coverage Requirements:** The Contractor shall at a minimum carry insurance in the types and amounts indicated below for the duration of the Contract, including extension options and hold over periods, and during any warranty period. These insurance coverages are required minimums and are not intended to limit the responsibility or liability of the Contractor.

- i. **Worker's Compensation and Employers' Liability Insurance:** Coverage shall be consistent with statutory benefits outlined in the Texas Worker's Compensation Act (Section 401). The minimum policy limits for Employer's Liability are \$100,000 bodily injury each accident, \$500,000 bodily injury by disease policy limit and \$100,000 bodily injury by disease each employee.
  - (1) The Contractor's policy shall apply to the State of Texas and include these endorsements in favor of the City of Austin:
    - (a) Waiver of Subrogation, Form WC420304, or equivalent coverage
    - (b) Thirty (30) days Notice of Cancellation, Form WC420601, or equivalent coverage
- ii. **Commercial General Liability Insurance:** The minimum bodily injury and property damage per occurrence are \$500,000 for coverages A (Bodily Injury and Property Damage) and B (Personal and Advertising Injury).
  - (1) The policy shall contain the following provisions:
    - (a) Contractual liability coverage for liability assumed under the Contract and all other Contracts related to the project.
    - (b) Contractor/Subcontracted Work.

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- (c) Products/Completed Operations Liability for the duration of the warranty period.
      - (d) If the project involves digging or drilling provisions must be included that provide Explosion, Collapse, and/or Underground Coverage.
    - (2) The policy shall also include these endorsements in favor of the City of Austin:
      - (a) Waiver of Subrogation, Endorsement CG 2404, or equivalent coverage
      - (b) Thirty (30) days Notice of Cancellation, Endorsement CG 0205, or equivalent coverage
      - (c) The City of Austin listed as an additional insured, Endorsement CG 2010, or equivalent coverage
  - iii. **Business Automobile Liability Insurance:** The Contractor shall provide coverage for all owned, non-owned and hired vehicles with a minimum combined single limit of \$500,000 per occurrence for bodily injury and property damage. Alternate acceptable limits are \$250,000 bodily injury per person, \$500,000 bodily injury per occurrence and at least \$100,000 property damage liability per accident.
    - (1) The policy shall include these endorsements in favor of the City of Austin:
      - (a) Waiver of Subrogation, Endorsement CA0444, or equivalent coverage
      - (b) Thirty (30) days Notice of Cancellation, Endorsement CA0244, or equivalent coverage
      - (c) The City of Austin listed as an additional insured, Endorsement CA2048, or equivalent coverage.
- C. **Endorsements:** The specific insurance coverage endorsements specified above, or their equivalents must be provided. In the event that endorsements, which are the equivalent of the required coverage, are proposed to be substituted for the required coverage, copies of the equivalent endorsements must be provided for the City's review and approval.
- D. **Note:** If delivery is made by common carrier, then the requirements for Workers Compensation and Business Automobile insurance listed in Section 3.B.i and 3.B.iii do not apply. The selected vendor must submit a statement on the planned method of shipment.
4. **TERM OF CONTRACT:**
- A. The Contract shall be in effect for an initial term of thirty-six (36) months and may be extended thereafter for up to three (3) additional twelve (12) month periods, subject to the approval of the Contractor and the City Purchasing Officer or his designee.
  - B. Upon expiration of the initial term or period of extension, the Contractor agrees to hold over under the terms and conditions of this agreement for such a period of time as is reasonably necessary to re-solicit and/or complete the project (not to exceed 120 days unless mutually agreed on in writing).
  - C. Upon written notice to the Contractor from the City's Purchasing Officer or his designee and acceptance of the Contractor, the term of this contract shall be extended on the same terms and conditions for an additional period as indicated in paragraph A above.
  - D. Prices are firm and fixed for the first twelve (12) months. Thereafter, price changes are subject to the Economic Price Adjustment provisions of this Contract.
- THIS IS A 36 MONTH CONTRACT**  
**FIRM PRICES ARE TO BE SUBMITTED FOR THE FIRST TWELVE (12) MONTH PERIOD**
5. **QUANTITIES:** The quantities listed herein are estimates for the period of the Contract. The City reserves the right to purchase more or less of these quantities as may be required during the Contract term. Quantities will be as needed and specified by the City for each order. Unless specified in the solicitation, there are no minimum order quantities.



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**6. DELIVERY REQUIREMENTS:**

- A. Delivery is to be made within 10 business days after the order is placed (either verbally or in writing). All orders must be shipped complete unless arrangements for partial shipments are made in advance.
- B. The Contractor shall provide, with each delivery, a Shipping or Delivery Ticket showing the description of each item, quantity, and unit price.
- C. The Contractor shall confirm the quantity to be shipped on all orders within two (2) hours of notification by phone from the City.
- D. Unless requested by the City, deliveries shall not be made on City-recognized legal holidays (see paragraph 51 in Section 0300).

**7. INVOICES and PAYMENT:** (reference paragraphs 12 and 13 in Section 0300)

- A. Invoices shall contain a unique invoice number and the information required in Section 0300, paragraph 12, entitled "Invoices." Invoices received without all required information cannot be processed and will be returned to the vendor.

Invoices shall be mailed to each respective department as listed in 0500 Scope of Work.

- B. The Contractor agrees to accept payment by either credit card, check or Electronic Funds Transfer (EFT) for all goods and/or services provided under the Contract. The Contractor shall factor the cost of processing credit card payments into the Offer. There shall be no additional charges, surcharges, or penalties to the City for payments made by credit card.

**8. RECYCLED PRODUCTS:**

- A. The City prefers that Offerors offer products that contain recycled materials. When a recycled product is offered by the Offeror, the Offeror must state in their Offer the percentage of the product that is recycled and must include a list of the recycled materials that are contained in the product.
- B. The recycled content of paper products offered to the City shall be in accordance with the Federal Environmental Protection Agency's Recycled Product Procurement Guidelines. These guidelines are available at <http://www.epa.gov/cpgl>.
- C. Contract award for paper products will be made for recycled products unless the cost is more than 10% above the lowest price for non-recycled paper products as required in the City's Comprehensive Recycling Resolution.

**9. NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING:**

- A. On November 10, 2011, the Austin City Council adopted Ordinance No. 20111110-052 amending Chapter 2.7, Article 6 of the City Code relating to Anti-Lobbying and Procurement. The policy defined in this Code applies to Solicitations for goods and/or services requiring City Council approval under City Charter Article VII, Section 15 (Purchase Procedures). During the No-Contact Period, Offerors or potential Offerors are prohibited from making a representation to anyone other than the Authorized Contact Person in the Solicitation as the contact for questions and comments regarding the Solicitation.
- B. If during the No-Contact Period an Offeror makes a representation to anyone other than the Authorized Contact Person for the Solicitation, the Offeror's Offer is disqualified from further consideration except as permitted in the Ordinance.

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- C. If an Offeror has been disqualified under this article more than two times in a sixty (60) month period, the Purchasing Officer shall debar the Offeror from doing business with the City for a period not to exceed three (3) years, provided the Offeror is given written notice and a hearing in advance of the debarment.
- D. The City requires Offerors submitting Offers on this Solicitation to certify that the Offeror has not in any way directly or indirectly made representations to anyone other than the Authorized Contact Person during the No-Contact Period as defined in the Ordinance. The text of the City Ordinance is posted on the Internet at: <http://www.ci.austin.tx.us/edims/document.cfm?id=161145>

10. **WORKFORCE SECURITY CLEARANCE AND IDENTIFICATION (ID):**

- A. Access to the Austin Police Department, Austin Fire Department, Emergency Medical Services and Aviation Department building by the Contractor, all subcontractors and their employees will be strictly controlled at all times by the City. Security badges will be issued by the Department for this purpose. The Contractor shall submit a complete list of all persons requiring access to the Austin Police Department, Austin Fire Department, Emergency Medical Services and Aviation Department building at least thirty (30) days in advance of their need for access. The City reserves the right to deny a security badge to any Contractor personnel for reasonable cause. The City will notify the Contractor of any such denial no more than twenty (20) days after receipt of the Contractor's submittal.
- B. Where denial of access by a particular person may cause the Contractor to be unable to perform any portion of the work of the contract, the Contractor shall so notify the City's Contract Manager, in writing, within ten (10) days of the receipt of notification of denial.
- C. Contractor personnel will be required to check in at the security desk when entering or leaving the Austin Police Department, Austin Fire Department, Emergency Medical Services and Aviation Department building and security badges must be on display at all times when in the building. Failure to do so may be cause for removal of Contractor Personnel from the worksite, without regard to Contractor's schedule. Security badges may not be removed from the premises.
- D. The Contractor shall provide the City's Contract Manager with a list of personnel scheduled to enter the building, seven days in advance. The list shall identify the persons by name, date of birth, driver's license number, the times that they will be inside the building and the areas where they will be working. Only persons previously approved by the City for the issuance of security badges will be admitted to the building.
- E. The Contractor shall comply with all other security requirements imposed by the City and shall ensure that all employees and subcontractors are kept fully informed as to these requirements.

11. **ECONOMIC PRICE ADJUSTMENT:**

- A. **Price Adjustments:** Prices shown in this Contract shall remain firm for the first 12- months of the Contract. After that, in recognition of the potential for fluctuation of the Contractor's cost, a price adjustment (increase or decrease) may be requested by either the City or the Contractor on the anniversary date of the Contract or as may otherwise be specified herein. The percentage change between the contract price and the requested price shall not exceed the percentage change between the specified index in effect on the date the solicitation closed and the most recent, non-preliminary data at the time the price adjustment is requested. The requested price adjustment shall not exceed twenty-five percent (25%) for any single line item and in no event shall the total amount of the contract be automatically adjusted as a result of the change in one or more line items made pursuant to this provision. Prices for products or services unaffected by verifiable cost trends shall not be subject to adjustment.

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- B. **Effective Date:** Approved price adjustments will go into effect on the first day of the upcoming renewal period or anniversary date of contract award and remain in effect until contract expiration unless changed by subsequent amendment.
- C. **Adjustments:** A request for price adjustment must be made in writing and submitted to the other Party prior to the yearly anniversary date of the Contract; adjustments may only be considered at that time unless otherwise specified herein. Requested adjustments must be solely for the purpose of accommodating changes in the Contractor's direct costs. Contractor shall provide an updated price listing once agreed to adjustment(s) have been approved by the parties.
- D. **Indexes:** In most cases an index from the Bureau of Labor Standards (BLS) will be utilized; however, if there is more appropriate, industry recognized standard then that index may be selected.
- i. The following definitions apply:
- (1) **Base Period:** Month and year of the original contracted price (the solicitation close date).
  - (2) **Base Price:** Initial price quoted, proposed and/or contracted per unit of measure.
  - (3) **Adjusted Price:** Base Price after it has been adjusted in accordance with the applicable index change and instructions provided.
  - (4) **Change Factor:** The multiplier utilized to adjust the Base Price to the Adjusted Price.
  - (5) **Weight %:** The percent of the Base Price subject to adjustment based on an index change.
- ii. **Adjustment-Request Review:** Each adjustment-request received will be reviewed and compared to changes in the index(es) identified below. Where applicable:
- (1) Utilize final Compilation data instead of Preliminary data
  - (2) If the referenced index is no longer available shift up to the next higher category index.
- iii. **Index Identification:** Complete table as they may apply.

Weight % or \$ of Base Price: 50%	
Database Name: Producer Price Index Industry Data	
Series ID: PCU322121322121	
<input checked="" type="checkbox"/> Not Seasonally Adjusted	<input type="checkbox"/> Seasonally Adjusted
Geographical Area: N/A	
Description of Series ID: Paper, except newsprint, mills	
This Index shall apply to the following items of the Bid Sheet / Cost Proposal: All	

Weight % or \$ of Base Price: 50%	
Database Name: Producer Price Index Industry Data	
Series ID: PCU3231K32311K61	
<input checked="" type="checkbox"/> Not Seasonally Adjusted	<input type="checkbox"/> Seasonally Adjusted
Geographical Area: N/A	
Description of Series ID: Commercial printing (except screen and books)	
This Index shall apply to the following items of the Bid Sheet / Cost Proposal: All	

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- E. **Calculation:** Price adjustment will be calculated as follows:

**Single Index:** Adjust the Base Price by the same factor calculated for the index change.

Index at time of calculation
Divided by index on solicitation close date
Equals Change Factor
Multiplied by the Base Rate
Equals the Adjusted Price

12. **CONTRACT MANAGER:** The following person is designated as Contract Manager, and will act as the contact point between the City and the Contractor during the term of the Contract:

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Austin Police Department, Enjole Armstrong, Contract Compliance Specialist Sr., 512-974-5082, [Enjole.armstrong@austintexas.gov](mailto:Enjole.armstrong@austintexas.gov)

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Austin Fire Department, Claudia Rodriquez, Contract Compliance Specialist Sr., 512-974-4132, [Claudia.rodriquez@austintexas.gov](mailto:Claudia.rodriquez@austintexas.gov)

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Emergency Medical Services, William Alderete, Manager Central Supply and Services, 512-978-0485, [William.alderete@austintexas.gov](mailto:William.alderete@austintexas.gov)

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Austin Bergstrom International Airport, Marsha Wells, Buyer 1, 512-530-6655, [marsha.wells@austintexas.gov](mailto:marsha.wells@austintexas.gov)

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EHSD, Denise Estrada, Customer Service Representative, 512-978-0339, [denise.estrada@austintexas.gov](mailto:denise.estrada@austintexas.gov)

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\*Note: The above listed Contract Manager is not the authorized Contact Person for purposes of the **NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING Provision** of this Section; and therefore, contact with the Contract Manager is prohibited during the no contact period.



# CITY OF AUSTIN POLICE DEPARTMENT

## SCOPE OF WORK

### PRINTING VARIOUS FORMS

#### **1.0 PURPOSE**

This specification establishes the minimum standard for printing, production and management of various forms for the City of Austin, Austin Police Department (APD), Health and Human Services, Emergency Medical Services and various other departments, herein after referred to as “City”. The successful bidder, hereinafter referred to as “Contractor” is required to meet all specifications listed herein as minimum requirements and is required to submit a firm fixed cost for all services under the terms of this solicitation. It is the intention of this specification to acquire complete printing, production and management of various forms any services that have been omitted from this specification which are clearly necessary or in conformance with normal printing, production and management practice shall be considered a requirement although not directly specified or called for in the specification.

#### **2.0 BACKGROUND**

On January II, 1990, Council approved a resolution known as the Comprehensive Recycling Resolution, which set goals for the purchase of recycled fine paper for City of Austin use. The Resolution establishes a policy to buy recycled fine paper so long as the price for recycled fine paper is no more that 10% higher than that for virgin paper.

In September 2013, the City Manager established the City of Austin Administrative Bulletin 13-03 regarding the Sustainable Printer and Paper Policy. The purpose of the Administrative Bulletin is to minimize the City’s printer and paper usage in order to reduce costs, save energy, and save natural resources. The primary goals of the Administrative Bulletin that relate to this solicitation are to purchase the most environmentally preferable paper products possible, and to reduce the quantity of paper used in city operations. The paper used for the City’s printing needs shall be environmentally preferable paper, including multi-function device paper, and any vendor printed items including stationary, business cards, stickers, etc. All paper should be made from 100% post-consumer content

#### **3.0 TECHNICAL REQUIREMENTS**

##### **3.1 *Contractor’s Minimum Qualifications & Experience***

Contractor shall have at minimum three years’ experience in printing, production and management of forms.

##### **3.2 *Contractor’s Responsibilities***

- 3.2.1 Contractor shall provide all labor, material and equipment required to print various forms as identified on Bid Sheet and Attachment 1.
- 3.2.2 Contractor shall use paper made from 100% post-consumer content.
- 3.2.3 If 100% post-consumer content is not available, paper used under this contract should be chlorine and acid free and forestry stewardship Council (FSC) Certified.

- 3.2.4 Contractor shall use grade 3 Standard Work: Most jobs are run under this category. Normal care and precision are exercised. While color match, register, and uniformity of inking through the run are important, extreme quality may be compromised in favor of cost. Goal is maximum quality at a competitive price.
- 3.2.5 Contractor may view samples of current form in attached PDF file. PDF File is not all inclusive and post award contracted vendor shall attain sample of form(s) required from each respective department prior to printing of any form.
- 3.2.6 Contractor shall obtain final proof approval from respective Department Contract Manager or designee prior to printing of sample of revised and/or new form(s).
- 3.2.7 Contractor shall not stock any of these forms.
- 3.2.8 Contractor shall shrink-wrap, box and/or pad forms in individual package as indicated on Bid Sheet unless otherwise specified at time of order.
- 3.2.9 Form content revision shall justify a one-time typesetting fee, but NOT a form price increase.
- 3.2.10 Form(s) similar to an existing form shall be priced at the same rate as forms listed on bid sheet based upon size/format/paper of same or similar current form.
- 3.2.11 Revision of existing form(s) that in addition to form content involve changes in construction, paper, number of copies, etc. will be subject to review by the Purchasing Office and a rate priced agreed on prior to printing the first order of the revised form. This price shall remain firm for the remainder of the contract period.
- 3.2.12 All proofs and negatives or artwork used in the production of forms shall remain the property of the City and shall be returned to the Contract Manager upon request at the end of the contract term.

### **3.3 *City's Responsibilities***

- 3.3.1 The City reserves the right to reject any printing deemed unsatisfactory by the respective Contract Manager or designee at no additional cost to the City.
- 3.3.2 The respective Contract Manager or designee will review typesetting fee and price will be determined prior to printing of the form(s).
- 3.3.3 Contract Manager or designee will place orders for reprinting of current forms or printing of new forms.
- 3.3.4 Contract Manager or designee will review and approve final proof prior to printing of form.

## **4.0 DELIVERY & ORDERING REQUIREMENTS:**

- 4.1 Routine orders and deliveries shall be made within ten (10) business days of receipt of order, via fax or e-mail notification by Contract Manager or designee.
- 4.2 Rush delivery response shall be within twenty-four (24) hours of notification by department. The City estimates we will have approximately three (3) requests per year.
- 4.3 Vendor shall include one (1) copy of itemized packing slip to the delivery site; the following information shall be included on packing slips:
  - a. Contract Master Agreement Number,
  - b. Purchase Order Number (DO#),
  - c. City of Austin or Department stock number of each form.
  - d. Quantities ordered (in departments unit of issue),
  - e. Quantities shipped (in departments unit of issue),
  - f. Signature line for authorized department representative to sign for shipment.
- 4.4 Complete shipments are desired, however partial shipments shall be considered/required upon occasion, and shall be delivered at no additional cost to the City.
- 4.5 The City will not be responsible for payment on overages in printing and/or delivery of forms. Overages will not be allowed.
- 4.6 Deliveries shall be made to the existing following locations. The City reserves the right to add locations during the contract period, at no additional cost to the City.

APD Headquarters 715 E. 8<sup>th</sup> St. Austin, TX. 78701  
APD East-Sub 812 Springdale Rd. Austin, TX. 78702  
APD North-sub 12425 Lamplight Dr., Austin, TX. 78758  
APD South-sub 404 Ralph Ablanedo Dr., Austin, TX. 78748  
Law Department 301 W. 2<sup>nd</sup> Street, Austin, TX 78701  
Aviation 9400 Freight Ln. Austin, TX 78719  
Health Department RBJ-15 Waller Street, 1<sup>st</sup> Floor, Austin, TX 78702  
Controller's Office 124 W. 8<sup>th</sup> St. Suite 140, Austin, TX 78701  
EHSD 1520 Rutherford Ln., Bldg. 1, Austin, TX 78754  
AFD Headquarters 4201 Ed Bluestein Blvd., Dock F, Austin, TX 78721  
EMS 4201 Ed Bluestein Blvd. Dock E, Austin, TX 78721

Estimated order quantities of each form are as noted on Bid Sheet and Attachment I including minimum order quantities if applicable.

