DEPARTMENT: Administration  BY: John W. McCamman  PHONE: 966-3222

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes___  No X___)

Resolution Approving County Typewriter Maintenance Agreement with Davis Office Systems and Authorizing Chairman to Sign. Three proposals were received for the annual maintenance agreement on County typewriters. Staff recommends that the Board of Supervisors award the agreement to Davis Office Systems as the lowest bidder.

BACKGROUND AND HISTORY OF BOARD ACTIONS:
Proposals were requested from three typewriter maintenance companies in July 1991. Proposals were received from Davis Office Systems: $3,065; Docherty Business Machine Service: $3,324; and IPS Business Machines, Inc.: $4,026.24. IPS Business Machines, Inc. has held the maintenance contract in the past.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:
1. Do not award to lowest bidder. Direct award of the agreement to another bidder.
2. Do not award to any of the three bidders and request more proposals.

COSTS: ( ) Not Applicable
A. Budgeted current FY $____
B. Total anticipated costs $ 3,065
C. Required Add’l funding $_____  
D. Source: ____________________________

SOURCE: ( ) 4/5ths Vote Required
A. Internal transfers $____
B. Unanticipated revenues $____
C. Reserve for contingency $____
D. Description: _______________________
Balance in Reserve for Contingencies, if approved: $____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
1. Proposal from Davis Office Systems
2. Proposal from Docherty Business Machines Service
3. Proposal from IPS Business Machines, Inc.

CLERK’S USE ONLY:
Res. No.: 91-421
Ord. No.: ____________________________
Vote - Ayes: 5  Noes: __________
Absent: ______ Abstained: ______
Approved ( ) Denied ( ) Minute Order Attached

The foregoing instrument is a correct copy of the original on file in this office.

Date: ____________________________
ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of CA
By: ____________________________
Deputy

ADMINISTRATIVE OFFICER’S RECOMMENDATION:
This item on agenda as:  
____ Recommended  ____ Not Recommended
____ For Policy Determination  ____ Submitted with Comment
____ Returned for Further Action

Comment: __________________________

A.O. Initials: ______________________

Action Form Revised 12/89