

CITY OF HOUSTON

HCD Purchasing Unit 3200

PO NUMBER MUST APPEAR ON ALL PAYMENT AND DELIVERY CORRESPONDENCE

POSSIBLE DUPLICATE COPY DO NOT DUPLICATE SHIPMENT OR SERVICE PURCHASE ORDER

Vendor Address

Vendor Address Number 157004

ROBERT EARL BROWN DBA MY SPRING IT GUY 22407 LIEREN COURT SPRING TX 77373

Mail Invoice to

COH HOUSING & COMMUNITY DEV FINANCIAL SERVICES SEC, ACCT PAY

P.O. Box 1562

HOUSTON TX 77251-1562

Information

Purchase Order Number/Date 4500301809-0 / 05/03/2019

CoH Vendor Number

157004

Page

1 of 1

Buyer's Name

Bunny Arita 455

Buyer's Telephone Number

832-394-6123

Buyer's Fax Number

Buyer's E-mail Address

Bunny.Arita@houstontx.gov

CONFIRM RECEIPT AND ACCEPTANCE OF PURCHASE ORDER
TO BUYER'S E-MAIL ADDRESS

Shipping Address

HOUSING & COMMUNITY DEVELOPMENT

PROCUREMENT SERVICES 2100 TRAVIS, 9TH FLOOR HOUSTON TX 77002

USA

Terms of payment:

Pay net 30 w/o deduction

Currency USD

Shipping Terms

FOB(Free on board) /DESTINATION

Your person responsible: ROBERT BROWN

Item	Quantity	UM	Material # / Description		Unit Cost	Extended Cost
10	1.00	AU			190.00 / AU	190.00
			93146 FURNIT	URE, OFFICE, M		
			MONITOR INSTALLATION	J		
	Gross Price		190.00 USD	1 AU	1.000	190.00
			Expected value of unplanned serv	vices: 190.00		
			Delivery Date: 05/07/2019	}		
Total ***	*				USD	190.00

The Terms and Conditions specified on http://purchasing.houstontx.gov will apply.

I hereby certify a certificate of the necessity of this expenditure is on file in this department.

I hereby certify that the expenditure for the above goods has been duly authorized and appropriated and that sufficient funds are available to liquidate same.

Sulvador Zumen-Mayor Chief Proc

Chief Procurement Officer

Controller





PROCUREMENT REQUEST FORM



Note: The Procurement Request form is to solicit quotes through an Informol (Small Purchase) bid process for purchosing transactions \$100,000 or less using Federal Funds (2 CFR 200.31 and \$3,000 to 49,0000 using non-Federal funds (COH AP 5-8, Executive Order 1.14). Signature of this document is still required.

* Required Fields (must be con	red Fields (must be completed)					
Description of Purchase *	Monitor Mounting	HCDD Division: *	Support Services			
Deadline Dote of Request: *	5/3/2019	Purchase Type: *	Computer			
Requester Name: *	Johnson, Johnny - HCD	Created:	4/29/2019			
Requester Phone Number: *	832-394-6184					

Brief Description of Scope of Work for Goods/Services:

(1) Provide hardware to mount (1) Samsung 50" screen on wall in Room 428

Note: Please allow a minimum of three (3) days for bid responses.

(2) Mount (1) Samsung 26" using hardware provided by HCD on wall next to Xfinity Cable Box in Room 404.

PROCURMENT USE ONLY FINANCE USE ONLY Status: Pending Fund Number: Purchase Order No#: Funding Source: 3200030002 Name of Vendor: Cost Center: Date Processed: G/L Account: 3200 Date Received: Business Area: 303200077-19 Total Amount: Procurement Staff Priority: 3200007 Grant: Notify Department:

Justification of Need for Goods/Services We need screens mounted on wall to be seen at proper height.

Funds Approval Mgr:

Procurement Notes:

Notify Department:

Supervising Manager (Purcha Manager: Requestors Signatur Funds Approval Signature: Date: (Purchase over \$5,000) Procurement DPI Signatur CFO Signature Date: Director Signature (Only Consultant Services) (Purchase of Director or Designee: Assistant or Deputy Director: Date