- 4.7 Minimum order quantities are not allowed for this contract unless so stated in attachment 1. Any bid submitted stating minimum quantities will not be considered for award.

## **5.0 INVOICE REQUIREMENTS:**

- 5.1 Invoice and one (1) signed packing slip copy shall be submitted to Department billing address as indicated below, for payment. Submitted packing slip for payment shall have an authorized representative signature. The City reserves the right to reject any unsigned packing slips.
- 5.2 Invoices shall be mailed to:

City of Austin- Police Department  
Attn: Financial Management  
P.O. BOX 1629  
Austin TX. 78767-1629

City of Austin - Law Department  
PO Box 1088  
Austin, TX 78767

City of Austin - Aviation Department  
3600 Presidential Blvd. Suite 411  
Austin, TX 78719

Health Department  
HHSD Accounting  
PO Box 1088  
Austin, TX 78767

City of Austin- Controller's Office  
PO Box 2920  
Austin, TX 78768

EHSD  
PO Box 1088  
Austin, TX 78767

City of Austin- Fire Department  
Accounts Payable  
4201 Ed Bluestein Blvd.  
Austin, TX. 78721

AFD Accounts Payable e-mail [FIREacctspayable@austintexas.gov](mailto:FIREacctspayable@austintexas.gov)

City of Austin- Emergency Medical Services  
Attn: Accounts Payable  
15 Waller St.  
Austin, TX 78702

**BID SHEET**  
**CITY OF AUSTIN**  
**PRINTING: VARIOUS FORMS, PRODUCTION & MANAGEMENT**

**BID NO.** ISR0004

**RQM NO.** 8700 14110300037

**BID OPENING DATE AND TIME:** JANUARY 13, 2015 AT 2:00 p.m.

**BUYER:** IRENE SANCHEZ-ROCHA

**Copies of Bid: Vendor must submit two copies of its signed bid - one original and one copy and one electronic copy.**

This is a solicitation for a 36 month supply agreement for Printing, Production and Management of Various Forms for Departments within the City with an option to extend for up to three (3) additional twelve (12) month periods, subject to the approval of the City Manager or Designee and the Supplier. The quantities noted below are annual estimates.

**Special Instructions:** Be advised that exceptions taken to any portion of the solicitations may jeopardize acceptance of the bid. **Please state on bid sheet line item if form cannot be produced on recycled paper.**

ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
1	PD-0009B	CRIME SCENE LABEL; 500/BOX	2	BX	\$_____	\$_____
2	PD-0010	ASSAULT VICTIM STATEMENT; 2,500/CASE	4	CS	\$_____	\$_____
3	PD-0015	STICK " CHAIN OF CUSTODY" LABEL; 2,500/BOX	20	BX	\$_____	\$_____
4	PD-0029	FINGERPRINT CARD; 1,000/CASE	50	CS	\$_____	\$_____
5	PD-0037	OVERTIME/COMPENSATORY FORM; 500/BOX	50	BX	\$_____	\$_____
6	PD-0037B	OUTSIDE OVERTIME ASSIGNMENT FORM; 500/BOX	2	BX	\$_____	\$_____
7	PD-0040	CRIMINAL TRESPASS BOOK; 100 BOOKS/CASE	30	CS	\$_____	\$_____
8	PD-0042	PALM PRINT; 500/BOX	2	BX	\$_____	\$_____
9	PD-0047	APD CASE DISPOSITION; 500/BOX	20	BX	\$_____	\$_____
10	PD-0056A	JUVENILE ARREST CARD; 250/BOX	4	BX	\$_____	\$_____
11	PD-0068	IMPOUND WRECKER SELECTION REPORT; 1,000/BOX	42	BX	\$_____	\$_____
12	PD-0069A	LEAVE REQUEST; 250/BOX	4	BX	\$_____	\$_____
13	PD-0069B	UNDERCOVER EXPENSE REPORT; 250/BOX	4	BX	\$_____	\$_____



ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
14	PD-0107	POLICE NOTICE ABANDONED CAR (ORANGE) STICKER; 250/BOX	12	BX	\$_____	\$_____
15	PD-0107A	ABANDONED NON-MOTORIZED VEHICLE (RED) STICKER ; 250/BOX	4	BX	\$_____	\$_____
16	PD-0109B	PAWN SHOP RECORD BOOK; 75 BOOKS/CASE	675	BK	\$_____	\$_____
17	PD-0113	VEHICLE AND EQUIPMENT REPAIR FORM; 500/BOX	12	BX	\$_____	\$_____
18	PD-0133	CONTACT CARD; 250/BOX	12	BX	\$_____	\$_____
19	PD-0133S	CONTACT CARD SPANISH; 250/BOX	4	BX	\$_____	\$_____
20	PD-0134	CONTACT CARD WITH HOURS; 250/BOX	4	BX	\$_____	\$_____
21	PD-0138	STREET CHECK CITATION BOOK; 300 BOOKS/CASE	1,200	BK	\$_____	\$_____
22	PD-0141	WARNING TICKET; 100/CASE	2	CS	\$_____	\$_____
23	PD-0144	COUPON BOOK; 50/BOX	50	BK	\$_____	\$_____
24	PD-0144A	COUPON BOOK; 50/BOX	50	BK	\$_____	\$_____
25	PD-0154	POLICE NOTICE JUNKED VEHICLE (GREEN) STICKER; 1,000/BOX	1	BX	\$_____	\$_____
26	PD-0162	MIRANDA CARD; 1,000/BOX	4	BX	\$_____	\$_____
27	PD-0166	REGISTER FORM 1,000/BOX	1	BX	\$_____	\$_____
28	PD-020	EMERGENCY NOTIFICATION FORM 500/BOX	1	BX	\$_____	\$_____
29	PD-0201	PAWN SHOP PROPERTY HOLD CARD 50/BOX	1	BX	\$_____	\$_____
30	PD-0211	OUT OF SERVICE STICKER 1,000/BOX	1	BX	\$_____	\$_____
31	PD-0215	STICKER "POLICE PAL" PERFORATED 300 CT. ROLL; 1,000/ROLLS PER CASE	25	CS	\$_____	\$_____
32	PD-0215B	STICKER "POLICE PAL EXPLORER" PERFORATED 300 CT. ROLL; 1,000/ROLLS PER CASE (NO SAMPLE FORM IN 0500 SCOPE FILE)	5	CS	\$_____	\$_____
33	PD-FAS	FALSE ALARM STICKER, 1,000/BOX	3	BX	\$_____	\$_____
34	PD-0139	CITE AND RELEASE CITATION BOOKS PD-0139, 100/BOOKS IN A CASE	500	BK	\$_____	\$_____
35	PD-LWC	LICENSE AND WEIGHT CITATION ORDER 1,000 A CASE	1	CS	\$_____	\$_____

ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
36	PD-LWCCS	LICENSE AND WEIGHT CITATION CONTINUATION SHEET, 1,000/CASE	1	CS	\$_____	\$_____
37	DIC-24	DIC 24 STATUTORY WARNING, 1,000/CASE	1	CS	\$_____	\$_____
38	DIC-24S	DIC 24S STATUTORY WARNING SPANISH, 1,000/ CASE	1	CS	\$_____	\$_____
39	DIC-25	DIC 25 NOTICE OF SUSPENSION, ORDER 1,000 CASE	1	CS	\$_____	\$_____
40	DIC-25S	DIC 25S NOTICE OF SUSPENSION SPANISH, 1,000/CASE	1	CS	\$_____	\$_____
41	CR-3	CRASH REPORT FORM	4	CS	\$_____	\$_____
42	FIN-9074 R	FORM. FIN-9074 PETTY CASH REIMBURSEMENT/ ADVANCE BK 13-1/2" X 9" WIDE WITH 3/4" TAB (1) SIDED (3) PART, (1) VERTICAL PERFORATION & (2 ) HORIZONTAL PERFORATION, BLACK INK, NCR 16 # BOND WHITE, CANARY, & PINK CHIPBOARD BACK WTH WRAP AROUND TAG COVER. NUMBERED FORM (IN RED INK). 50 SETS OF (3) PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	250	BK	\$_____	\$_____
43	FIN-7026	395-60-109-016 FORM. RECEIPT FOR PAYMENT FUNDS BK 9-3/4" OVERALL WITH 3/4" TAB X 14" (1) SIDED (4) PART, (1) VERTICAL PERFORATION & (3 ) HORIZONTAL PERFORATION, BLACK INK, NCR 16 # BOND WHITE, CANARY, PINK & GOLDENROD, CHIPBOARD BACK WITH WRAP AROUND TAG COVER. NUMBERED FORM (IN RED INK). 50 SETS OF (4) PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	200	BK	\$_____	\$_____
44	FIN-7027	395-70-107-001 FORM FIN-7027 PAYMENT RECEIPT 9 X 5-1/2 (1) SIDED (4) PART, 1 VERTICAL AND THREE HORIZONTAL PERFORATIONS BLACK INK, NCR 16# WHITE, CANARY, PINK & GOLDENROD. NUMBERED FORM (IN RED INK). CHIPBOARD BACK, WITH WRAP AROUND TAG COVER. 50 SETS OF THREE PER BOOK. THE STARTING & ENDING NUMBER OF THE BOOK SHALL BE PRINTED ON A LABEL AND PLACED IN FRONT OF EVERY RECEIPT BOOK	50	BK	\$_____	\$_____
45	FIN-9070 R	395-60-121-040 FORM, PETTY CASH REQUEST 6-1/4 X 4-1/4 (1) SIDED (2) PART. BLACK INK. NCR 16# BOND WHITE & CANARY. WITH CHIPBOARD BACK, QTY 50 SETS PER PKG	50	PK	\$_____	\$_____
46	DVR-1000	VEHICLE INSPECTION FROM WITH 3/4" SNAP AT TOP; BLACK INK, COLOR WHITE, CANARY& PINK, DOUBLE SIDED, 50/PACK 20 PACKS PER CARTON	50	CTN	\$_____	\$_____

ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
47	PER-7005	395-60-111-004 FORM LEAVE REPORT 8-1/2 X 5-1/2 (1) SIDED (1) PART, BLACK INK 20# PINK BOND WITH CHIPBOARD BACK, 100 PER PAD (NO SAMPLE FORM IN 0500 SCOPE FILE)	100	PD	\$ _____	\$ _____
48	FIN-9038	PRIVATE VEHICLE MILEAGE REPORT FORM, 8-1/2 X 11 (1) SIDED (2) PART, BLACK INK 20# WHITE, PINK NCR PAPER (NO SAMPLE FORM IN 0500 SCOPE FILE)	50	PK	\$ _____	\$ _____
49	PWTD-4030	395-80-1001-001 FORM, PWTD4030 MANUAL FUELING LOG 8-112 X 11 (1) SIDED (2) PART, BLACK INK. NCR 16# BOND WHITE & CANARY NUMBERED FORM (IN RED INK). WITH CHIPBOARD BACK. QTY 10 PER PAD	30	PD	\$ _____	\$ _____
50	CCR-KIT	CAR COLLISION REPORT FORM AND ENVELOPE, ENVELOPE 8 X 9 AND FORMS (1) SIDED (1) PART BLACK INK ON WHITE 20 LB PAPER. ONE FORM HAS PERFORATION AT CENTER OF FORM; 10 KITS PER PACK	25	PK	\$ _____	\$ _____
51	FOR-2146	VEHICLE EQUIPMENT STATUS NOTICE; 5 X 8-1/2" NCR PAPER, WHITE, YELLOW, PINK; BLACK INK	4	PK	\$ _____	\$ _____
52	AFD-7011	FORM, 966-36-621-121, AFD-7011 HAZMAT COST RECOVERY NOTIFICATION 8-1/2 X 11 (1) SIDED (4) PART, BLACK INK, NCR 20# BOND WHITE CANARY, PINK & GOLDENROD. QTY 50 PER PKG	25	PK	\$ _____	\$ _____
53	EMS-BN	BILLING FORM, AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES, 8 1/2 X 11 WHITE, 24 LB LASER COMPATIBLE BOND, REFLEX BLUE INK , (1) PART, (1) SIDED, 2,000 SHEETS PER CARTON	130	CTN	\$ _____	\$ _____
54	EMS-IN	IMPORTANT NOTICE - AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES FORM 8-1/2" X 11 (1) SIDED (1) PART, REFLUX BLUE INK 24# LASER COMPATIBLE BOND WHITE, PMS 185 RED, REFLUX BLUE 2,000 SHEETS PER CARTON	130	CTN	\$ _____	\$ _____
55	EMS-FN	FINAL NOTICE - AUSTIN -TRAVIS COUNTY EMERGENCY MEDICAL SERVICES, 8-1/2 X 11 (1) PART WHITE, 24# LASER COMPATIBLE BOND PMS 185 RED AND REFLEX BLUE, 2,000 SHEETS PER CARTON	115	CTN	\$ _____	\$ _____
56	EMS-HCFA	HCFA 1500 AUSTIN - TRAVIS COUNTY EMERGENCY MEDICAL SERVICES REQUEST FOR QUOTE INSURANCE CLAIMS FORM, 8-1/2 X 11 (1) PART CUT SHEET, 24# WHITE STOCK PRINTED IN TWO (2) ON 1 SIDE, REFLEX BLUE AND 185 RED. 2,000 SHEETS PER CARTON	115	CTN	\$ _____	\$ _____
57	CH-TC 201	EHSD - CUSTODIAL CARE INSPECTION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	30	PK	\$ _____	\$ _____
58	CH-TC FFI	EHSD - FARMERS MARKET FOOD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	14	PK	\$ _____	\$ _____

ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
59	300-FRE INSP	EHSD - FOOD ENTERPRISE RE-INSPECTION NOTICE FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	100	PK	\$ _____	\$ _____
60	CH-TC 506	EHSD-FOOD BORNE ILLNESS INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	20	PK	\$ _____	\$ _____
61	CH-TC 507	EHSD- CORRECTIVE ACTION PLAN FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	10	PK	\$ _____	\$ _____
62	CH-TC 505	EHSD- CERTIFICATE OF OCCUPANCY-CHANGE OF OWNERSHIP FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	60	PK	\$ _____	\$ _____
63	CH 601	EHSD- DETENTION ORDER FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	32	PK	\$ _____	\$ _____
64	BGIR	EHSD- BLANK GENERAL INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK 25 PER PACK	10	PK	\$ _____	\$ _____
65	CH-TC 500A	EHSD- FOOD ESTABLISHMENT INSPECTION REPORT FORM; 8-1/2 x 11" WHITE WITH BLACK INK DOUBLE SIDED; 25 PER PACK	320	PK	\$ _____	\$ _____
66	CH-TC 500B	EHSD- FOOD ESTABLISHMENT INSPECTION REPORT PAGE 2 FORM; 8-1/2 x 11" WHITE WITH BLACK INK DOUBLE SIDED; 25 PER PACK	320	PK	\$ _____	\$ _____
67	CH-602	EHSD- ORDER SUSPENDING FOOD ESTABLISHMENT PERMIT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	16	PK	\$ _____	\$ _____
68	CH-602 NCS	EHSD- NOTICE OF COMPLIANCE SCHEDULE FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	16	PK	\$ _____	\$ _____
69	CH-TC 501	EHSD- FOOD PRODUCT ESTABLISHMENT INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	20	PK	\$ _____	\$ _____
70	CH-TC 503	EHSD- MOBILE FOOD VENDOR INSPECTION REPORT FORMS; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	60	PK	\$ _____	\$ _____
71	CH-TC 502	EHSD- MOBILE FOOD VENDOR PERMIT INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	60	PK	\$ _____	\$ _____
72	CH-TC 504	EHSD- TEMPORARY FOOD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	140	PK	\$ _____	\$ _____
73	TC-604 NOV	EHSD-TRAVIS COUNTY HEALTH AND HUMAN SERVICE DPARTMENT NOTICE OF VIOLATION FORM; 8-1/2 X 11 WHITE WITH BLACK INK; 25 PER PACK	20	PK	\$ _____	\$ _____
74	DOG-NOV	EHSD- DOG/ANIMAL ENCLOSURE NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	3	PK	\$ _____	\$ _____

ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
75	DOG-FOWL	EHSD- FOWL ENCLOSURE NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	6	PK	\$ _____	\$ _____
76	EH-TC 904	EHSD-POOL CO CHOW INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	10	PK	\$ _____	\$ _____
77	EH-TC 901	EHSD- POOL INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	100	PK	\$ _____	\$ _____
78	EH-TC 905	EHSD-PWIFF PUBLIC INTERACTIVE WATER FOUNTAINS INSPECTION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	2	PK	\$ _____	\$ _____
79	ECHU 701	EHSD- SIPPO/MATTO INSPECTION REPORT/NOTICE OF VIOLATION FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	3	PK	\$ _____	\$ _____
80	EHS RVP	EHSD- FIELD INSPECTION REPORT FORM; 8-1/2 X 11" WHITE WITH BLACK INK; 25 PER PACK	3	PK	\$ _____	\$ _____
81	FMC-EHSD	EHSD- FOOD MANAGER CERTIFICATE; 8-1/2 X 11" WHITE WITH RED INK; 25 PER PACK	200	PK	\$ _____	\$ _____
82	TB400A	ATCHD- TUBERCULOSIS ELIMINATION DIVISION REPORT OF CASE AND PATIENT SERVICES FORM; 8-1/2 X 11 YELLOW WITH BLACK IN; 50 PER PAD, 2 HOLE PUNCH AT TOP OF PAGE	150	PD	\$ _____	\$ _____
83	TB400B	ATCHD- TUBERCULOSIS ELIMINATION DIVISION REPORT OF CASE AND PATIENT SERVICES FORM; 8-1/2 X 11 PINK WITH BLACK IN; 50 PER PAD, 2 HOLE PUNCH AT TOP OF PAGE	80	PD	\$ _____	\$ _____
84	2200-CD UNIT	ATCHD- COMMUNICABLE DISEASE UNIT TB/STD AUTHORIZATION TO RELEASE MEDICAL INFORMATION FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK IN; 50 PER PACK,	80	PK	\$ _____	\$ _____
85	2200SSP-CD UNIT	ATCHD- COMMUNICABLE DISEASE UNIT TB/STD AUTORIZACION PARA LIBERAR INFORMACION MEDICA FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK IN; 50 PER PACK,	50	PK	\$ _____	\$ _____
86	LAB-ORD FORM	ATCHD- COMMUNICABLE DISEASE UNIT LABORATORY LAB ORDER AND REPORT FORM; 8-1/2 X 11 WHITE/YELLOW/PINK WITH BLACK AND RED INK; 50 PER PACK	300	PK	\$ _____	\$ _____
87	TBCF	ATCHD-COMMUNICABLE DISEASE UNIT TUBERCULOSIS CLEARANCE FORM; 8-1/2 X 11", 3-PART, WHITE/YELLOW/PINK WITH BLACK INK, 50 PER PACK	50	PK	\$ _____	\$ _____
88	966-30-100-001	STATIONERY LETTERHEAD CITY OF AUSTIN 8-1/2 X 11 (1) SIDED (1) PART, BLUE & RED INK, @1 GRDE 20# BOND WHITE, QTY 500 PER RM. SHRINK WRAPPED WITH CHIPBOARD BACK AND FRONT	125	RM	\$ _____	\$ _____



ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
89	HGT-WPDR	HALF GREEN TAG 3-1/2" X 3-1/4", LIGHT GREEN (BRIGHT OR PHOSPOHORESCENT) ADHESIVE LABEL ( MATAc STARLINER PERMANENT ADHESIVE OR EQUAL) WITH BLACK INK. PACKAGED 50 PER SHRINK WRAP	600	PK	\$ _____	\$ _____
90	ENV-IOE	ENVELOPE, #10 White (1) SIDED BLACK INK, INTEROFFICE ENVELOPE; 500/ Box	20	BX	\$ _____	\$ _____
91	ENV-#10BUS	ENVELOPE, #10 White (1) SIDED BLACK INK, RETURN ADDRESS 5/16" FROM SIDE OF ENVELOPE AND 3/8" FROM TOP OF ENVELOPE CORNER 2,500/ Case (PRINTING SHALL BE PLACED AS INDICATED ON WINDOW ENVELOPE SAMPLE)	60	CS	\$ _____	\$ _____
92	ENV-#10WBUS	ENVELOPE,#10 BUSINESS, WINDOW (1) SIDED BLACK INK, RETURN ADDRESS 5/16" FROM SIDE OF ENVELOPE AND 3/8" FROM TOP OF ENVELOPE CORNER 2,500/ Case	75	CS	\$ _____	\$ _____
93	310-48-101-001	ENVELOPE, BID PROPOSAL "CONTRACT CONSTRUCTION" 10 X 13 (1) SIDED (1) PART, BLACK INK, SU832 MANILA ENVELOPE, QTY 25 PER PKG (NO SAMPLE IN 0500 SCOPE FILE)	40	PK	\$ _____	\$ _____
94	310-48-102-001	ENVELOPE, PETTY CASH TICKET 7-1/2 X 10-1/2 (1)SIDED PART, RED INK, SUB 32 MANILA ENVELOPE. QTY. 20 PER PKG (NO SAMPLE FORM IN 0500 SCOPE FILE)	20	PK	\$ _____	\$ _____
95	WPDR-CORRN	WPDR- CORRECTION NOTICE, SNAP-OUT FORM, 3-PART, NCR, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# NCR PAPER. COLOR PINK WITH THE MARGINAL WORD "ORIGINAL" PRINTED IN RED INK ON THE BOTOM CENTER WHITE WITH THE MARGINAL WORD "FIELD COPY" PRINTED IN RED INK ON THE BOTTOM CENTER OF SHEET LAST SHEET SHALL BE 104" TAG NCR, COLOR WHITE. PACKAGED BULK 50 PER SHRINK WRAP (NO SAMPLE FORM IN 0500 SCOPE FILE)	50	PK	\$ _____	\$ _____
96	WPDR-IRI	WPDR- INVESTIGATION/RE-INSPECTION FEE, SNAP-APART FORM 2-PART, NCR, 8-1/2" X 4-1/2" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# NCR PAPER. COLOR YELLOW, MIDDLE SHEET SHALL BE 14# NCR PAPER, COLOR PINK, LAST SHEET SHALL BE 105# NCR TAG PAPER, COLOR WHITE, WITH BLUE AND RED INK CITY OF AUSTIN EMBLEM PRINTED AT THE TOP CENTER, TEXT IN BLACK INK. PACKAGED 50 PER SHRINK WRAP (NO SAMPLE FORM IN 0500 SCOPE FILE)	100	PK	\$ _____	\$ _____

ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE
97	WPDR-TO	WPDR- TEMPORARY OCCUPANCY SNAP APART FORM, 2-PART, CARBONLESS PAPER, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# PAPER, COLOR YELLOW, LAST SHEET SHALL BE 105# TAG PAPER, COLOR WHITE, WITH BLACK SCREENED CITY OF AUSTIN SEAL PRINTED AT THE TOP CENTER (ALL SHEETS). PACKAGED 50 PER SHRINK WRAP (NO SAMPLE FORM IN 0500 SCOPE FILE)	100	PK	\$ _____	\$ _____
98	WPDR-MGI	WPDR- MEDICAL GAS INITIAL INSPECTION SNAP-APART FORM, 3-PART, CARBONLESS PAPER, 8-1/2" X 11" AFTER REMOVAL OF 3/4" PERFORATED STUB. BLACK INK, WITH AN ADHESIVE PEEL TAPE STRIP ON THE TOP BACK OF THE LAST SHEET. TOP SHEET SHALL BE 15# PAPER, COLOR WHITE, MIDDLE SHEET SHALL BE 15#, COLOR CANARY LAST SHEET SHALL BE 15#, COLOR PINK WITH BLACK SCREENED CITY OF AUSTIN SEAL PRINTED AT THE TOP CENTER (ALL SHEETS). PACKAGED 50 PER SHRINK WRAP	25	PK	\$ _____	\$ _____
99	WPDR-BKLT	WPDR- PERMIT BOOKLET 8-1/2 X 3-1/2, 3-PART, CARBONLESS PAPER, 5 SETS PER PAD, 20# WHITE, CANARY AND PINK, BLACK INK, BLACK SCREENED CITY OF AUSTIN SEAL ON CENTER OF ALL SHEETS, CONTINUOUS CRASHED NUMBER IN RED INK, CHIP BOARD BACKING, GLUED AT TOP (NO SAMPLE FORM IN 0500 SCOPE FILE)	50	BK	\$ _____	\$ _____
<b>TOTAL DOLLAR AMOUNT FOR ITEMS: 1 - 99</b>					\$ _____	
					<b>AMOUNT BEFORE MSRP DISCOUNT ANNUAL AMOUNT</b>	<b>AMOUNT AFTER MSRP DISCOUNT</b>
					<b>% DISCOUNT</b>	
THE CITY MAY WISH TO PURCHASE ADDITIONAL ITEMS OR SERVICES FROM THE SUCCESSFUL BIDDER IN THE FUTURE THAT ARE NOT LISTED ON THIS BID SHEET, PLEASE INDICATE THE DISCOUNT FROM ANAUFACTURE SUGGESTED PRICE FOR THESE ITEMS OR SERVICES					\$15,000.00	_____ % \$ _____
*** TYPESETTING CHARGES PER HOUR \$ _____						
					<b>TOTAL BID</b>	\$ _____

DELIVERY SHALL BE WITHIN **10 BUSINESS DAYS** AFTER RECEIPT OF ORDER, BIDDER CAN MEET DELIVERY  
 \_\_\_\_\_YES \_\_\_\_\_NO

ITEM NO.	FORM #	DESCRIPTION	EST ANNUAL QUANTITY	UOM	RECYCLED PAPER	
					UNIT PRICE	EXTENDED PRICE

BIDDERS BEST DELIVERY FOR BOOKED FORMS IS \_\_\_\_\_ BUSINESS DAYS AFTER RECEIPT OF ORDER

DELIVERY TERMS: ALL SHIPPING AND HANDLING CHARGES MUST BE INCLUDED IN BID. DELIVERY SHALL BE FOB DESTINATION, PREPAID AND ALLOWED

DELIVERY METHOD: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

SIGNATURE OF AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

B i d  L I N E  I T E M #	FORM NO.	REVIS- ION DATE	TITLE	PAGE SIZE	SPECIAL		#	S N A P S E T	N C R P A P E R	#	2 S I D E C Y	B O O K L E T	N U M B E R E D	EST. 1 YR NEED	MINIMUM ORDER QUANTITY Approx. Quarterly unless otherwise stated	REMARKS
					PAPER COLOR	P A P E R  2 0  L B										
1	PD-0009B	Jan-07	Crime Scene Label	8-1/2"x11"	Orange		1			1				1,000	1,000	Permanent adhesive backer/peel off back, standard flourescent, 1 order @yr. Per sample
2	PD-0010	Mar-14	Assault Victim Statement	11"x17"	White		3			6	X			10,000	2,500	24lb paper black ink front and back fold perf. Per Sample
3	PD-0015	Jan-05	Sticker "Chain of Custody" Label	3 1/2"x6 1/2"	White	X	1			1				50,000	12,000	Permanent adhesive peel off back sticker/label sheet. Per sample
4	PD-0029	May-96	Fingerprint Card	8"X8"	White		1			1				50,000	10,000	110 lb white Acid free card 8" x 8" Per sample
5	PD-0037	Apr-92	Overtime/Compensatory Assignment forms	8-1/2"x11"	White/Pink	X	2	X	X	2				25,000	6,000	20 lb NCR paper snap out black ink Per sample
6	PD-0037B	Jan-97	Outside Overtime Assingment Form	8-1/2"x11"	White/Pink		2	X	X	2				1,000	1,000	20 lb NCR paper snap out black ink Per sample
7	PD-0040	Jun-07	Criminal Trespass Book	8-1/2"x11"	Multi	X	3	X	X	3		X	X	3,000	1,000	Books in 20 three part 100 lb manila tag wrap wround cover per Sample

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					PAPER COLOR	P A P E R  2 0 L B										
8	PD-0042	May-96	Palm Print	8-1/2"x11"	White		1			1				1,000	1,000	8.5 x 11 Acid free 100 lb paper black ink on front Per Sample
9	PD-0047	Jan-07	APD Case Disposition	8-1/2"x11"	Yellow/White	X	3	X	X	3				10,000	2,500	20 lb NCR paper snap out black ink Per sample
10	PD-0056A	Jan-96	Juvenile Arrest Card	8-1/2"x11"	Multi	X	6	X	X	7	X			1,000	250	100 lb manila tag on back black ink on 5 pages 6th page prints both sides Per sample
11	PD-0068	Oct-06	Impound/Wrecker Selection Report	8-1/2"x11"	Multi	X	4	X	X	8	X			42,000	10,000	White/canary/pink/go ldenrod with black ink on back of part four snap set
12	PD-0069A	Sep-85	Leave Request	5"x8-1/2"	Multi	X	4	X	X	4				1,000	250	snap out black ink on front 20 lb NCR Paper
13	PD-0069B	May-01	Undercover Expense Report	5"x8"	Multi	X	3	X	X	3				1,000	250	snap out black ink on front 20 lb NCR Paper 2 hole 8" x 5- 3/4" Per Sample
14	PD-0107	May-06	Police Notice Abandoned Car	8-1/2"x11"	Orange		1			1				3,000	1,000	Permanent adhesive backer/peel off back, standard flourescent. Per Sample



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					PAPER COLOR	P A P E R  2 0 L B										
15	PD-107A	May-06	Non-Motorized Vehicle	8-1/2"x11"	Red		1			1				1,000	250	Peel off sticker per sample
16	PD-0109B	Jan-96	Pawn Shop Record Book	4-1/4"x6"	Multi	X	3	X	X	3		X	X	600	150	around cover manila tag 100 lb black ink Per Sample
17	PD-0113	Jan-07	Vehicle and Equipment Repair Request	8-1/2"x11"	Multi	X	3	X	X	3				6,000	2,000	snap out black ink on front 20 lb NCR Paper
18	PD-0133	Dec-97	Contact Card	4"x6"	White	X	1			1	X			3,000	500	4" x 6" 110 lb index black ink on both sides
19	PD-0133S	Dec-97	Contact Card Spanish	4"x6"	White	X	1			1	X			1,000	250	4" x 6" 110 lb index black ink on both sides
20	PD-0134	Dec-97	Contact Card w/Hours	4"x6"	White	X	1			1	X			1,000	250	4" x 6" 110 lb index black ink on both sides
21	PD-0138		Street Check Citation		Multi	X	3	X	X	8	X	X	X	1,200	300	Per sample, 20@book w/cover
22	PD-0141	May-96	Warning Ticket	4"x5-3/4"	Multi	X	2	X	X	4	X	X		200	100	Per sample, 25@book w/cover
23	PD-0144	Sep-02	Coupon Book	5-7/8" x 3"	White		20			20		X	X	50	25	books in 100 lb blue cover and 100 lb white on inside
24	PD-0144A	Sep-02	Coupon Book	5-7/8" x 3"	White		20			20		X	X	50	25	books in 100 lb red cover and 100 lb white on inside

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					PAPER COLOR	P A P E R  2 0 L B										
25	PD-0154	May-06	Police Notice Junked Vehicle	8-1/2" x 11"	Green		1			1				1,000	1,000	Permanent adhesive backer/peel off back, standard flourescent. Per Sample 1 order a year
26	PD-0162	Jan-96	Miranda Card	4" x 4-1/2"	Blue	X	1			2	X			4,000	1,000	110 lb blue card with black ink
27	PD-0166	Oct-94	Register Form	8-1/2" x 11"	White/ Yellow	X	2	X	X	2				1,000	1,000	snap out black ink on front 20 lb NCR Paper; 1 ord a year
28	PD-020	Mar-03	Emergency Notification Form	8-1/2" x 11"	White/Pink/ Yellow	X	3	X	X	3				500	500	Per sample
29	PD-0201	Aug-78	Pawn Shop Property Hold Card	6"x4-1/2"	Multi		3	X	X	3				50	50	Per sample
30	PD-0211	Sep-01	Sticker "Out of Service" License & Weights	5-1/2"x8-1/2"	Red/Orange	X	1			1				1,000	1,000	1 Ord @ yr. Peel off back
31	PD-0215	Jan-05	Sticker "Police Pal" Perforated 300 ct. roll	3"x3-3/8"	Silver	X	1			1				25,000	1,000	Silver foil with black ink peel off sticker Per Sample; Order as needed
32	PD-0215B	Jan-05	Sticker "Police Pal Explorer" Perforated 300 ct. roll	3"x3-3/8"	Silver	X	1			1				5,000	1,000	Silver foil with black ink peel off sticker Per Sample; Order as needed
33	PD-FAS		Flse Alarm Sticker	4-7/8"x 2- 7/8"	Red/Orange	X	1			1				3,000	1,000	Peel off back

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					PAPER COLOR	P A P E R  2 0  L B										
34	PD-0139	Jan-10	Cite and Release Citation Books		Multi	X	3	X	X	8	X	X	X	500	100	Per sample, 20@book w/cover
35	PD-LWC	Sep-01	License and Weigh Citation	8-1/2"x11"	Multi		4	X	X	4				1,000	1,000	1 Ord @ yr.
36	PD-LWCCS	Sep-01	License and Weigh Citation Continuation Sheet	8-1/2"x11"	Multi		4	X	X	4				1,000	1,000	1 Ord @ yr. Continuation sheet
37	DIC-24	Sep-05	DIC 24 Statutory Warning	8-1/2"x11"	White/ Yellow	X	2	X	X	2				1,000	1,000	20 lb NCR paper fanapart two page 8.5 x 11
38	DIC-24S	Sep-05	DIC 24s Statutory Warning Spanish	8-1/2"x11"	White/ Yellow	X	2	X	X	2				1,000	1,000	20 lb NCR paper fanapart two page 8.5 x 11
39	DIC-25	Sep-05	Dic 25 Notice of Suspension	8-1/2"x11"	White/ Yellow	X	2	X	X	2				1,000	1,000	20 lb NCR paper fanapart two page 8.5 x 11
40	DIC-25S	Sep-05	Dic 25S Notice of Suspension Spanish	8-1/2"x11"	White/ Yellow	X	2	X	X	2				1,000	1,000	20 lb NCR paper fanapart two page 8.5 x 11
41	CR-3	Nov-14	Crash Report Form 11" X 25-1/2"	11" X 25- 1/2"	WHITE	X	3			3	X			5,000	1,250	20lb paper 11" x 25- 1/2" folded down to 8- 1/2" x 11"
42	FIN-9074 R	Jul-08	COA Petty Cash Reimbursement/ Advance Books	13.5" x 9"	Multi	X	3		X	3		X	X	250		Per sample, 50@book w/cover

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					PAPER COLOR	P A P E R  2 0 L B										
43	FIN-7026	Jul-90	COA Receipt for Payment of Funds	13.5" x 9"	Multi	X	4		X	4		X	X	200		Per sample, 50@book w/cover
44	FIN-7027		Receipt of Funds	9" x 5-1/2"	Multi		4		X	4		X	X	50		Per sample, 50@book w/cover
45	FIN-9070R	Nov-06	COA Petty Cash	6-1/4" x 4- 1/4"	White/ Yellow		2		X	2				50		Per sample, 50 sets per pk
46	DVR-1000	May-09	Vehicle Inspection Form	8-1/2" x 13- 3/4"	White/ Canary / Pink	X	3	X	X	3	X		X	50		Per sample, 50 sets per pk
47	PER-7005		Leave Report	8-1/2" x5- 1/2"	Pink	X	1	X		1				100		Per sample, 50 sets per pd
48	FIN-9038	Sep-13	Vehicle Mileage Form	8-1/2" x5- 1/2"	White/Pink	X	2	X	X	2				50		Per sample, 100 sets per pack
49	PWTD-4030	May-09	Manuel Fueling Log	8-1/2" x 11"	White/ Canary	X	2		X	2			X	30		Per sample, 10 sets per pad
50	CCR-KIT		Car Collision Envelope & Form	6 X 9 & 8 1/2" X 11"	White	X	1			1				25		Per sample, 10 kits per paCK
51	FOR-2146		Vehicle Equipment Status Notice	5 x 8-1/2"	White/Pink / Yellow	X	3		X	3				400		Per sample, 100 per pack
52	AFD-7011	Dec-12	Hazmat Cost Recovery Notification	8-1/2" x 11"	White/ pINK/ Goldenrod	X	4	X	X	4				25		Per sample, 50 per pack
53	EMS-BN		EMS Billing Form	8-1/2" x 11"	White	24#	1			1				130		Per sample, 2,000 Sheets per carton,
54	EMS-IN		EMS Important Notice	8-1/2" x 11"	White	24#	1			1				130		Per sample, 2,000 Sheets per carton,

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					PAPER COLOR	P A P E R  2 0 L B										
55	EMS-FN		EMS-Final Notice	8-1/2" x 11"	White	24#	1			1				115		Per sample, 2,000 Sheets per carton,
56	EMS-HCFA		HCFA - EMS QUOTE FORM	8-1/2" x 11"	White	24#	1		X	2	X			115		Per sample, 2,000 Sheets per carton,
57	CH-TC 201	Sep-14	EHSD - Custodial Care Inspection Form	8-1/2" x 11"	White	X	2	X	X	1				30		Per sample, 25 Forms per pack,
58	CH-TC FFI	Sep-14	EHSD- FARMERS MARKET FOOD INSPECTION REPORT FORM	8-1/2" x 11"	White	X	2	X		2	X			14		Per sample, 25 Forms per pack,
59	300-FRE INSP	Nov-14	HHSD= FOOD ENTERPRISE INSPEC FORM	8-1/2" x 11"	White	X	2	X	X	1				100		Per sample, 25 Forms per pack,
60	CH-TC 506	Sep-14	EHSD - Foodborne Inspection Form	8-1/2" x 11"	White	X	2	X	X	1				20		Per sample, 25 Forms per pack,
61	CH-TC 507	Oct-12	EHSD - Corrective Action Plan Form	8-1/2" x 11"	White	X	2	X	X	1				10		Per sample, 25 Forms per pack,
62	CH-TC 505	Sep-14	EHSD - CO- CHOW Inspection Form	8-1/2" x 11"	White	X	2	X	X	1				60		Per sample, 25 Forms per pack,
63	CH 601	Oct-12	EHSD- Detention Order Form	8-1/2" x 11"	White	X	2	X	X	1				32		Per sample, 25 Forms per pack,
64	BGIR	Sep-14	EHSD- Blank General Inspection Report Form	8-1/2" x 11"	White	X	2	X	X	1				10		Per sample, 25 Forms per pack,