Price quote for City of Houston

)1 Each-50" TV Mounting labor and mounting bracket - \$130

1 Each-Mount 1 Samsung 26" Monitor - \$60 (no mounting bracket included)

Total \$190

Sincerely,

Robert Brown

My Spring IT Guy

281-910-0813

ACORD	
the state of	

DATE (MM/DD/YYYY) CERTIFICATE OF LIABILITY INSURANCE 02/05/2019 THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL (NSURED, the policy(ies) must be endorsed. If SUBROGATIONIS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER NAME: NUTMEG INS AGENCY INCIPHS FAX (888) 443-6112 (A/C, No): (888) 925-3137 76210775 (A/C, No, Ext): The Hartford Business Service Center E-MAIL 3600 Wiseman Blvd ADDRESS: San Antonio, TX 78265 INSURER(S) AFFORDING COVERAGE NAIC# INSURED The Twin City Fire Insurance Company 29459 INSURER A: Robert Brown DBA My Spring IT Guy INSURER B: 22407 LIEREN CT INSURER C: SPRING ,TX 77373-8062 INSURER D : INSURER E: INSURER F: COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS, ADDL SUBR POLICY EFF POLICY EXP POLICY NUMBER TYPE OF INSURANCE LIMITS (MM/DD/Y YYY (MM/DD/YYYY) COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED CLAIMS-MADE X OCCUR \$1,000,000 PREMISES (Ea occurrence) General Liability \$10,000 Х MED EXP (Any one person) PERSONAL & ADV INJURY 76 SBU BE0494 02/05/2019 02/05/2020 \$1,000,000 \$2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRO-X roc \$2,000,000 POLICY PRODUCTS - COMP/OP AGG JECT OTHER: COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED SCHEOULED BODILY INJURY (Per accident) AUTOS NON-OWNED AUTOS PROPERTY DAMAGE HIRED AUTOS AUTOS (Per accident) EACH OCCURRENCE OCCUR UMBRELLA LIAB CLAIMS-**EXCESS LIAB** AGGREGATE MADE

76 SBU BE0494 02/05/2019 02/05/2020 \$10,000 Aggregate Limit LIABILITY DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is regulred) Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this nolicy

policy.	
CERTIFICATE HOLDER	CANCELLATION
City of Houston 2100 TRAVIS ST HOUSTON TX 77002-8766	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	Supan S. Castarreda
	Ousanos, Custaneaas

STATUTE E.L. EACH ACCIDENT

E.L. DISEASE -EA EMPLOYEE

E.L. DISEASE - POLICY LIMIT

Each Claim Limit

\$10,000

DEC

(Mandatory in NH)

lf yes, describe unde

RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY

PROPRIETOR/PARTNER/EXECUTIVE

DESCRIPTION OF OPERATIONS below

EMPLOYMENT PRACTICES

OFFICER/MEMBER EXCLUDED?

N/ A

CITY OF HOUSTON DRUG DETECTION AND DETERRENCE PROCEDURE

- (a) It is the policy of the City to achieve a drug-free workforce and to provide a workplace that is free from the use of illegal drugs and alcohol. It is also the policy of the City that the manufacture, distribution, dispensation, possession, sale or use of illegal drugs or alcohol by contractors while on City premises is prohibited. By executing this Contract, Contractor represents and certifies that it meets and shall comply with all the requirements and procedures set forth in the Mayor's Policy on Drug Detection and Deterrence, City Council Motion No. 92-1971 ("Mayor's Policy") and the Mayor's Drug Detection and Deterrence Procedures for Contractors, Executive Order No. 1-31 ("Executive Order"), both of which are on file in the Office of the City Secretary.
- Confirming its compliance with the Mayor's Policy and Executive Order, Contractor, as a condition precedent to City's obligations under this Contract, will have filed with the Contract Compliance Officer for Drug Testing ("CCODT"), prior to execution of this Contract by the City, (i) a copy of its drug-free workplace policy, (ii) the Drug Policy Compliance Agreement substantially in the format set forth in Attachment "A" to the Executive Order, together with a written designation of all safety impact positions, and (iii) if applicable (e.g. no safety impact positions), the Certification of No Safety Impact Positions, substantially in the format set forth in Attachment "C" to the Executive Order. If Contractor files written designation of safety impact positions with its Drug Policy Compliance Agreement, it also shall file every six (6) months during the performance of this Contract or upon the completion of this Contract if performance is less than six (6) months, a Drug Policy Compliance Declaration in a form substantially similar to Attachment "B" to the Executive Order. The Drug Policy Compliance Declaration shall be submitted to the CCODT within thirty days of completion of this Contract. The first six (6) month period shall begin to run on the date City issues its notice to proceed hereunder or if no notice to proceed is issued on the first day Contractor begins work under this Contract.
- (c) Contractor shall have the continuing obligation to file with the CCODT written designations of safety impact positions and Drug Policy Compliance Declarations at anytime during the performance of this Contract that safety impact positions are added if initially no safety impact positions were designated. Contractor also shall have the continuing obligation to file updated designations of safety impact positions with the CCODT when additional safety impact positions are added to Contractor's employee work force.
- (d) The failure of Contractor to comply with the above Sections shall be a breach of this Contract entitling City to terminate in accordance with Article IV.