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					PAPER COLOR	P A P E R  2 0 L B										
65	CH-TC 500A	Sep-14	EHSD- Food Establishment Inspection Report	8-1/2" x 11"	White	X	2	X	X	1	X			320		Per sample, 25 Forms per pack,
66	CH-TC 500B	Sep-14	EHSD- Food Establishment Inspection Report Page 2	8-1/2" x 11"	White	X	2	X	X	1	X			320		Per sample, 25 Forms per pack,
67	CH-602	Jul-14	EHSD- Order Suspending Permit Form	8-1/2" x 11"	White	X	2	X	X	1				16		Per sample, 25 Forms per pack,
68	CH-602 NCS	Nov-14	EHSD- Notice of Compliance Schedule	8-1/2" x 11"	White	X	2	X	X	1				16		Per sample, 25 Forms per pack,
69	CH-TC 501	Sep-14	EHSD- Food Product Inspection Form	8-1/2" x 11"	White	X	2	X	X	1	X			20		Per sample, 25 Forms per pack,
70	CH-TC 503	Sep-14	EHSD- Mobile Food Vendor Inspection Report Form	8-1/2" x 11"	White	X	2	X	X	1	X			60		Per sample, 25 Forms per pack,
71	CH-TC 502	Sep-14	EHSD- Mobile Food Vendor Permit Inspection Report Form	8-1/2" x 11"	White	X	2	X	X	1	X			60		Per sample, 25 Forms per pack,
72	CH-TC 504	Sep-14	EHSD- Temporary Food Inspection Report Form	8-1/2" x 11"	White	X	2	X	X	1	X			140		Per sample, 25 Forms per pack,

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					PAPER COLOR	P A P E R  2 0 L B										
73	TC-604 NOV	Mar-08	EHSD- HHSD Notice of Violation Form	8-1/2" x 11"	White	X	2	X	X	1				20		Per sample, 25 Forms per pack,
74	DOG-NOV	Nov-14	EHSD-Dog Enclosure Notice of Violation Form	8-1/2" x 11"	White	X	2	X	X	1				3		Per sample, 25 Forms per pack,
75	FOWL-NOV	Nov-14	EHSD-Fowl Enclosure Notice of Violation Form	8-1/2" x 11"	White	X	2	X	X	1				6		Per sample, 25 Forms per pack,
76	EH-TC 904	Sep-14	EHSD-Pool CO CHOW Inspection Report Form	8-1/2" x 11"	White	X	2	X	X	1	X			10		Per sample, 25 Forms per pack,
77	EH-TC 901	Sep-14	EHSD-Pool Inspection Form	8-1/2" x 11"	White	X	2	X	X	1	X			100		Per sample, 25 Forms per pack,
78	EH-TC 905	Sep-14	EHSD- PWIFF Inspection Report Form	8-1/2" x 11"	White	X	2	X	X	1	X			2		Per sample, 25 Forms per pack,
79	ECHU 701	Jun-11	EHSD- SIPPO/MATTO Inspection Report Form	8-1/2" x 11"	White	X	2	X	X	1				3		Per sample, 25 Forms per pack,
80	EHS RVP	Sep-14	EHSD- Field Inspection Report Form;	8-1/2" x 11"	White	X	2	X	X	1				3		Per sample, 25 Forms per pack,
81	FMC-EHSD	Jan-14	EHSD Food Manager Certificate Form	8-1/2" x 11"	White	X	1			1				200		Per sample, 25 Forms per pack,

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					PAPER COLOR	P A P E R  2 0 L B										
82	TB400A	Jan-08	ATCHD- Tuberculosis Elimination Division Report of Case and Patient Srvcs Form	8-1/2" x 11"	Yellow	X	1	X		2	X			150		Per sample, 50 Forms per pad, 2 Hole punched at top
83	TB400B	Jan-08	ATCHD- Tuberculosis Elimination Division Report of Case and Patient Srvcs Form	8-1/2" x 11"	Pink	X	1	X		2	X			80		Per sample, 50 Forms per pad, 2 Hole punched at top
84	2200-CD UNIT	Dec-03	ATCHD- Communicable Disease Unit Authorization Form	8-1/2" x 11"	White/ Yellow /Pink	X	3	X	X	3				80		Per sample, 50 Forms per pack
85	2200SSP-CD UNIT	Dec-03	ATCHD- Communicable Disease Unit Autorizacion Para Liberar Informacion Medica Form	8-1/2" x 11"	White/ Yellow /Pink	X	3	X	X	3				50		Per sample, 50 Forms per pack
86	LAB-ORD FORM	Sep-14	ATCHD Communicable Disease Unit Lab Order Form	8-1/2" x 11"	White/ Yellow /Pink	X	3	X	X	3				300		Per sample, 50 Forms per pack

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					PAPER COLOR	P A P E R  2 0 L B										
87	TBCF	May-09	ATCHD-Communicable Disease Unit TB Clearance Form	8-1/2" x 11"	White/ Yellow /Pink	X	3	X	X	3				50		Per sample, 50 Forms per pack
88	966-30-100-001	Jan-11	COA- Stationery LetterHead	8-1/2" x 11"	White	X	1			1				100		Per sample, 500 sheets per ream
89	HGT-WPDR	Jan-14	Half Green Tag	3-1/2" x 3-1/4"	Green	Adhesive Label	1			1				600		Per sample, 50 tags per pack
90	ENV-IOE	Jan-14	#10 Interoffice Envelope	4-1/8" x 9-1/2"	White	X	1			1				20		Per Sample, 500 envelopes per box
91	ENV-#10BUS	Jan-14	#10 Envelope Printed	4-1/8" x 9-1/2"	White	X	1			1				60		#10 Envelopes packaged 500/box 5 Boxes per Case
92	ENV-#10WBUS	Jan-14	#10 Window Envelope Printed	4-1/8" x 9-1/2"	White	X	1			1				75		#10 Window Envelopes packaged 500/box 5 Boxes per Case
93	310-48-101-001	Jan-11	Envelope Bid Contract Construction	10 x 13	SU832 MANILA					1				40		Envelope 10x13 packaged 25 per pack
94	310-48-102-001	Jan-11	Envelope Petty Cash	7-1/2 x 10-1/2	SUB32 MANILA					1				20		Envelope manila packaged 20 per pkg
95	WPDR-CORRN	Jan-14	WPDR- Correction Notice Form	8-1/2 x 11"	White / Pink/ White	X	3	X	X	3				50		Form packaged 50 forms per shrink wrap package
96	WPDR-IRI	Jan-11	WPDR- Investigation/Re-Insection Form	8-1/2 x 11"	White / Pink/ White	X	3	X	X	3				50		Form packaged 50 forms per shrink wrap package

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					PAPER COLOR	PAPER L B										
97	WPDR-TO	Jan-11	WPDR-Temporary Occupancy Form	8-1/2 x 11"	Yellow/ White	15# & 105#TAG	2	X	X	2				100		Form packaged 50 forms per shrink wrap package
98	WPDR-MGI	Jan-11	WPDR-Medical Gas Initial Inspection Form	8-1/2 x 11"	White/ Canary/ Pink	15#	3	X	X	3				25		Form packaged 50 forms per shrink wrap package
99	WPDR-BKLT	Jan-11	WPDR- Permit Booklet	8-1/2 x 3- 1/2"	White/ Canary/ Pink	X	3	X	X	3		X		50		Five sets of forms per book





S 43776

NAME OF SELLER (LAST)

(FIRST)

(M)

DATE PURCHASED

DATE SOLD

(M)

(M)

ADDRESS OF SELLER

DEALER MUST BE PHYSICALLY PRESENTED DRIVER'S LICENSE OR DPS IDENTIFICATION CARD

TIME PURCHASED

TIME SOLD

IDENTIFICATION #	STATE	D.O.B.	WEIGHT	HEIGHT	SEX	RACE	TRANSACTION #	DATE
1								
2								

DEALER'S NAME

ADDRESS

TELEPHONE #

DEALER'S REP. SIGNATURE

PURCHASER'S NAME

ADDRESS

DEALER'S NAME

COMPLETE DESCRIPTION OF PURCHASED GOODS INCLUDING SERIAL NUMBERS &amp; IDENTIFYING MARKS &amp; SYMBOLS:

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FOR THE PURCHASE PRICE SET ABOVE, THE UNDERSIGNED SELLER, WARRANTING GOOD TITLE, THAT TRANSFER THEREOF IS RIGHTFUL AND THAT SUCH GOODS ARE FREE FROM ANY SECURITY INTEREST, OTHER LIEN, OR ENCUMBRANCE.  
I CERTIFY THE ABOVE INFORMATION IS TRUE AND COMPLETE.

SIGNATURE OF SELLER \_\_\_\_\_

PD01098

**JUVENILE ARREST CARD**Williamson County ☐Travis County ☐

IS THE IDENTITY OF YOUR PRISONER IN QUESTION? Y N

DO YOU HAVE A POSITIVE ID AVAILABLE? Y N

NAME (Last, First, Middle)							TRN	
AKA / Maiden Name / Nickname							JID	
Sex	Race	Eth	Height	Weight	DOB	Place of Birth	Citiz	DPS #
Hair	Eyes	Skin Tone Complexion		Build			FBI #	
Address			City	State	Zip	Phone #		SS #
Mailing Address (if different than St. Add.)				City	State	Zip	DL	
School				Grade	Location (city)			ID
								State Type
During School Hours Y N	School Notified Y N	Parents Notified Y N	By			MISC #		
Father's Name					Home Phone		Gang Information	

# JUVENILE ARREST CARD

Williamson County ☐  
Travis County ☐

IS THE IDENTITY OF YOUR PRISONER IN QUESTION? Y N

DO YOU HAVE A POSITIVE ID AVAILABLE? Y N

NAME (Last, First, Middle)										TIN	
AKA / Maiden Name / Nickname										JID	
Sex	Race	Eth	Height	Weight	DOB	Place of Birth			City	DPS #	
Hair	Eyes	Skin Tone		Complexion	Build			FBI #			
Address				City	State	Zip	Phone #			SS #	
Mailing Address (if different than St. Add.)				City	State	Zip	DL ID				
School				Grade	Location (city)			State	Type		
During School Hours Y N		School Notified Y N		Parents Notified Y N		By		MISC #			
Father's Name					Home Phone					Gang Information	
Address					City	State	Zip				
Employer					Work Phone						
Mother's Name					Home Phone					Scars/Marks/Tattoos	
Address					City	State	Zip				
Employer					Work Phone						
Medical Information (Drop Out Information, Chastity/Guard/Etc.)											
Date of Arrest			Time			Officer Name			Emp #	Agency	
Arrest Location						City State					
Transporting Officer			Emp #			Releasing Officer			Emp #	Firearm Code	
1	Offense (Charge) Cause/Warrant #				Offense #				Offense Date Referral Date/Time	Degree/Level	
2	Offense (Charge) Cause/Warrant #				Offense #				Offense Date Referral Date/Time	Degree/Level	
3	Offense (Charge) Cause/Warrant #				Offense #				Offense Date Referral Date/Time	Degree/Level	
4	Offense (Charge) Cause/Warrant #				Offense #				Offense Date Referral Date/Time	Degree/Level	
5	Offense (Charge) Cause/Warrant #				Offense #				Offense Date Referral Date/Time	Degree/Level	

Facts of Arrest:

*all back Hard copy*

Was the victim informed of their rights? Y N

Right Index Print

ONE OR MORE OF THE FOLLOWING MUST BE CHECKED:

- ☐ Was treated by EMS and/or branch prior to booking.
- ☐ Has medical problems and/or injuries.
- ☐ Refused all medical treatment prior to booking.
- ☐ Intermediate level (or higher) weapon(s) were applied.
- ☐ None of the above

Signature of Parent/Guardian

Released to:

WHITE, YELLOW'S, HARD COPY - Juvenile Unit - PINK - Court BLUE - Court GOLDENROD - Warrants *not needed*



# JUVENILE ARREST CARD

Williamson County  
Tennessee

DO YOU HAVE A POSITIVE ID AVAILABLE? Y N

IS THE IDENTITY OF YOUR PRISONER IN QUESTION? Y N

NAME (Last, First, Middle)										DOB
APR / Maiden Name / Nickname										JOB
Sex	Race	DOB	Height	Weight	SC/B	Place of Birth	City	GPS #		
Hair	Eyes	Scar/Tat	Complexion	Build				POB #		
Address			City	State	Zip	Phone #		SS #		
Mailing Address (if different than St. Add.)			City	State	Zip			DL		
School			Grade	Location (City)				State	Type	
During School			School	Sports	Sports	By		MISC #		
Father's Name			Home Phone							
Address			City	State	Zip					
Employer			Work Phone							
Mother's Name			Home Phone							
Address			City	State	Zip					
Employer			Work Phone							
Medical Information (bring this information to and/or provide to)										
Date of Arrest			Time	Officer Name	Emp #		Agency			
Arrest Location			City	State						
Transporting Officer			Emp #	Receiving Officer	Emp #	Firearm Code				
1	Offense (Charge)	Cause/Warrant #	Offense #	Offense Date	Referral Date/Time	Degree/Level				
2	Offense (Charge)	Cause/Warrant #	Offense #	Offense Date	Referral Date/Time	Degree/Level				
3	Offense (Charge)	Cause/Warrant #	Offense #	Offense Date	Referral Date/Time	Degree/Level				
4	Offense (Charge)	Cause/Warrant #	Offense #	Offense Date	Referral Date/Time	Degree/Level				
5	Offense (Charge)	Cause/Warrant #	Offense #	Offense Date	Referral Date/Time	Degree/Level				

Fields of Arrest

*all back Hard Copy*

Was the victim informed of their rights? Y N

Right Index Print

ONE OR MORE OF THE FOLLOWING MUST BE CHECKED:  
 - Was treated by EMS and/or brought to hospital  
 - Was medical problems and/or injuries  
 - Was released all medical treatment prior to booking  
 - Intermediate level (or higher) medical care applied  
 - None of the above

Signature of Parent/Guardian

Released by

WHITE - 1444777 & 1444777 COPY - 1444777 - PINK - COURT BLUE - COURT GREEN - WARRANTS *not needed*







# CRIMINAL TRESPASS:

☐

NOTICE

(ORIGINAL REPORT)

☐

ARREST

(SUPPLEMENT)

☐

REPORT

(SUPPLEMENT WITH AFFIDAVIT)

☐

GENERAL (2716)

☐

HOTEL (2722)

☐

TRANSIENT (2721)

ORIGINAL INCIDENT NUMBER

DATE

TIME

SECTOR

TRESPASS LOCATION

BUSINESS NAME OR PROPERTY OWNER

(IF A BUSINESS)

OPEN CLOSED

## SUBJECT INFORMATION:

LAST NAME

FIRST NAME

MIDDLE NAME

DATE OF BIRTH

RACE / SEX

HEIGHT

WEIGHT

HAIR

EYES

IDENTIFICATION NUMBER

STATE

TYPE

HOME ADDRESS

CITY

STATE

ZIP CODE

EMPLOYER OR WORK ADDRESS

WORK PHONE

CELL PHONE /PAGER

HOME PHONE

## VEHICLE INFORMATION:

YEAR

COLOR

MAKE

MODEL

STYLE

STATE

LICENSE NUMBER OR V.I.N.

THE SECTION BELOW IS COMPLETED FOR [NOTICES] ONLY.

YOU,

ARE HEREBY NOTIFIED TO IMMEDIATELY LEAVE

THESE PREMISES AND ARE PROHIBITED FROM COMING ON THE PROPERTY OR PREMISES OF:

FOR ANY REASON AT ALL. IF YOU ARE FOUND ON

THIS PROPERTY, OR REMAIN ON THIS PROPERTY AFTER THIS NOTICE, YOU WILL BE ARRESTED FOR THE OFFENSE OF:

- CRIMINAL TRESPASS -

THE SECTION BELOW IS COMPLETED FOR [NOTICES] ONLY.

I,

THE UNDERSIGNED, UNDERSTAND THIS NOTICE IS

EFFECTIVE IMMEDIATELY. I FURTHER UNDERSTAND THAT THE ABOVE NOTICE MAY BE RESCINDED ONLY BY WRITTEN NOTIFICATION. I ALSO UNDERSTAND THAT IF I REFUSE TO SIGN THIS NOTICE \*\* IT IS STILL EFFECTIVE.

X

SIGNATURE OF INDIVIDUAL RECEIVING NOTICE

POLICE OFFICER WITNESSING THIS NOTICE

EMPLOYEE #

PROPERTY OWNER ( ) OR OWNER'S CONTROLLING AGENT ( )

LAST NAME

FIRST NAME

ENTER ISSUING AUTHORITY INFORMATION BELOW:

R/S

DATE OF BIRTH

TYPE/IDENTIFICATION #

## NARRATIVE / CALL INFORMATION

(APD NARRATIVE ON WHITE COPY ONLY):

WHITE COPY = A.P.D. DATA ENTRY

YELLOW COPY = OWNER/OWNER AGENT

PINK COPY = INDIVIDUAL



**CRIMINAL TRESPASS:** ☐ **NOTICE** ☐ **ARREST** ☐ **REPORT**  
(ORIGINAL REPORT) (SUPPLEMENT) (SUPPLEMENT with AFFIDAVIT)

☐ **GENERAL (2716)** ☐ **HOTEL (2722)** ☐ **TRANSIENT (2721)**

ORIGINAL INCIDENT NUMBER	DATE	TIME	AM	PM	SECTOR
TRESPASS LOCATION					BUSINESS NAME OR PROPERTY OWNER (IF A BUSINESS)
					OPEN CLOSED

**SUBJECT INFORMATION:**

LAST NAME		FIRST NAME		MIDDLE NAME	DATE OF BIRTH
RACE / SEX	HEIGHT	WEIGHT	HAIR	EYES	IDENTIFICATION NUMBER
HOME ADDRESS				CITY	STATE
					ZIP CODE
EMPLOYER OR WORK ADDRESS		WORK PHONE	CELL PHONE /PAGER	HOME PHONE	

**VEHICLE INFORMATION:**

YEAR	COLOR	MAKE	MODEL	STYLE	STATE	LICENSE NUMBER OR V.I.N.

THE SECTION BELOW IS COMPLETED FOR [NOTICES] ONLY.

YOU, \_\_\_\_\_, ARE HEREBY NOTIFIED TO IMMEDIATELY LEAVE THESE PREMISES AND ARE PROHIBITED FROM COMING ON THE PROPERTY OR PREMISES OF: \_\_\_\_\_ FOR ANY REASON AT ALL. IF YOU ARE FOUND ON THIS PROPERTY, OR REMAIN ON THIS PROPERTY AFTER THIS NOTICE, YOU WILL BE ARRESTED FOR THE OFFENSE OF:

**- CRIMINAL TRESPASS -**

THE SECTION BELOW IS COMPLETED FOR [NOTICES] ONLY.

I, \_\_\_\_\_, THE UNDERSIGNED, UNDERSTAND THIS NOTICE IS EFFECTIVE IMMEDIATELY. I FURTHER UNDERSTAND THAT THE ABOVE NOTICE MAY BE RESCINDED ONLY BY WRITTEN NOTIFICATION. I ALSO UNDERSTAND THAT IF I REFUSE TO SIGN THIS NOTICE \*\* IT IS STILL EFFECTIVE.

X \_\_\_\_\_  
SIGNATURE OF INDIVIDUAL RECEIVING NOTICE

\_\_\_\_\_  
POLICE OFFICER WITNESSING THIS NOTICE

\_\_\_\_\_  
EMPLOYEE #

PROPERTY OWNER ( ) OR OWNER'S CONTROLLING AGENT ( ) ENTER ISSUING AUTHORITY INFORMATION BELOW:  
LAST NAME FIRST NAME R/S DATE OF BIRTH TYPE/IDENTIFICATION #

--	--	--	--	--

**NARRATIVE / CALL INFORMATION**

**(APD NARRATIVE ON WHITE COPY ONLY):**


WHITE COPY = A.P.D. DATA ENTRY

YELLOW COPY = OWNER/OWNER AGENT

PINK COPY = INDIVIDUAL

Blank lined paper with faint horizontal lines and a vertical margin line on the left. The paper is slightly curved and shows signs of wear.



☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ M


Mail to: Texas Department of Transportation

\*These fields are required on all a

204102

AMERICAN DIVERSITY BUSINESS SOLUTIONS (512) 335-6366

*Crash Date (MM/DD/YYYY)		*Crash Time (24HRMM)	
*County Name			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Latitude (decimal degrees)			
<b>ROAD ON WHICH CRASH OCCURRED</b>			
*1 Rdwy. Sys.	*Hwy. Num.	2 Rdwy. Part	
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane	Speed Limit
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION,</b>			
At Int.	<input type="checkbox"/> Yes <input type="checkbox"/> No	1 Rdwy. Sys.	Hwy. Num.
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI	3 Dir. from Int. or Ref. Marker
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
Veh. Year	6. Veh. Color	LP Sta	
8 DLID Type	DLID State	DLID Num.	
Address (Street, City, State, ZIP)			
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, Enter Driver or Primary Person
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address	
Proof of Fin. Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type
Fin. Resp. Phone Num.			27 V. Dan
Towed By			
Unit Num.	5 Unit Desc.	<input type="checkbox"/> Parked Vehicle	<input type="checkbox"/> Hit and Run
Veh. Year	6. Veh. Color	Veh. Ma	
8 DLID Type	DLID State	DLID Num.	
Address (Street, City, State, ZIP)			
Person Num.	12 Prsn. Type	13 Seat Position	Name: Last, Enter Driver or Primary Person
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address	
Proof of Fin. Resp.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Expired <input type="checkbox"/> Exempt	26 Fin. Resp. Type
Fin. Resp. Phone Num.			27 V. Da
Towed By			



☐ FATAL ☐ CMV ☐ SCHOOL BUS ☐ RAILROAD ☐ MAB ☐ SUPPLEMENT ☐ ACTIVE SCHOOL ZONE

Total Num. Units  Total Num. Persons  TxDOT Crash ID



## Texas Peace Officer's Crash Report (Form CR-3 1/1/2015)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

\*These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page  of 

*Crash Date (MM/DD/YYYY)		*Crash Time (24HRMM)		Case ID		Local Use	
*County Name				*City Name <input type="checkbox"/> Outside City Limit			
In your opinion, did this crash result in at least \$1,000 damage to any one person's property?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Latitude (decimal degrees)		Longitude (decimal degrees)	
<b>ROAD ON WHICH CRASH OCCURRED</b>							
*1 Rdwy. Sys.		*Hwy. Num.		2 Rdwy. Part		Block Num.	
3 Street Prefix		* Street Name		4 Street Suffix			
<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/Toll Lane		Speed Limit		Const. Zone <input type="checkbox"/> Yes <input type="checkbox"/> No	
Workers Present <input type="checkbox"/> Yes <input type="checkbox"/> No		Street Desc.					
<b>INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER</b>							
At Int. <input type="checkbox"/> Yes <input type="checkbox"/> No		1 Rdwy. Sys.		Hwy. Num.		2 Rdwy. Part	
3 Dir. from Int. or Ref. Marker		Reference Marker		Street Desc.		RRX Num.	
Distance from Int. or Ref. Marker		<input type="checkbox"/> FT <input type="checkbox"/> MI					
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State	
LP Num.		VIN					
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		14 Injury Severity	
Age		15 Ethnicity		16 Sex		17 Eject.	
18 Restr.		19 Airbag		20 Helmet		21 Sol.	
22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result	
25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By		Towed To					
Unit Num.		5 Unit Desc.		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Hit and Run		LP State	
LP Num.		VIN					
Veh. Year		6 Veh. Color		Veh. Make		Veh. Model	
7 Body Style		<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)					
8 DL/ID Type		DL/ID State		DL/ID Num.		9 DL Class	
10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)			
Address (Street, City, State, ZIP)							
Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line							
Person Num.		12 Prsn. Type		13 Seat Position		14 Injury Severity	
Age		15 Ethnicity		16 Sex		17 Eject.	
18 Restr.		19 Airbag		20 Helmet		21 Sol.	
22 Alc. Spec.		Alc. Result		23 Drug Spec.		24 Drug Result	
25 Drug Category		Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.					
<input type="checkbox"/> Owner <input type="checkbox"/> Lessee		Owner/Lessee Name & Address					
Proof of Fin. Resp. <input type="checkbox"/> Yes <input type="checkbox"/> No		26 Fin. Resp. Type		Fin. Resp. Name		Fin. Resp. Num.	
Fin. Resp. Phone Num.		27 Vehicle Damage Rating 1		27 Vehicle Damage Rating 2		Vehicle Inventoried <input type="checkbox"/> Yes <input type="checkbox"/> No	
Towed By		Towed To					



Texaco Police Officer's Crash Report (Form CR-3) (Rev. 11/2015)

Section 1: Vehicle Information

28. Vehicle Operation	29. Carrier ID Type	30. Vehicle Type	31. Size Type	32. Hazardous Material Class Number
1 = Intentional Collision 2 = Intentional Collision 3 = Not a Collision 4 = Stopped 5 = Reversing	1 = US DOT 2 = TSCA 3 = ICCMC 4 = None 5 = Other (Explain in Narrative)	1 = Passenger Car 2 = Light Truck 3 = Bus (S-10) 4 = Bus (S-15) 5 = Single Unit Truck 2 Axle or More 6 = Single Unit Truck 3 or More Axles 7 = Truck Trailer 8 = Truck Tractor (Semi) 9 = Tractor/Trailer 10 = Tractor/Tractor Trailer 11 = Tractor/Tractor Trailer 12 = Other (Explain in Narrative) 13 = Unknown Heavy Truck	1 = Not a Bus 2 = School (Public or Private) 3 = Transit 4 = Charter 5 = Other 6 = Shuttle 7 = Not Reported 8 = Unknown	1 = Explosive 2 = Gas 3 = Flammable Liquid 4 = Flammable Solid 5 = Corrosive and Organic Peroxide 6 = Toxic Materials and Infectious Substances 7 = Radioactive Materials 8 = Corrosive Material 9 = Miscellaneous Dangerous Goods

33. Cargo Body Style	34. Trailer Type
1 = Box (S-10) 2 = Box (S-15) 3 = Intermodal Box 4 = Cargo Tank 5 = Flatbed 6 = Dump 7 = Concrete Mixer 8 = Auto Transporter 9 = Garbage Refuse 10 = Green-Grocery Grover 11 = Pole 12 = Intermodal 13 = Logging 14 = Vehicle Towing Another Vehicle 15 = Not Applicable 16 = Other (Explain in Narrative)	1 = Full Trailer 2 = Semi Trailer 3 = Pole Trailer

35. Sequence of Events	36. Factors and Conditions
1 = Non-Collision: Run Off Road 2 = Non-Collision: Overturn 3 = Non-Collision: Overturn Rollover 4 = Non-Collision: Overturn Rollover 5 = Non-Collision: Large Vehicle Drift 6 = Non-Collision: Large Vehicle Drift 7 = Non-Collision: Separation of Units 8 = Non-Collision: Cross Median/Caravan 9 = Non-Collision: Equipment Failure 10 = Non-Collision: Other 11 = Non-Collision: Unknown 12 = Collision: Involving Pedestrian 13 = Collision: Involving Motor Vehicle in Transport 14 = Collision: Involving Parked Motor Vehicle 15 = Collision: Involving Train 16 = Collision: Involving Roadside Vehicle 17 = Collision: Involving Animal 18 = Collision: Involving Fixed Object 19 = Collision: With State Zone Maintenance Equipment 20 = Collision: With Other Mobile Object 21 = Collision: With Unknown Mobile Object 22 = Other (Explain in Narrative)	1 = Animal on Road - Domestic 2 = Animal on Road - Wild 3 = Backed without Safety 4 = Changed Lane when Unsafe 5 = Obstructed in Traffic Lane 6 = Obstructed Stop and Go Signal 7 = Obstructed Stop Sign or Light 8 = Obstructed Turn Movement 9 = Obstructed Warning Sign at Construction 10 = Obstructed in Vehicle 11 = Driver Inattention 12 = Driver Without Headlights 13 = Failed to Control Speed 14 = Failed to Give Half of Roadway 15 = Failed to Give Right of Way 16 = Failed to Give Right of Way 17 = Failed to Give Right of Way 18 = Failed to Give Right of Way 19 = Failed to Give Right of Way 20 = Failed to Give Right of Way 21 = Failed to Give Right of Way 22 = Failed to Give Right of Way 23 = Failed to Give Right of Way 24 = Failed to Give Right of Way 25 = Failed to Give Right of Way 26 = Failed to Give Right of Way 27 = Failed to Give Right of Way 28 = Failed to Give Right of Way 29 = Failed to Give Right of Way 30 = Failed to Give Right of Way 31 = Failed to Give Right of Way 32 = Failed to Give Right of Way 33 = Failed to Give Right of Way 34 = Failed to Give Right of Way 35 = Failed to Give Right of Way 36 = Failed to Give Right of Way 37 = Failed to Give Right of Way 38 = Failed to Give Right of Way 39 = Failed to Give Right of Way 40 = Failed to Give Right of Way 41 = Failed to Give Right of Way 42 = Failed to Give Right of Way 43 = Failed to Give Right of Way 44 = Failed to Give Right of Way 45 = Failed to Give Right of Way 46 = Failed to Give Right of Way 47 = Failed to Give Right of Way 48 = Failed to Give Right of Way 49 = Failed to Give Right of Way 50 = Failed to Give Right of Way 51 = Failed to Give Right of Way 52 = Failed to Give Right of Way 53 = Failed to Give Right of Way 54 = Failed to Give Right of Way 55 = Failed to Give Right of Way 56 = Failed to Give Right of Way 57 = Failed to Give Right of Way 58 = Failed to Give Right of Way 59 = Failed to Give Right of Way 60 = Failed to Give Right of Way 61 = Failed to Give Right of Way 62 = Failed to Give Right of Way 63 = Failed to Give Right of Way 64 = Failed to Give Right of Way 65 = Failed to Give Right of Way 66 = Failed to Give Right of Way 67 = Failed to Give Right of Way 68 = Failed to Give Right of Way 69 = Failed to Give Right of Way 70 = Failed to Give Right of Way 71 = Failed to Give Right of Way 72 = Failed to Give Right of Way 73 = Failed to Give Right of Way 74 = Failed to Give Right of Way 75 = Failed to Give Right of Way 76 = Failed to Give Right of Way 77 = Failed to Give Right of Way 78 = Failed to Give Right of Way 79 = Failed to Give Right of Way 80 = Failed to Give Right of Way 81 = Failed to Give Right of Way 82 = Failed to Give Right of Way 83 = Failed to Give Right of Way 84 = Failed to Give Right of Way 85 = Failed to Give Right of Way 86 = Failed to Give Right of Way 87 = Failed to Give Right of Way 88 = Failed to Give Right of Way 89 = Failed to Give Right of Way 90 = Failed to Give Right of Way 91 = Failed to Give Right of Way 92 = Failed to Give Right of Way 93 = Failed to Give Right of Way 94 = Failed to Give Right of Way 95 = Failed to Give Right of Way 96 = Failed to Give Right of Way 97 = Failed to Give Right of Way 98 = Failed to Give Right of Way 99 = Failed to Give Right of Way 100 = Failed to Give Right of Way

37. Vehicle Defects	38. Weather Condition	39. Light Condition	40. Entering Roads
1 = Defective or No Headlamps 2 = Defective or No Stop Lamps 3 = Defective or No Tail Lamps 4 = Defective or No Turn Signal Lamps 5 = Defective or No Trailer Brakes 6 = Defective or No Trailer Brakes 7 = Defective or No Trailer Brakes 8 = Defective or No Trailer Brakes 9 = Defective or No Trailer Brakes 10 = Defective or No Trailer Brakes 11 = Defective or No Trailer Brakes 12 = Defective or No Trailer Brakes 13 = Defective or No Trailer Brakes 14 = Defective or No Trailer Brakes 15 = Defective or No Trailer Brakes 16 = Defective or No Trailer Brakes 17 = Defective or No Trailer Brakes 18 = Defective or No Trailer Brakes 19 = Defective or No Trailer Brakes 20 = Defective or No Trailer Brakes 21 = Defective or No Trailer Brakes 22 = Defective or No Trailer Brakes 23 = Defective or No Trailer Brakes 24 = Defective or No Trailer Brakes 25 = Defective or No Trailer Brakes 26 = Defective or No Trailer Brakes 27 = Defective or No Trailer Brakes 28 = Defective or No Trailer Brakes 29 = Defective or No Trailer Brakes 30 = Defective or No Trailer Brakes 31 = Defective or No Trailer Brakes 32 = Defective or No Trailer Brakes 33 = Defective or No Trailer Brakes 34 = Defective or No Trailer Brakes 35 = Defective or No Trailer Brakes 36 = Defective or No Trailer Brakes 37 = Defective or No Trailer Brakes 38 = Defective or No Trailer Brakes 39 = Defective or No Trailer Brakes 40 = Defective or No Trailer Brakes 41 = Defective or No Trailer Brakes 42 = Defective or No Trailer Brakes 43 = Defective or No Trailer Brakes 44 = Defective or No Trailer Brakes 45 = Defective or No Trailer Brakes 46 = Defective or No Trailer Brakes 47 = Defective or No Trailer Brakes 48 = Defective or No Trailer Brakes 49 = Defective or No Trailer Brakes 50 = Defective or No Trailer Brakes 51 = Defective or No Trailer Brakes 52 = Defective or No Trailer Brakes 53 = Defective or No Trailer Brakes 54 = Defective or No Trailer Brakes 55 = Defective or No Trailer Brakes 56 = Defective or No Trailer Brakes 57 = Defective or No Trailer Brakes 58 = Defective or No Trailer Brakes 59 = Defective or No Trailer Brakes 60 = Defective or No Trailer Brakes 61 = Defective or No Trailer Brakes 62 = Defective or No Trailer Brakes 63 = Defective or No Trailer Brakes 64 = Defective or No Trailer Brakes 65 = Defective or No Trailer Brakes 66 = Defective or No Trailer Brakes 67 = Defective or No Trailer Brakes 68 = Defective or No Trailer Brakes 69 = Defective or No Trailer Brakes 70 = Defective or No Trailer Brakes 71 = Defective or No Trailer Brakes 72 = Defective or No Trailer Brakes 73 = Defective or No Trailer Brakes 74 = Defective or No Trailer Brakes 75 = Defective or No Trailer Brakes 76 = Defective or No Trailer Brakes 77 = Defective or No Trailer Brakes 78 = Defective or No Trailer Brakes 79 = Defective or No Trailer Brakes 80 = Defective or No Trailer Brakes 81 = Defective or No Trailer Brakes 82 = Defective or No Trailer Brakes 83 = Defective or No Trailer Brakes 84 = Defective or No Trailer Brakes 85 = Defective or No Trailer Brakes 86 = Defective or No Trailer Brakes 87 = Defective or No Trailer Brakes 88 = Defective or No Trailer Brakes 89 = Defective or No Trailer Brakes 90 = Defective or No Trailer Brakes 91 = Defective or No Trailer Brakes 92 = Defective or No Trailer Brakes 93 = Defective or No Trailer Brakes 94 = Defective or No Trailer Brakes 95 = Defective or No Trailer Brakes 96 = Defective or No Trailer Brakes 97 = Defective or No Trailer Brakes 98 = Defective or No Trailer Brakes 99 = Defective or No Trailer Brakes 100 = Defective or No Trailer Brakes	1 = Clear 2 = Cloudy 3 = Rain 4 = Sleet 5 = Snow 6 = Fog 7 = Blowing Sand/Snow 8 = Severe Crosswinds 9 = Other (Explain in Narrative) 10 = Unknown	1 = Daylight 2 = Dark, Not Lighted 3 = Dark, Lighted 4 = Dark, Unknown Lighting 5 = Dark 6 = Dark 7 = Dark 8 = Dark 9 = Dark 10 = Dark 11 = Dark 12 = Dark 13 = Dark 14 = Dark 15 = Dark 16 = Dark 17 = Dark 18 = Dark 19 = Dark 20 = Dark 21 = Dark 22 = Dark 23 = Dark 24 = Dark 25 = Dark 26 = Dark 27 = Dark 28 = Dark 29 = Dark 30 = Dark 31 = Dark 32 = Dark 33 = Dark 34 = Dark 35 = Dark 36 = Dark 37 = Dark 38 = Dark 39 = Dark 40 = Dark 41 = Dark 42 = Dark 43 = Dark 44 = Dark 45 = Dark 46 = Dark 47 = Dark 48 = Dark 49 = Dark 50 = Dark 51 = Dark 52 = Dark 53 = Dark 54 = Dark 55 = Dark 56 = Dark 57 = Dark 58 = Dark 59 = Dark 60 = Dark 61 = Dark 62 = Dark 63 = Dark 64 = Dark 65 = Dark 66 = Dark 67 = Dark 68 = Dark 69 = Dark 70 = Dark 71 = Dark 72 = Dark 73 = Dark 74 = Dark 75 = Dark 76 = Dark 77 = Dark 78 = Dark 79 = Dark 80 = Dark 81 = Dark 82 = Dark 83 = Dark 84 = Dark 85 = Dark 86 = Dark 87 = Dark 88 = Dark 89 = Dark 90 = Dark 91 = Dark 92 = Dark 93 = Dark 94 = Dark 95 = Dark 96 = Dark 97 = Dark 98 = Dark 99 = Dark 100 = Dark	1 = Three Entering Roads - T 2 = Three Entering Roads - Y 3 = Four Entering Roads 4 = Five Entering Roads 5 = Six Entering Roads 6 = Seven Entering Roads 7 = Traffic Circle 8 = Cloverleaf 9 = Not Applicable 10 = Other (Explain in Narrative)

41. Roadway Type	42. Roadway Alignment	43. Surface Condition	44. Traffic Control
1 = Two-Way, Not Divided 2 = Two-Way, Divided, Uncontrolled 3 = Two-Way, Divided, Controlled 4 = One-Way 5 = Other (Explain in Narrative)	1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 7 = Other (Explain in Narrative) 8 = Unknown	1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Ice 6 = Sand, Mud, Dirt 7 = Other (Explain in Narrative) 8 = Unknown	1 = Cooperative (Explain in Narrative) 2 = Cooperative (Explain in Narrative) 3 = Cooperative (Explain in Narrative) 4 = Signal Light 5 = Flashing Red Light 6 = Flashing Yellow Light 7 = Stop Sign 8 = Yield Sign 9 = Warning Sign 10 = Other (Explain in Narrative)

45. Entering Roads	46. Roadway Alignment	47. Surface Condition	48. Traffic Control
1 = Three Entering Roads - T 2 = Three Entering Roads - Y 3 = Four Entering Roads 4 = Five Entering Roads 5 = Six Entering Roads 6 = Seven Entering Roads 7 = Traffic Circle 8 = Cloverleaf 9 = Not Applicable 10 = Other (Explain in Narrative)	1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 7 = Other (Explain in Narrative) 8 = Unknown	1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Ice 6 = Sand, Mud, Dirt 7 = Other (Explain in Narrative) 8 = Unknown	1 = Cooperative (Explain in Narrative) 2 = Cooperative (Explain in Narrative) 3 = Cooperative (Explain in Narrative) 4 = Signal Light 5 = Flashing Red Light 6 = Flashing Yellow Light 7 = Stop Sign 8 = Yield Sign 9 = Warning Sign 10 = Other (Explain in Narrative)