ATTACHMENT A

DRUG POLICY COMPLIANCE AGREEMENT

l, as	Robert Earl Brown	ar owner bi — (Name)	officer of (Print/Type)
M	Spring IT Guy	(Title)	
IVIY O	(Name of Company)		(Contractor)
awarde	authority to bind Contractor with respect to its bid, offer or performance of any and all confidence; and that by making this Agreement, I affirm that the Contractor is aware of a will be bound by and agree to designate appropriate safety impact positions for compay with the following requirements before the City issues a notice to proceed.	and by the time t	he contract is
1.	Develop and implement a written Drug Free Workplace Policy and related drug testing that meet the criteria and requirements established by the Mayor's Amended Policy on I (Mayor's Drug Policy) and the Mayor's Drug Detection and Deterrence Procedures for Contractors (Executive Order No. 1-31).	procedures for t Orug Detection ar	he Contractor nd Deterrence
2.	Obtain a facility to collect urine samples consistent with Health and Human Services certified drug testing laboratory to perform the drug tests.	(HHS) guideline	s and a HHS
3.	Monitor and keep records of drug tests given and the results; and upon request from confirmation of such testing and results.	the City of Hou	ston, provide
4.	Submit semi-annual Drug Policy Compliance Declarations.		
affirm condition	on behalf of the Contractor that full compliance with the Mayor's Drug Policy and Execution of the contract with the City of Houston.	ve Order No. 1-31	l is a material
complia	or acknowledge that falsification, failure to comply with or failure to timely submit declara ance with the Mayor's Drug Policy and/or Executive Order No. 1-31 will be considered a l d may result in non-award or termination of the contract by the City of Houston.	itions and/or docu breach of the con	umentation in tract with the
2/5/20	019		
	Date		
	Robert Earl Bro	own	
	My Spring IT G	Buy	
	281-910-0813		
	Contractor Na	me	
	Robert	Brow	un
	Signature		

ATTACHMENT B DRUG POLICY COMPLIANCE DECLARATION

l, as	Robert Earl Brown					ar owner or officer of
.,	(Name) (Print/Type)				(Tit	
My S	oring IT Guy					(Contractor)
	(Name o	f Compan	у)			
.				:	•	
nave pe	ersonal knowledge and full authority to mak	ce the follo	wing dec	larations:		
This rep 20	porting period covers the preceding six mor	oths from	8/5/20	18 t	º <u>2/5/2019</u>	
REB Initials	A written Drug Free Workplace Policy hat the criteria established by the Mayor's Ar	as been im nended Po	nplement olicy on E	ed and employee Orug Detection an	s notified. The did notified is notified.	policy meets the layor's Policy).
REB Initials	 Written drug testing procedures have be Deterrence Procedures for Contractors, I 	en implen Executive (nented in Order 1-	conformity with t 31. Employees h	he Mayor's Drug ave been notifie	Detection and dof such procedures.
REB Initials	Collection/testing has been conducted in	n complian	ce with f	ederal Health and	l Human Service	əs (HHS) guidelines.
REB Initials	Appropriate safety impact positions have contract. The number of total employees is	e been des on safety	ignated : impact p	for employee pos ositions during th	itions performing is reporting perio	g on the City of Houston
REB Initial	From 8/5/2018 to 2/5	5/2019		the following test	ing has occurre	d:
	(start date)	(end date))	Reasonable	Post	
		Ran	<u>idom</u>	Suspicion	<u>Accident</u>	<u>Total</u>
Number	of Employees Tested					
Vumber	of Employees Positive		0	0	0	0
Parcant	Employees Positive		0	0	0 .	0
GIOCIIL	, ,		0	0	0	0
REB	Any employee who tested positive was in Initials and Executive Order No.	nmediately 1-31.	remove	d from the City wo	orksite consisten	t with the Mayor's Policy
REB_ nitials	I affirm that falsification or failure to subm will be considered a breach of contract.	nit this dec	laration t	mely in accordar	ce with establis	hed guidelines
declare	under penalty of perjury that the affirmational knowledge and are true and correct.	ons made	herein a	nd all information	contained in th	is declaration are within
2/5/201	19					
				Robert	Earl Brown	
				Mv Spi	ing IT Guy	•

Pate Contractor Name

Robert Brown
Signature

Title

ATTACHMENT C

Contractor's Certification of No Safety Impact Positions In Performance of a City Contract

l, as	Robert Earl Brown	Owner	
•	(Name) (Print/Type	(Title	an owner or officer of
My Sp	oring IT Guy		(Contractor) have authority its hind the Contractor
immed	ive Order No. 1-31 that will be	3 involved in performing this City ((Contractor) have authority to bind the Contractor apployee safety impact positions as defined in §5.18 of contract. Contractor agrees and covenants that it shall sitions are established to provide services in performing
2/5/20)19		
			Date
			Robert Earl Brown
			My Spring IT Guy
			281-910-0813
	·	K	Signature Contractor Name South Brown
· · · · ·			Title

ATTACHMENT D

CONTRACTOR'S CERTIFICATION OF NON-APPLICATION OF CITY OF HOUSTON DRUG DETECTION AND DETERRENCE PROCEDURES FOR CONTRACTORS

l. as	Robert Earl Brown	Owner	an owner or officer of	
., 5.5	(Name) (Print/Type)	(Title)	an owner or officer or	
with reduring Order position	a calendar year and also certify that (No. 1-31 that will be involved in perfo n involving job duties that if performe	that Contractor has fewer than fifteen (15) employe Contractor has no employee safety impact positions or ming this City Contract. Safety impact position means with inattentiveness, errors in judgment, or diministrated und present a real and/or imminent threat to the period.	as defined in 5.18 of Executive ans a Contractor's employment shed coordination, dexterity, or	
2/5/20	019			
		Date		
		Robert Earl Bro	wn	
		My Spring IT Gu	nà.	
•		281-910-0813	·	
		Robert Signature	Brown	

Title