49. Entering Roads	50. Roadway Alignment	51. Surface Condition	52. Traffic Control
1 = Three Entering Roads - T 2 = Three Entering Roads - Y 3 = Four Entering Roads 4 = Five Entering Roads 5 = Six Entering Roads 6 = Seven Entering Roads 7 = Traffic Circle 8 = Cloverleaf 9 = Not Applicable 10 = Other (Explain in Narrative)	1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 7 = Other (Explain in Narrative) 8 = Unknown	1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Ice 6 = Sand, Mud, Dirt 7 = Other (Explain in Narrative) 8 = Unknown	1 = Cooperative (Explain in Narrative) 2 = Cooperative (Explain in Narrative) 3 = Cooperative (Explain in Narrative) 4 = Signal Light 5 = Flashing Red Light 6 = Flashing Yellow Light 7 = Stop Sign 8 = Yield Sign 9 = Warning Sign 10 = Other (Explain in Narrative)

53. Entering Roads	54. Roadway Alignment	55. Surface Condition	56. Traffic Control
1 = Three Entering Roads - T 2 = Three Entering Roads - Y 3 = Four Entering Roads 4 = Five Entering Roads 5 = Six Entering Roads 6 = Seven Entering Roads 7 = Traffic Circle 8 = Cloverleaf 9 = Not Applicable 10 = Other (Explain in Narrative)	1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 7 = Other (Explain in Narrative) 8 = Unknown	1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Ice 6 = Sand, Mud, Dirt 7 = Other (Explain in Narrative) 8 = Unknown	1 = Cooperative (Explain in Narrative) 2 = Cooperative (Explain in Narrative) 3 = Cooperative (Explain in Narrative) 4 = Signal Light 5 = Flashing Red Light 6 = Flashing Yellow Light 7 = Stop Sign 8 = Yield Sign 9 = Warning Sign 10 = Other (Explain in Narrative)

57. Entering Roads	58. Roadway Alignment	59. Surface Condition	60. Traffic Control
1 = Three Entering Roads - T 2 = Three Entering Roads - Y 3 = Four Entering Roads 4 = Five Entering Roads 5 = Six Entering Roads 6 = Seven Entering Roads 7 = Traffic Circle 8 = Cloverleaf 9 = Not Applicable 10 = Other (Explain in Narrative)	1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 7 = Other (Explain in Narrative) 8 = Unknown	1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Ice 6 = Sand, Mud, Dirt 7 = Other (Explain in Narrative) 8 = Unknown	1 = Cooperative (Explain in Narrative) 2 = Cooperative (Explain in Narrative) 3 = Cooperative (Explain in Narrative) 4 = Signal Light 5 = Flashing Red Light 6 = Flashing Yellow Light 7 = Stop Sign 8 = Yield Sign 9 = Warning Sign 10 = Other (Explain in Narrative)

61. Entering Roads	62. Roadway Alignment	63. Surface Condition	64. Traffic Control
1 = Three Entering Roads - T 2 = Three Entering Roads - Y 3 = Four Entering Roads 4 = Five Entering Roads 5 = Six Entering Roads 6 = Seven Entering Roads 7 = Traffic Circle 8 = Cloverleaf 9 = Not Applicable 10 = Other (Explain in Narrative)	1 = Straight, Level 2 = Straight, Grade 3 = Straight, Hillcrest 4 = Curve, Level 5 = Curve, Grade 6 = Curve, Hillcrest 7 = Other (Explain in Narrative) 8 = Unknown	1 = Dry 2 = Wet 3 = Standing Water 4 = Snow 5 = Ice 6 = Sand, Mud, Dirt 7 = Other (Explain in Narrative) 8 = Unknown	1 = Cooperative (Explain in Narrative) 2 = Cooperative (Explain in Narrative) 3 = Cooperative (Explain in Narrative) 4 = Signal Light 5 = Flashing Red Light 6 = Flashing Yellow Light 7 = Stop Sign 8 = Yield Sign 9 = Warning Sign 10 = Other (Explain in Narrative)

Section 2: Crash Information

Section 3: Crash Details

Section 4: Crash Details

Section 5: Crash Details

Section 6: Crash Details

Section 7: Crash Details

Section 8: Crash Details

Section 9: Crash Details

Section 10: Crash Details

Section 11: Crash Details

Section 12: Crash Details

Section 13: Crash Details

Section 14: Crash Details

Section 15: Crash Details

Section 16: Crash Details

Section 17: Crash Details

Section 18: Crash Details

Section 19: Crash Details

Section 20: Crash Details

Section 21: Crash Details

Section 22: Crash Details

Section 23: Crash Details

Section 24: Crash Details

Section 25: Crash Details

Section 26: Crash Details

Section 27: Crash Details

Section 28: Crash Details

Section 29: Crash Details

Section 30: Crash Details

Section 31: Crash Details

Section 32: Crash Details

Section 33: Crash Details

Section 34: Crash Details

Section 35: Crash Details

Section 36: Crash Details

Section 37: Crash Details

Section 38: Crash Details

Section 39: Crash Details

Section 40: Crash Details

Section 41: Crash Details

Section 42: Crash Details

Section 43: Crash Details

Section 44: Crash Details

Section 45: Crash Details

Section 46: Crash Details

Section 47: Crash Details

Section 48: Crash Details

Section 49: Crash Details

Section 50: Crash Details

Section 51: Crash Details

Section 52: Crash Details

Section 53: Crash Details

Section 54: Crash Details

Section 55: Crash Details

Section 56: Crash Details

Section 57: Crash Details

Section 58: Crash Details

Section 59: Crash Details

Section 60: Crash Details

Section 61: Crash Details

Section 62: Crash Details

Section 63: Crash Details

Section 64: Crash Details

Section 65: Crash Details

Section 66: Crash Details

Section 67: Crash Details

Section 68: Crash Details

Section 69: Crash Details

Section 70: Crash Details

Section 71: Crash Details

Section 72: Crash Details

Section 73: Crash Details

Section 74: Crash Details

Section 75: Crash Details

Section 76: Crash Details

Section 77: Crash Details

Section 78: Crash Details

Section 79: Crash Details

Section 80: Crash Details

Section 81: Crash Details

Section 82: Crash Details

Section 83: Crash Details

Section 84: Crash Details

Section 85: Crash Details

Section 86: Crash Details

Section 87: Crash Details

Section 88: Crash Details

Section 89: Crash Details

Section 90: Crash Details

Section 91: Crash Details



**Section 1: Patient Information**

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Race: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Section 2: Medical History**

Current Medications: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Past Medical History: \_\_\_\_\_  
 Past Surgical History: \_\_\_\_\_  
 Family History: \_\_\_\_\_  
 Social History: \_\_\_\_\_  
 Review of Systems: \_\_\_\_\_

**Section 3: Physical Examination**

Vital Signs: \_\_\_\_\_  
 General: \_\_\_\_\_  
 HEENT: \_\_\_\_\_  
 Chest: \_\_\_\_\_  
 Abdomen: \_\_\_\_\_  
 Extremities: \_\_\_\_\_  
 Neurological: \_\_\_\_\_  
 Skin: \_\_\_\_\_  
 Eyes: \_\_\_\_\_  
 Ears: \_\_\_\_\_  
 Nose: \_\_\_\_\_  
 Throat: \_\_\_\_\_  
 Lungs: \_\_\_\_\_  
 Heart: \_\_\_\_\_  
 Abdomen: \_\_\_\_\_  
 Extremities: \_\_\_\_\_  
 Neurological: \_\_\_\_\_  
 Skin: \_\_\_\_\_

**Section 4: Laboratory and Diagnostic Tests**

Lab Tests: \_\_\_\_\_  
 Imaging: \_\_\_\_\_  
 Biopsy: \_\_\_\_\_  
 Pathology: \_\_\_\_\_  
 Microbiology: \_\_\_\_\_  
 Immunology: \_\_\_\_\_  
 Genetics: \_\_\_\_\_  
 Toxicology: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Section 5: Treatment Plan**

Medications: \_\_\_\_\_  
 Procedures: \_\_\_\_\_  
 Referrals: \_\_\_\_\_  
 Follow-up: \_\_\_\_\_  
 Patient Education: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Section 6: Progress Notes**

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Provider: \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Subject: \_\_\_\_\_  
 History: \_\_\_\_\_  
 Physical: \_\_\_\_\_  
 Labs: \_\_\_\_\_  
 Imaging: \_\_\_\_\_  
 Biopsy: \_\_\_\_\_  
 Pathology: \_\_\_\_\_  
 Microbiology: \_\_\_\_\_  
 Immunology: \_\_\_\_\_  
 Genetics: \_\_\_\_\_  
 Toxicology: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Assessment: \_\_\_\_\_  
 Plan: \_\_\_\_\_  
 Follow-up: \_\_\_\_\_  
 Patient Education: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Section 1: Patient Information**

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Race: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Section 2: Medical History**

Current Medications: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Past Medical History: \_\_\_\_\_  
 Past Surgical History: \_\_\_\_\_  
 Family History: \_\_\_\_\_  
 Social History: \_\_\_\_\_  
 Review of Systems: \_\_\_\_\_

**Section 3: Physical Examination**

Vital Signs: \_\_\_\_\_  
 General: \_\_\_\_\_  
 HEENT: \_\_\_\_\_  
 Chest: \_\_\_\_\_  
 Abdomen: \_\_\_\_\_  
 Extremities: \_\_\_\_\_  
 Neurological: \_\_\_\_\_  
 Skin: \_\_\_\_\_  
 Eyes: \_\_\_\_\_  
 Ears: \_\_\_\_\_  
 Nose: \_\_\_\_\_  
 Throat: \_\_\_\_\_  
 Lungs: \_\_\_\_\_  
 Heart: \_\_\_\_\_  
 Abdomen: \_\_\_\_\_  
 Extremities: \_\_\_\_\_  
 Neurological: \_\_\_\_\_  
 Skin: \_\_\_\_\_

**Section 4: Laboratory and Diagnostic Tests**

Lab Tests: \_\_\_\_\_  
 Imaging: \_\_\_\_\_  
 Biopsy: \_\_\_\_\_  
 Pathology: \_\_\_\_\_  
 Microbiology: \_\_\_\_\_  
 Immunology: \_\_\_\_\_  
 Genetics: \_\_\_\_\_  
 Toxicology: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Section 5: Treatment Plan**

Medications: \_\_\_\_\_  
 Procedures: \_\_\_\_\_  
 Referrals: \_\_\_\_\_  
 Follow-up: \_\_\_\_\_  
 Patient Education: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Section 6: Progress Notes**

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Provider: \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Subject: \_\_\_\_\_  
 History: \_\_\_\_\_  
 Physical: \_\_\_\_\_  
 Labs: \_\_\_\_\_  
 Imaging: \_\_\_\_\_  
 Biopsy: \_\_\_\_\_  
 Pathology: \_\_\_\_\_  
 Microbiology: \_\_\_\_\_  
 Immunology: \_\_\_\_\_  
 Genetics: \_\_\_\_\_  
 Toxicology: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Assessment: \_\_\_\_\_  
 Plan: \_\_\_\_\_  
 Follow-up: \_\_\_\_\_  
 Patient Education: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Section 1: Patient Information**

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Race: \_\_\_\_\_  
 Ethnicity: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Section 2: Medical History**

Current Medications: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Past Medical History: \_\_\_\_\_  
 Past Surgical History: \_\_\_\_\_  
 Family History: \_\_\_\_\_  
 Social History: \_\_\_\_\_  
 Review of Systems: \_\_\_\_\_

**Section 3: Physical Examination**

Vital Signs: \_\_\_\_\_  
 General: \_\_\_\_\_  
 HEENT: \_\_\_\_\_  
 Chest: \_\_\_\_\_  
 Abdomen: \_\_\_\_\_  
 Extremities: \_\_\_\_\_  
 Neurological: \_\_\_\_\_  
 Skin: \_\_\_\_\_  
 Eyes: \_\_\_\_\_  
 Ears: \_\_\_\_\_  
 Nose: \_\_\_\_\_  
 Throat: \_\_\_\_\_  
 Lungs: \_\_\_\_\_  
 Heart: \_\_\_\_\_  
 Abdomen: \_\_\_\_\_  
 Extremities: \_\_\_\_\_  
 Neurological: \_\_\_\_\_  
 Skin: \_\_\_\_\_

**Section 4: Laboratory and Diagnostic Tests**

Lab Tests: \_\_\_\_\_  
 Imaging: \_\_\_\_\_  
 Biopsy: \_\_\_\_\_  
 Pathology: \_\_\_\_\_  
 Microbiology: \_\_\_\_\_  
 Immunology: \_\_\_\_\_  
 Genetics: \_\_\_\_\_  
 Toxicology: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Section 5: Treatment Plan**

Medications: \_\_\_\_\_  
 Procedures: \_\_\_\_\_  
 Referrals: \_\_\_\_\_  
 Follow-up: \_\_\_\_\_  
 Patient Education: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Section 6: Progress Notes**

Date: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Provider: \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Subject: \_\_\_\_\_  
 History: \_\_\_\_\_  
 Physical: \_\_\_\_\_  
 Labs: \_\_\_\_\_  
 Imaging: \_\_\_\_\_  
 Biopsy: \_\_\_\_\_  
 Pathology: \_\_\_\_\_  
 Microbiology: \_\_\_\_\_  
 Immunology: \_\_\_\_\_  
 Genetics: \_\_\_\_\_  
 Toxicology: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Assessment: \_\_\_\_\_  
 Plan: \_\_\_\_\_  
 Follow-up: \_\_\_\_\_  
 Patient Education: \_\_\_\_\_  
 Other: \_\_\_\_\_

**Section 7: Additional Information**

Patient Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Provider Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**CLASS A / B Citations**  
**Before using this citation,**  
**all of the following conditions must be met:**

1. Offense(s) must be of the following type:
  - POM < 2 ounces (Class B) OR
  - POM between 2 and 4 ounces (Class A)
  - Theft of at least \$50 but less than \$500
  - Theft of Service of at least \$20 but less than \$500
  - Graffiti damage of at least \$50 but less than \$500
  - Criminal Mischief of at least \$50 but less than \$500
  - Driving with License Invalid (Class B only)
2. Positive ID on suspect;
3. The violation was committed in:  
Travis County by a Travis County resident OR  
Hays County by a Hays County resident;
4. The violation was NOT committed in Williamson County;
5. The suspect is not a juvenile.

**If all of these conditions are met  
AND no other arrest offense were committed  
AND no outstanding warrants exist  
AND you choose to make a custody arrest,  
a supervisor must approve the arrest.**

NOTE: \* There is no longer a Class C - Attempted Theft charge  
\* There is no longer a Class C - POM charge  
(previously written as "Drug Paraphernalia")

Appearance dates are based on the County in which the offense was committed; you must write the specific appearance date on the citation.

**Travis County appearance dates**

If violation was committed on Mon-Fri, appear 21 days later:  
If violation was committed on Sat, appear on Mon 23 days later;  
If violation was committed on Sun, appear on Tue 23 days later.  
Write JP #5 for the court location

**Hays County appearance dates**

Cases are heard only the **first Wednesday** of each month. Appearance date should be **at least 21 days after the offense date** on the **first Wednesday** of the month  
Write JP #1 for the court location.

Appearance locations / times are printed on the defendant's copy.

**Turn in this citation with a PC affidavit for each charge.**  
**THESE CITATIONS CANNOT BE USED IN WILLIAMSON COUNTY**



Street Check (Circle one)		CAD# _____	
Airport FO    Airport Warning    Boat FO    Boat Warning			
GANG    INTEL    FO    Warning			
POINTED FIREARM AT PERSON		Yes _____	No _____
Date: _____	Time: _____	Name/EMP # _____	
Location: _____			
City: _____	State: _____	Zip: _____	
<b>Person Information</b>			
Last: _____		First: _____	Mi: _____
R/S: _____	DOB: _____	Phone #: _____	
Was race or ethnicity known before stop?    Yes    or    No			
Address: _____			
City: _____		State: _____	Zip: _____
DL/ID# _____		St: _____	
Hgt: _____	Wgt: _____	Hair _____	Eyes: _____
AKA: _____			
<b>Vehicle Information</b>			
LP# _____	LP State: _____	Exp Date: _____	
Type: Auto    Truck    MC	Veh Yr: _____	Make: _____	
Color: _____			
Violation: _____			
Additional Information: _____			

Circle the ones that applies to each:			
Person Searched: Yes or No		Vehicle Searched: Yes or No	
Search based on: (select up to 3)		Search based on: (select up to 3)	
1 - Frisk for Safety		1 - Frisk for safety	
2 - Consent		2 - Consent	
3 - Probable Cause		3 - Probable Cause	
4 - Incidental to arrest		4 - Incidental to arrest	
5 - Contraband/evidence in plain view		5 - Contraband/evidence in plain view	
		6 - Inventory of towed vehicle	
Search discovered: (select up to 3)		Search discovered: (select up to 3)	
1 - Weapons	5 - Nothing	1 - Weapons	5 - Nothing
2 - Cash	6 - Drugs	2 - Cash	6 - Drugs
3 - Alcohol		3 - Alcohol	
4 - Other		4 - Other	

Reason for stop: (select up to 3)	
1	Viol Transportation Vehicle Law
2	Viol Of Penal Code
3	Consensual Contact
4	Suspicious Person / Vehicle
5	Call for Service
6	Pre-existing Knowledge
7	Violation of City Ordinance
8	Other
9	Water Safety Act
A	Motor Vehicle Driver



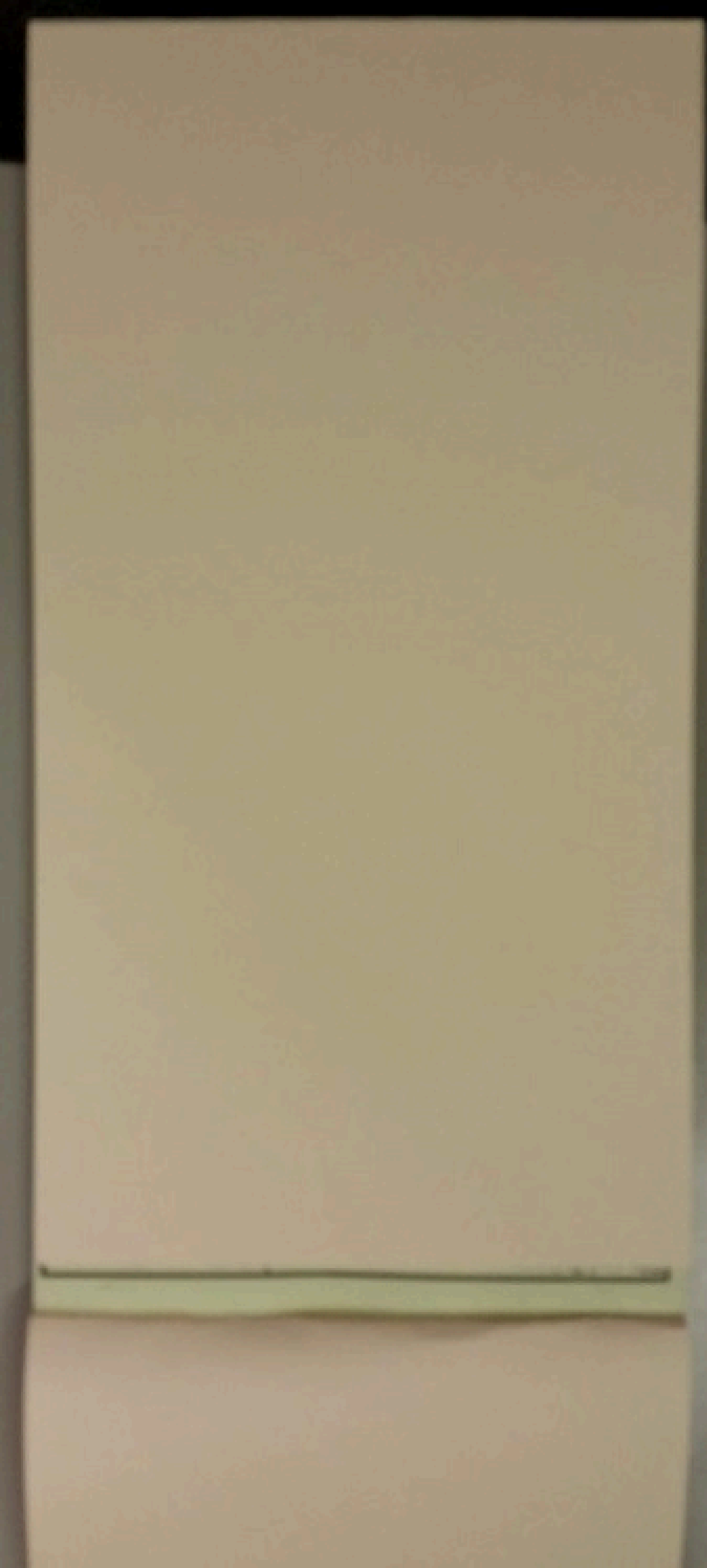
**ONLY FOR WARNINGS**

This notice is given to you in an effort to obtain your full cooperation in preventing collisions. It is the belief of the Austin Police Department that when the public is well informed as to existing traffic regulations, they will comply willingly without penalty.

Will you help reduce collision in Austin?

This violation will not become a part of your permanent driving record.

Driver Signature: \_\_\_\_\_



♦ **Witness Information (May Use Witness Statement Form)**

1. Name \_\_\_\_\_ DOB \_\_\_\_\_ R/S \_\_\_\_\_ / \_\_\_\_\_ Home#( ) \_\_\_\_\_  
 Work#( ) \_\_\_\_\_ Cell#( ) \_\_\_\_\_ Email Address \_\_\_\_\_  
 2. Name \_\_\_\_\_ DOB \_\_\_\_\_ R/S \_\_\_\_\_ / \_\_\_\_\_ Home#( ) \_\_\_\_\_  
 Work#( ) \_\_\_\_\_ Cell#( ) \_\_\_\_\_ Email Address \_\_\_\_\_

♦ **Children Information (MUST list all children and document in narrative of offense report)**

1. Present? ☐ Yes ☐ No Witness to assault? ☐ Yes ☐ No CPS Called? ☐ Yes ☐ No CPS# \_\_\_\_\_  
 Name of school child is attending \_\_\_\_\_

(If more than one child, then you MUST list all other information in your supplement report)

♦ **Military Information**

Victim in Military? ☐ Yes ☐ No Branch \_\_\_\_\_ Stationed \_\_\_\_\_  
 Suspect in Military? ☐ Yes ☐ No Branch \_\_\_\_\_ Stationed \_\_\_\_\_  
 Victim in Reserves? ☐ Yes ☐ No Texas National Guard ☐ Yes ☐ No  
 Suspect in Reserves? ☐ Yes ☐ No Texas National Guard ☐ Yes ☐ No

♦ **Re-location/Contact Information**

Are you planning to relocate? ☐ Yes ☐ No Address \_\_\_\_\_  
 Phone#( ) \_\_\_\_\_ Cell#( ) \_\_\_\_\_ Other#( ) \_\_\_\_\_

**LETHALITY ASSESSMENT**  
 TO BE COMPLETED BY A POLICE OFFICER

**"Yes" to ANY question 1-5, Activate or notify Victim Services**

- |  |  |
|--|--|
| 1. Has s/he ever threatened you with a weapon?     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 2. Has s/he used a weapon against you?             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 3. Has s/he ever threatened to kill you?           | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 4. Has s/he ever threatened to kill your children? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 5. Do you think s/he might try to kill you?        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

**"Yes" to at least 4 questions 6-18, Activate or notify Victim Services**

- |  |  |
|--|--|
| 6. Does s/he have a gun?   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 7. Does s/he have easy access to a gun?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 8. Has s/he ever tried to strangle you?                                  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 9. Is s/he violently or constantly jealous of you?                       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 10. Does s/he control most of your daily activities?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 11. Has s/he ever forced you to have sex when you did not wish to do so? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 12. Have you ever left her/him or separated after living together?       | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 13. Is s/he unemployed?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 14. Has s/he ever tried to kill herself/himself?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 15. Do you have a child that does not belong to the Suspect?             | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 16. Does s/he follow you?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 17. Does s/he spy on you?  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| 18. Does s/he leave threatening messages?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

• Describe the threat(s) and/or message(s) left \_\_\_\_\_

An Officer may request Victim Services(by phone or on-scene) as a result of Victim's response to the question below or whenever an officer feels it would be beneficial.

19. Is there anything else that worries you about your safety? ☐ Yes ☐ No ☐ NA  
 If yes, explain \_\_\_\_\_

- ♦ Victim Services responded due to ☐ High lethality determined by questions above ☐ Officer concerns for victim  
 ♦ Victim Services did not respond due to ☐ Officer's decision ☐ Victim's request ☐ Victim Services' current call load  
 ♦ Victim provided with Domestic Violence Information Pamphlet ☐ Yes ☐ No Case Number ☐ Yes ☐ No

**TO COMPLETE AVS, GO TO PAGE 4.**

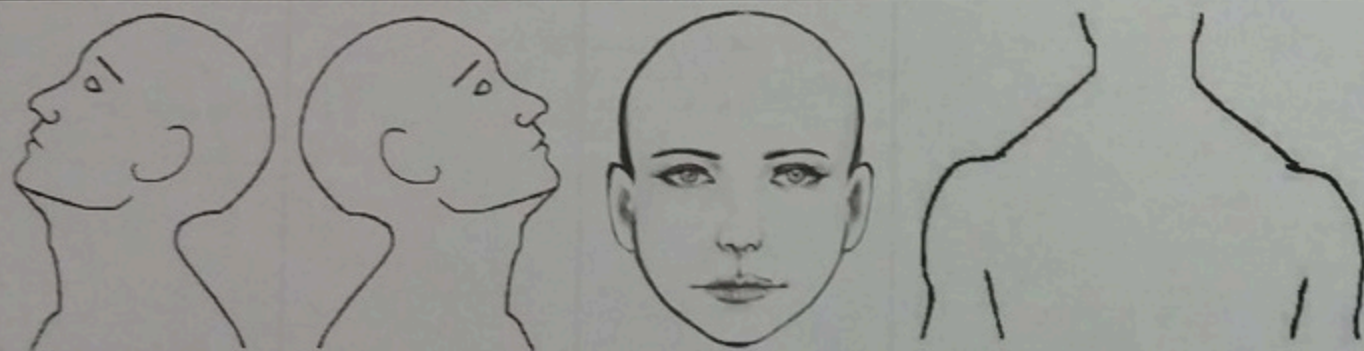


MOUTH	UNDER CHIN	CHEST	SHOULDERS
<input type="checkbox"/> bruise(s) <input type="checkbox"/> swollen tongue <input type="checkbox"/> swollen lip(s) <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> other _____	<input type="checkbox"/> redness <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> laceration(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> fingernail impression(s) <input type="checkbox"/> other _____	<input type="checkbox"/> redness <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> laceration(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> other _____	<input type="checkbox"/> redness <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> laceration(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> other _____

NECK	HEAD
<input type="checkbox"/> redness <input type="checkbox"/> tenderness/pain <input type="checkbox"/> finger mark(s) <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> fingernail impression(s) <input type="checkbox"/> bruise(s) <input type="checkbox"/> ligature mark(s) <input type="checkbox"/> petechiae <input type="checkbox"/> swelling <input type="checkbox"/> other _____	<input type="checkbox"/> petechiae on scalp or head <input type="checkbox"/> laceration(s) <input type="checkbox"/> scratch(es)/abrasion(s) <input type="checkbox"/> hair pulled <input type="checkbox"/> bump(s) <input type="checkbox"/> other _____

**\*\*\*PLEASE TAKE PHOTOGRAPHS\*\*\***

Diagram all injuries on the Victim



Describe any other injuries or symptoms \_\_\_\_\_

**OFFICER CHECKLIST**

- ☐If strangled/suffocated with object(s), photograph object(s) and collect for evidence.
- ☐Document where the object(s) was/were found in the Offense Report.
- ☐Determine if jewelry was worn by either party (ring(s), necklace(s), watch(es), etc.). Photograph / look for patterns and photograph.
- ☐If defecation or urination in clothes, collect clothes as evidence.
- ☐If Victim vomited, take a photo of vomit.
- ☐Call On-Call Family Violence Detective if you need assistance.
- ☐Call On-Call Family Violence Detective if Victim is transported to the hospital from injuries due to strangulation/suffocation.
- ☐If Victim is transported to the hospital from injuries due to strangulation/suffocation then an officer **NEEDS** to standby at the hospital until the On-Call Family Violence Detective is notified.

STH/APD2013

**VICTIM STATEMENT / DECLARACION DE LA VICTIMA**

TO BE FILLED OUT BY VICTIM

I can read, write and understand the English Language. This statement is true and correct to the best of my knowledge. I make this statement freely and voluntarily. Should I provide false information on this form, I understand that I could be prosecuted for the crime of "False Report to a Police Officer" under section 37.08 of the Texas Penal Code. Signature \_\_\_\_\_ Date \_\_\_\_\_

Puedo leer, escribir y entender el idioma español. Esta declaración es verdadera y correcta en cuanto a lo que yo sepa. Hago esta declaración libre y voluntariamente. Si he dado información falsa en este formulario, entiendo que puedo ser enjuiciado por el crimen de "Declaración Falsa dada a un oficial de "Policia" bajo la sección 37.08 del Código Penal del Estado de Texas.

Firma \_\_\_\_\_ Fecha \_\_\_\_\_

• Where are you right now? \_\_\_\_\_ Where did assault occur? \_\_\_\_\_

¿Dónde se encuentra usted en este momento? \_\_\_\_\_ ¿Dónde ocurrió el asalto? \_\_\_\_\_

• Who assaulted you? (name/relationship) \_\_\_\_\_

¿Quién asalto? (nombre/parentesco) \_\_\_\_\_

• What led up to the assault? \_\_\_\_\_

¿Qué ocurrió antes del asalto para que el asalto ocurriera? \_\_\_\_\_

• How did Suspect assault you? (ex. hit w/ fist to head) \_\_\_\_\_

¿Cómo le asaltó el/la sospechoso/a a usted (por ejemplo, le pegó con el puño en la cabeza) \_\_\_\_\_

• What injuries do you have as a result of the assault? \_\_\_\_\_

¿Qué lesiones tiene como resultado del asalto? \_\_\_\_\_

• How did you get each injury? \_\_\_\_\_

¿Cómo obtuvo cada herida? \_\_\_\_\_

• Did you feel physical pain either at the time of the assault or after? \_\_\_\_\_

¿Sintió usted dolor durante el asalto o después? \_\_\_\_\_

• Was there damage to property (walls, phones, furniture, etc.)? \_\_\_\_\_

¿Hubo daños a la propiedad (en las paredes, teléfonos, muebles, o en otros lugares)? \_\_\_\_\_

• Other Information \_\_\_\_\_

Otra información \_\_\_\_\_

Print Name - Nombre impreso \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_ am/pm

Su firma \_\_\_\_\_ Fecha \_\_\_\_\_ Hora \_\_\_\_\_ : \_\_\_\_\_ am/pm

Officer Signature \_\_\_\_\_ # \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ : \_\_\_\_\_ am/pm

Firma del oficial \_\_\_\_\_ # \_\_\_\_\_ Fecha \_\_\_\_\_ Hora \_\_\_\_\_ : \_\_\_\_\_ am/pm

STH/APD2013



**CRIMINAL TRESPASS:** ☐ **NOTICE** ☐ **ARREST** ☐ **REPORT**  
(ORIGINAL REPORT) (SUPPLEMENT) (SUPPLEMENT WITH AFFIDAVIT)  
☐ **GENERAL (2716)** ☐ **HOTEL (2722)** ☐ **TRANSIENT (2721)**

ORIGINAL INCIDENT NUMBER	DATE	TIME	AM	PM	SECTOR

TRESPASS LOCATION	BUSINESS NAME OR PROPERTY OWNER (IF A BUSINESS)	OPEN	CLOSED

**SUBJECT INFORMATION:**

LAST NAME	FIRST NAME	MIDDLE NAME	DATE OF BIRTH

RACE / SEX	HEIGHT	WEIGHT	HAIR	EYES	IDENTIFICATION NUMBER	STATE	TYPE

HOME ADDRESS	CITY	STATE	ZIP CODE

EMPLOYER OR WORK ADDRESS	WORK PHONE	CELL PHONE /PAGER	HOME PHONE

**VEHICLE INFORMATION:**

YEAR	COLOR	MAKE	MODEL	STYLE	STATE	LICENSE NUMBER OR V.I.N.

THE SECTION BELOW IS COMPLETED FOR [NOTICES] ONLY.

YOU, \_\_\_\_\_, ARE HEREBY NOTIFIED TO IMMEDIATELY LEAVE THESE PREMISES AND ARE PROHIBITED FROM COMING ON THE PROPERTY OR PREMISES OF: \_\_\_\_\_ FOR ANY REASON AT ALL. IF YOU ARE FOUND ON THIS PROPERTY, OR REMAIN ON THIS PROPERTY AFTER THIS NOTICE, YOU WILL BE ARRESTED FOR THE OFFENSE OF:

**- CRIMINAL TRESPASS -**

THE SECTION BELOW IS COMPLETED FOR [NOTICES] ONLY.

I, \_\_\_\_\_, THE UNDERSIGNED, UNDERSTAND THIS NOTICE IS EFFECTIVE IMMEDIATELY. I FURTHER UNDERSTAND THAT THE ABOVE NOTICE MAY BE RESCINDED ONLY BY WRITTEN NOTIFICATION. I ALSO UNDERSTAND THAT IF I REFUSE TO SIGN THIS NOTICE \*\* IT IS STILL EFFECTIVE.

<b>X</b> _____ SIGNATURE OF INDIVIDUAL RECEIVING NOTICE	_____ POLICE OFFICER WITNESSING THIS NOTICE	_____ EMPLOYEE #
--	--	---------------------

PROPERTY OWNER ( ) OR OWNER'S CONTROLLING AGENT ( ) ENTER ISSUING AUTHORITY INFORMATION BELOW:  
LAST NAME FIRST NAME R/S DATE OF BIRTH TYPE/IDENTIFICATION #

--	--	--	--	--

**NARRATIVE / CALL INFORMATION**

(APD NARRATIVE ON WHITE COPY ONLY)


WHITE COPY = A.P.D. DATA ENTRY

YELLOW COPY = OWNER/OWNER AGENT

PINK COPY = INDIVIDUAL





ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): **ISR0004** ADDENDUM NO. **2** DATE OF ADDENDUM: **January 9, 2015**

This addendum is to incorporate changes to the above referenced solicitation:

**1. Questions:**

- (Q1) PD-0056A Juvenile Arrest Card; Do you have a PDF available of this complete document only? Sample looks to have watermark, is this pink or gray sale watermark? How many pages have the watermark? What is the "HARD COPY" paper stock? Is this manila tag back blank or is this the "Hard Copy"
- (A1) **PD-0056A Juvenile Arrest card; A complete document sample PDF attached herein. The City will provide a complete recently printed sample of the document at award. This document does have a gray watermark on all pages of this document. The "HARD COPY" paper is card stock manila color. See enclosed picture and PDF.**
- (Q2) PD-0138 Street Check Citation Book; Do you have a PDF available of this complete document only? Is this 2 color? Confirm finish size 42.5" x 10"? How many sheet are 2 sided?
- (A2) **PD-0138 Street Check Citation Book; A complete document PDF attached herein. This book has two pages. First pages top/front page is white 20#CB, 2<sup>nd</sup> page/bottom yellow/canary 15# CF. See enclosed picture and PDF**
- (Q3) PD-0144 & PD0144A Coupon Books; Is there any printing on covers? How many coupons per book?
- (A3) **The PD-0144& PD-0144a have no printing on cover and contain twenty (20) coupons per book. Form size is 5-7/8" x 3" the stub is approximately 1/4" stapled.**
- (Q4) HHSD-Food Enterprise Inspection Form; Attachment 1 says form is 2 pages 1 image but the paper color is white NCR is this correct? If so, do we need to print 2 white NCR pages and pad them together?
- (A4) **The HHSD-Food Enterprise Re-Inspection Form; Line 59 on bid sheet (300-FRE INSP) is two (2) pages NCR. The top page is white 20# CB and back page is 20# Yellow CF.**
- (Q5) PD-0009B Crime Scene Label; What is color and weight of the label stock? Is this crack'n peel?
- (A5) **PD-0009B Crime Scene Label is fluorescent orange with permanent adhesive back 5.6mil label. The back is a peel of back crack and peel.**
- (Q6) HHSD-Food Enterprise Inspection Form; Attachment 1 says form is 2 pages 1 image but the paper color is white NCR is this correct? If so, do we need to print 2 white NCR pages and pad them together?
- (A6) **The City has attached available survey data for the site as well a conceptual plan for ADA accessible sidewalk developed by the Department for the Proposers consideration. See enclosed picture and PDF.**
- (Q7) PD-0015 Chain of Custody Label; What is color and weight of the label stock? Is this crack'n peel?
- (A7) **PD-0015 Chain of custody label; Color is white 5.6mil permanent adhesive crack and peel label.**

- (Q8) PD-0010 Assault Victim Statement; This is listed as an 11" x 17" folded and perfed, what is the finished size? There seems to be 10 copies making 5 pages? Is this a booklet
- (A8) **PD-0010 Assault Victim Statement; This form is a 11" x 17" folded and perforated form. There are 3 pages front and back each page is separated by a perforated line measuring 11" inches long. Pages 1 and 4 are glued together by a 0.5: inch strip. Crime Scene Label is fluorescent orange with permanent adhesive back 60# label. The back is a peel of back crack and peel. See enclosed picture and PDF.**
- (Q9) PD-0037 & pd0037B Overtime Compensatory Assignment forms; The copy shows there is a screen, can you confirm the ink color of the scree or is this the pink copy that was scanned? Is this a fanapart with stub? Is it glued at the top?
- (A9) **PD-0037 & pd0037B Overtime compensatory assignment form; There is no screen on this form it is the color of the pink second page showing through. This form is a 20#white CB and a 20# Pink CF snap set.**
- (Q9) PD-0040 Criminal Trespass Book; What weight, color & brand is the paper? What is the size of the stub? Do all parts print alike? What type, color and position is the numbering? Do any parts stay in the book? Is the cover printed? If so, what color.
- (A9) **PD-0040 Criminal Trespass Book; This form is a booklet manila bounded by three staples at top and cardboard insert in back of book. The paper weight is 15# white CB, 14# yellow/canary CFB and 15# Pink CF, any brand of paper is fine, all parts print alike. The stub size is approximately 5/8", the form itself measures 8.5" x 11". This is not a numbered booklet. No parts stay in the book. The cover is not printed. See enclosed picture and PDF**
- (Q10) PD-0047 Case Disposition and PD-0141 Warning Ticket Book; Is this a fanapart with no stub? Glued at the top and do all parts print alike .
- (A10) **PD-0047 Case Disposition and PD-0141 Warning Ticket Book; Remove bid item #9 (PD-0047 and bid item #22 PD-0141 No longer required.**
- (Q11) PD-0068 Impound Wrecker Report; What is the weight of the paper? Is there a screen or is the copy received of goldenrod or canary part? Is this a fanapart with no stub? If not, what size is the stub? Do all parts print alike?
- (A11) **PD-0068 Impound Wrecker Report; Weight of paper is white 15# CB, 14# Yellow/Canary CFB, 14#Pink CFB, 15#Goldenrod CF with a 5/8" stub at top. All parts print the same.**
- (Q12) PD-0069B Undercover Expense Report; The copy shows 2 holes drilled left please confirm? If so do all parts drill?
- (A12) **PD-0069B Undercover Expense Report; There are two holes drilled through all parts. All parts print the same.**
- (Q13) PD-107A Non-Motorized Vehicle; Is this standard red Fluorescent crack'n peel stock? Is this permanent adhesive?
- (A13) **PD-107A Non-Motorized Vehicle; This is a 5.6mil standard fluorescent red label with peel off back.**
- (Q14) PD-0109B Pawn Shop Record Book; Does the 4-1/4" x 6" include the stub? If not, what is the stub size? What weight, color and brand is the paper? Do all parts print alike? Does the cover print? If so, what color? Do any parts stay in the book?
- (A14) **PD-0109B Pawn Shop Record Book; This is a booklet manila bounded by two staples at top and cardboard insert in back of book. The paper weight is 20# white CB, 14# yellow/canary CFB and 20# Pink CF, any brand of paper is fine, all parts print alike. The stub size is approximately 3/4", the form itself measures 6" x 4-1/4". This is not a numbered booklet. No parts stay in the book. The cover is not printed. See enclosed picture and PDF**
- (Q15) PD-0201 Pawn Shop Property Hold Card; Does the 6" x 4-1/2" include the stub? If not, what is the stub size? What weight, color and brand is the paper? Do all parts print alike?

- (A15) **PD-0201 Pawn Shop Property Hold Card; This is a three page form. The paper weight is 20# green CB, 20# yellow/canary CFB and 20# white CF, any brand of paper is fine, all parts print alike. The stub size is approximately 1/4", the form itself measures 6" x 4-1/2".**
- (Q16) PD-0211 Sticker out of Service; You list paper as red/orange are you saying either one? Is this a crack and peel label? Is the adhesive permanent?
- (A16) **PD-0211 Sticker out of Service; This is a 5.6mil standard fluorescent red/orange color label with peel off back. This is permanent adhesive. Enclosed below is color red-orange**
- (Q17) PD-FAS False Alarm Sticker; You list paper as red/orange are you saying either one? Is this a crack and peel label? Is the adhesive permanent?
- (A17) **PD-FAS False Alarm Sticker; This is a 5.6mil standard fluorescent red/orange color label with peel off back. This is permanent adhesive. Enclosed below is color red-orange**



- (Q18) CR-3 Crash Report form; the number of pages of copy is 10 For an 11" x 25-1/2" sheet folded to 8-1/2" x 11" it would only be 6 pages or panels. Need Sample please?
- (A18) **CR-3 Crash Report Form; The form is 6 pages 8.2" x 11" front and back. Each form is separated by a perforated line measuring 11" long. The first and second pages are glued together by a 0.5" strip. See enclosed picture and PDF.**
- (Q19) Can you provide samples of form to view at one central City of Austin location to confirm the missing specification information will we list with the questions attached?
- (A19) **The City of Austin does not have one location that retains copies of all the forms in the solicitation. I have attached pictures and additional PDF's on a few of the more complex forms actual copies of the forms in this solicitation will be provided to awarded vendor.**

3. Addendum three with additional question responses will be sent out on Monday, January the 12<sup>th</sup>.

**All other terms and conditions remain the same.**

BY THE SIGNATURES affixed below, Addendum #1 is hereby incorporated and made a part of the above referenced Solicitation.

**APPROVED BY:**



Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

**ACKNOWLEDGED BY:**

_____	_____	_____
SUPPLIER	AUTHORIZED SIGNATURE	DATE

**RETURN ONE (1) COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH PROPOSAL OR PRIOR TO BID OPENING. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION OF YOUR OFFER.**





ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): **ISR0004** ADDENDUM NO. **3** DATE OF ADDENDUM: **January 12, 2015**

This addendum is to incorporate changes to the above referenced solicitation:

1. **Attachment to Addendum 2. This addendum is to attach pictures for more complex forms as stated in addendum 2.**

**All other terms and conditions remain the same.**

BY THE SIGNATURES affixed below, Addendum #1 is hereby incorporated and made a part of the above referenced Solicitation.

**APPROVED BY:**

A handwritten signature in black ink, appearing to read "Irene Sanchez-Rocha".

Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

**ACKNOWLEDGED BY:**

_____	_____	_____
SUPPLIER	AUTHORIZED SIGNATURE	DATE

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ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): **ISR0004** ADDENDUM NO. **3** DATE OF ADDENDUM: **January 12, 2015**

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Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

**ACKNOWLEDGED BY:**

_____	_____	_____
SUPPLIER	AUTHORIZED SIGNATURE	DATE

**RETURN ONE (1) COPY OF THIS ADDENDUM TO THE PURCHASING OFFICE, CITY OF AUSTIN, WITH PROPOSAL OR PRIOR TO BID OPENING. FAILURE TO DO SO MAY CONSTITUTE GROUNDS FOR REJECTION OF YOUR OFFER.**



ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): **ISR0004** ADDENDUM NO. **4** DATE OF ADDENDUM: **January 12, 2015**

This addendum is to incorporate changes to the above referenced solicitation:

**1. Questions:**

- (Q1) PD-0144 & PD 0144A Coupon Book; Does the 5-7/8" x 3" include the stub? If not, what size is the stub? Is the 100# White inside a text weight or index? How is the book bound? Saddle stitched, tape bound? If tape bound what color is tape?
- (A1) **PD-0144 & PD 0144A Coupon Book; The 5-7/8" x 3" includes the 7/8" stub. The White inside is text weight. The book is bound by staples.**
- (Q2) PD-020 Emergency Notification form; Confirm size. What size is stub? Do all Parts print alike?
- (A2) **PD-020 Emergency Notification form; The form size is 8-1/2 x 11. The stub is approximately 1/4" and all parts print alike.**
- (Q3) PD-0215 & PD0215B Sticker Police Pal; Spes call for black ink but the copy shows a gold or brown also, please confirm. Are there any special adhesive requirements such as placing on clothing?
- (A3) **PD-0215 & PD0215B Sticker Police Pal; The police pal sticker is printed on silver foil paper and has gold as well as black ink color. These sticker shall adhere on clothing.**
- (Q4) PD-LWC & PD-LWCCS License and Weigh Citation; Does the 8-1/2" x 11" include the stub? If not, what is the stub size? Or is this a fanapart? What weight, color & brand is the paper? Do all parts print alike? Specification does not have numbering checked, but the copy shows' numbering is this crash or press and what color?
- (A4) **PD-LWC & PD-LWCCS License and Weigh Citation; The 8-1/2" x 11" does not include the stub. The stub is approximately 5/8". This is form is 15# white CB, 14# yellow/canary CFB, 14#pink CFB and 15#Goldenrod CF. All parts pring the same and it is a numbered form. The form number is in red ink.**
- (Q5) FIN-9074R Petty Cash Reimbursement Advance Book; Do all parts print alike? What color & weight is the tag cover?
- (A5) **FIN-9074R Petty Cash Reimbursement Advance Book; All parts print alike in the book. The color of the tag is vanilla & it is 100# wrap around cover.**
- (Q6) FIN-7026 Receipt for Payment of Funds Book; Do all parts print alike? What color & weight is the tag cover?
- (A6) **FIN-7026 Receipt for Payment of Funds Book; All parts print alike in the book. The color of the tag is vanilla & it is 100# wrap around cover.**
- (Q7) FIN-7027 Receipt for Payment of Funds Book; Please confirm all specs, they do not coincide with the copy?
- (A7) **FIN-7027 Receipt for Payment of Funds Book; 9-3/4" x 5-1/2" with 3/4" left stub. 16#white CB, 14#canary/yellow CFB, 14# pink CFB, 15#goldenrod DF. Wrap around vanilla tag, black ink all alike red receipt number.**



- (Q8) FIN-9070R COA Petty Cash; Is the chipboard back part of the shrink wrap or are these forms padded? Do both parts print alike? Is this a fanapart form glued at the top? If not, what is the size with and without stub?
- (A8) **FIN-9070R COA Petty Cash; Paper is 6-1/4" x 5" 3/4" stub at top 16# white CB, 15#canary/yellow CF. All alike shrink wrapped in 50's with chipboard back.**
- (Q9) DVR-1000 Vehicle Inspection Form; Is the screen "DO NOT COPY" a phantom or void? Is it black or blue? Do all parts print alike? The specs are checked as numbering. Please provide numbering type, color and position.
- (A9) **DVR-1000 Vehicle Inspection Form; The form has a watermark "DO NOT COPY" in black ink which looks gray on all three pages. All parts print the same and have a unique red number on each form in upper left corner.**
- (Q10) CCR-KIT Car Collision Envelope and Forms (3-Forms); Please confirm the 6" x 9" is a catalog envelope. 24/#white wove catalog envelope open side, center seam regular gum. What color does the envelope print? How many forms are placed into the envelope and the name of each .
- (A10) **CCR-KIT Car Collision Envelope and Forms (3-Forms); The envelope is a catalog envelope 24# white wove, 6" x 9" side open center seam regular gum. The envelope has black ink print. Envelope has three forms, Drivers Report , Exchange of information form , Dept Safety Representative Report form.**
- (Q11) FOR-2146 Vehicle Equipment Status, AFD-7011 Hazmat Cost Recovery Notification and bid line item 56 -81 ; ; Does the 8-1/2" x 11" include the stub? If not, what is the stub size? Or is this a fanapart? What weight, color & brand is the paper? Do all parts print alike?.
- (A11) **FOR-2146 Vehicle Equipment Status, AFD-7011 Hazmat Cost Recovery Notification and bid line item 56 -81; All these forms are two part forms which have a 5/8" stub at top and are 8-1/2" x 11" in paper color indicated on the attachment in the scope of work PDF. The survey monkey web address will be the black ink color.**
- (Q12) Bid Item 84 – 87; Is it black ink only? Copy is 4 colors please confirm. Does form size include the stub what is weight of the paper do all parts print alike?
- (A12) **Bid Item 84 – 87; The forms are 8-1/2" x 11" with a 5/8" stub. One color black ink all parts print alike. The paper weight is 15#white CB, 14#yellow CFB and 15# pink CF.**
- (Q13) Bid Item 90; Is envelope a booklet or catalog? What is the weight and brand of the paper? What is the closure, gum, latex or peel 'n seal?
- (A13) **Bid Item 90; Is a standard 4-1/2: x 9-1/2" 24# white wove side open latex closure.**
- (Q4) Bid Item 91 - 92; Is envelope a booklet or catalog? What is the weight and brand of the paper? What is the closure, gum, latex or peel 'n seal?
- (A14) **Bid Item 91 - 92; Is a standard business 4-1/2: x 9-1/2" 24# white wove side open gum closure. Item 92 is a poly window. Window size is as indicated on scope of work PDF.**
- (Q5) Bid Item 93; Is envelope a booklet or catalog? What is the weight and brand of the paper? What is the closure, gum, latex or peel 'n seal?
- (A15) **Bid Item 93; Is a catalog 10" x 13" 32# manila kraft envelope, that opens at end. Seam is in center and is gum sealed.**
- (Q16) Bid Item 94; Is envelope a booklet or catalog? What is the weight and brand of the paper? What is the closure, gum, latex or peel 'n seal?
- (A16) **Bid Item 94; Is a custom 32# manila kraft envelope, that opens at end. Seam is in center and is gum sealed.**

**All other terms and conditions remain the same.**

BY THE SIGNATURES affixed below, Addendum #1 is hereby incorporated and made a part of the above referenced Solicitation.

**APPROVED BY:**



Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

**ACKNOWLEDGED BY:**

_____	_____	_____
SUPPLIER	AUTHORIZED SIGNATURE	DATE

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ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): **ISR0004** ADDENDUM NO. **4** DATE OF ADDENDUM: **January 12, 2015**

This addendum is to incorporate changes to the above referenced solicitation:

**1. Questions:**

- (Q1) PD-0144 & PD 0144A Coupon Book; Does the 5-7/8" x 3" include the stub? If not, what size is the stub? Is the 100# White inside a text weight or index? How is the book bound? Saddle stitched, tape bound? If tape bound what color is tape?
- (A1) **PD-0144 & PD 0144A Coupon Book; The 5-7/8" x 3" includes the 7/8" stub. The White inside is text weight. The book is bound by staples.**
- (Q2) PD-020 Emergency Notification form; Confirm size. What size is stub? Do all Parts print alike?
- (A2) **PD-020 Emergency Notification form; The form size is 8-1/2 x 11. The stub is approximately 1/4" and all parts print alike.**
- (Q3) PD-0215 & PD0215B Sticker Police Pal; Spes call for black ink but the copy shows a gold or brown also, please confirm. Are there any special adhesive requirements such as placing on clothing?
- (A3) **PD-0215 & PD0215B Sticker Police Pal; The police pal sticker is printed on silver foil paper and has gold as well as black ink color. These sticker shall adhere on clothing.**
- (Q4) PD-LWC & PD-LWCCS License and Weigh Citation; Does the 8-1/2" x 11" include the stub? If not, what is the stub size? Or is this a fanapart? What weight, color & brand is the paper? Do all parts print alike? Specification does not have numbering checked, but the copy shows' numbering is this crash or press and what color?
- (A4) **PD-LWC & PD-LWCCS License and Weigh Citation; The 8-1/2" x 11" does not include the stub. The stub is approximately 5/8". This is form is 15# white CB, 14# yellow/canary CFB, 14#pink CFB and 15#Goldenrod CF. All parts pring the same and it is a numbered form. The form number is in red ink.**
- (Q5) FIN-9074R Petty Cash Reimbursement Advance Book; Do all parts print alike? What color & weight is the tag cover?
- (A5) **FIN-9074R Petty Cash Reimbursement Advance Book; All parts print alike in the book. The color of the tag is vanilla & it is 100# wrap around cover.**
- (Q6) FIN-7026 Receipt for Payment of Funds Book; Do all parts print alike? What color & weight is the tag cover?
- (A6) **FIN-7026 Receipt for Payment of Funds Book; All parts print alike in the book. The color of the tag is vanilla & it is 100# wrap around cover.**
- (Q7) FIN-7027 Receipt for Payment of Funds Book; Please confirm all specs, they do not coincide with the copy?
- (A7) **FIN-7027 Receipt for Payment of Funds Book; 9-3/4" x 5-1/2" with 3/4" left stub. 16#white CB, 14#canary/yellow CFB, 14# pink CFB, 15#goldenrod DF. Wrap around vanilla tag, black ink all alike red receipt number.**



- (Q8) FIN-9070R COA Petty Cash; Is the chipboard back part of the shrink wrap or are these forms padded? Do both parts print alike? Is this a fanapart form glued at the top? If not, what is the size with and without stub?
- (A8) **FIN-9070R COA Petty Cash; Paper is 6-1/4" x 5" 3/4" stub at top 16# white CB, 15#canary/yellow CF. All alike shrink wrapped in 50's with chipboard back.**
- (Q9) DVR-1000 Vehicle Inspection Form; Is the screen "DO NOT COPY" a phantom or void? Is it black or blue? Do all parts print alike? The specs are checked as numbering. Please provide numbering type, color and position.
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- (A10) **CCR-KIT Car Collision Envelope and Forms (3-Forms); The envelope is a catalog envelope 24# white wove, 6" x 9" side open center seam regular gum. The envelope has black ink print. Envelope has three forms, Drivers Report , Exchange of information form , Dept Safety Representative Report form.**
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- (A15) **Bid Item 93; Is a catalog 10" x 13" 32# manila kraft envelope, that opens at end. Seam is in center and is gum sealed.**
- (Q16) Bid Item 94; Is envelope a booklet or catalog? What is the weight and brand of the paper? What is the closure, gum, latex or peel 'n seal?
- (A16) **Bid Item 94; Is a custom 32# manila kraft envelope, that opens at end. Seam is in center and is gum sealed.**

**All other terms and conditions remain the same.**

BY THE SIGNATURES affixed below, Addendum #1 is hereby incorporated and made a part of the above referenced Solicitation.

**APPROVED BY:**



Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

**ACKNOWLEDGED BY:**

_____	_____	_____
SUPPLIER	AUTHORIZED SIGNATURE	DATE

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ADDENDUM  
PURCHASING OFFICE  
CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): **ISR0004** ADDENDUM NO. **5** DATE OF ADDENDUM: **January 15, 2015**

This addendum is to incorporate changes to the above referenced solicitation:

**Clarification to Bidsheet:**

**Bid Sheet line item #46 correct description and Unit of Measure (UOM):**

Reads: VEHICLE INSPECTION FORM WITH 3/4" SNAP AT TOP; BLACK INK, COLOR WHITE, CANARY & PINK, DOUBLE SIDED, 50/PACK 20 PACKS PER CARTON – 50 QUANTITY UOM CTN

**SHOULD READ: VEHICLE INSPECTION FORM WITH 3/4" SNAP AT TOP; BLACK INK, COLOR WHITE, CANARY & PINK, DOUBLE SIDED, 50/PACK – 50 QUANTITY UOM PK (TOTAL ANNUAL QUANTITY ESTIMATE IS 2,500 YEAR)**

**Bid Sheet line item #47 correct description:**

Reads: 395-60-111-004 FORM LEAVE REPORT 8-1/2 X 5-1/2 (1) SIDED (1) PART, BLACK INK 20# PINK BOND WITH CHIPBOARD BACK, 100 PER PAD (NO SAMPLE IN SCOPE FILE)

**SHOULD READ: 395-60-111-004 FORM LEAVE REPORT 8-1/2 X 5-1/2 (1) SIDED (1) PART, BLACK INK 20# PINK BOND WITH CHIPBOARD BACK, 50 PER PAD (NO SAMPLE IN SCOPE FILE) (TOTAL ANNUAL QUANTITY ESTIMATE IS 5,000 YEAR)**

**Bid Sheet line item #51 add packaging description to bid sheet:**

Reads: VEHICLE EQUIPMENT STATUS NOTICE; 5 X 8-1/2" NCR PAPER, WHITE, YELLOW, PINK; BLACK INK

**SHOULD READ: VEHICLE EQUIPMENT STATUS NOTICE; 5 X 8-1/2" NCR PAPER, WHITE, YELLOW, PINK; BLACK INK, PACKED 100 PER PACK.**

**Bid Sheet line item #88 correct quantity:**

Reads: Quantity 125 RM

**SHOULD READ: Quantity 100 RM**

**All other terms and conditions remain the same.**

BY THE SIGNATURES affixed below, Addendum #5 is hereby incorporated and made a part of the above referenced Solicitation.



**APPROVED BY:**



Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

**ACKNOWLEDGED BY:**

_____	_____	_____
SUPPLIER	AUTHORIZED SIGNATURE	DATE

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ADDENDUM  
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CITY OF AUSTIN, TEXAS  
PRINTING VARIOUS FORMS

Request for Proposal (RFP): **ISR0004** ADDENDUM NO. **6** DATE OF ADDENDUM: **January 16, 2015**

This addendum is to incorporate changes to the above referenced solicitation:

**Clarification to Bidsheet and Attachment 1:**

**Bid Sheet line item #42 correct quantity on bid sheet and attachment 1:**

Bid Sheet and Attachment 1 Read: QUANTITY 250 UOM BK

**BID SHEET AND ATTACHMENT 1 SHOULD READ: QUANTITY 50 UOM BK**

**All other terms and conditions remain the same.**

BY THE SIGNATURES affixed below, Addendum #5 is hereby incorporated and made a part of the above referenced Solicitation.

**APPROVED BY:**

Irene Sanchez-Rocha,  
Senior Buyer  
Purchasing Office, 512-972-0048

**ACKNOWLEDGED BY:**

_____	_____	_____
SUPPLIER	AUTHORIZED SIGNATURE	DATE

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