



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 4500299510-0 / 03/25/2019
 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	93146 FURNITURE, OFFICE, M TV INSTALLATION	770.00 / AU	770.00
			TO INCLUDE:)3 EACH-50" MONITOR AND BRACKET-\$130.00 EACH=\$390.00)1 EACH-60" MONITOR AND BRACKET-\$130.00)1 EACH-32" MONITOR AND BRACKET-\$100.00)MOVE 50" TV FROM THE 9TH FLOOR W/NEW BRACKET TO 4TH FLOOR-\$90.00)MOUNT/SECURE 2 COMCAST BOXES TO TV BRACKET-2 OFFICES-\$60.00		
			GRAND TOTAL=\$770.00		
	Gross Price		770.00 USD	1 AU	770.00
			Expected value of unplanned services:	770.00	
			Delivery Date: 04/05/2019		
Total ****					USD 770.00

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

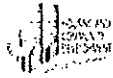
I hereby certify a certificate of the necessity of this expenditure is on file in this department.

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.

Robert Brown Mayor
Jerry Adams Chief Procurement Officer
Cliff Brown Controller

PR 10260666

Housing and Community Development



PROCUREMENT REQUEST FORM



Note: The Procurement Request form is to solicit quotes through an informal (Small Purchase) bid process for purchasing transactions \$100,000 or less using Federal Funds (2 CFR 200.3) and \$3,000 to 49,000 using non-Federal funds (COH AP 5-8, Executive Order 1.34). Signature of this document is still required.
 * Required Fields (must be completed)

Description of Purchase *	Brackets and Mounting of Monitors	HCDD Division: *	Support Services
Deadline Date of Request: *	3/15/2019	Purchase Type: *	Computer
Requester Name: *	Johnson, Johnny - HCO	Created:	3/12/2019
Requester Phone Number: *	832-394-6184		

Brief Description of Scope of Work for Goods/Services:

- 3 Each-Samsung 50" TV Monitor-UN50J6200AF (Mount and Brackets)
- 1 Each-Samsung 60" TV Monitor-UN60J6200AFXZA (Mount and Brackets)
- 1 Each-Samsung 32" TV Monitor-HG32NE690BFXZA (Mount and Brackets)
- Move 50 Inch TV from outside Keith Bynam office – Mount with new bracket in 4th Floor IT office
- Mount/Secure 2 Comcast Boxes to TV bracket (2 offices)

***Please note that these brackets should allow user access to HDMI cable inputs on monitors as the monitors may need to be able to be tilted or swiveled to do so. Please provide bracket that will allow movement of the monitors such that inputs may be accessed.

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

FINANCE USE ONLY	PROCUREMENT USE ONLY
Fund Number: 5030 Funding Source: DR - HARVEY Cost Center: 32000 3000 2 G/L Account: 522430 Business Area: 3200 Internal Order: AP 32000 77-19 BFY: FY 2019 Grant: 320000 77-2019 Funds Reservation: Funds Approval Mgr:	Status: Pending Purchase Order No#: Name of Vendor: My Spring IT Guy Date Processed: Date Received: Total Amount: \$700.00 Procurement Staff: Quincy Arata Priority: Notify Department: Notify Department:
Justification of Need for Goods/Services Our conference and meeting rooms need monitors mounted on wall to conserve space and to enhance overall viewing capability.	Procurement Notes:

Requestors Signature: Johnny Johnson Date: 3/12/19	Supervising Manager (Purchase under \$5,000) Manager: [Signature] Date: 3/12/19
Buyer's Signature: [Signature] Date: 3/14/19	Funds Approval Signature: Date: 3/20/19
Procurement DPU Signature: [Signature] Date: 3/21/19 (Purchase over \$5,000)	CFO Signature Date:
	Director Signature (Only Consultant Services)



My Spring IT Guy

Price quote for City of Houston

-)3 Each-50" Monitor and Bracket - \$130 each incl.bracket = \$390
-)1 Each-60" Monitor and Bracket - \$130 incl. bracket
-)1 Each-32" Monitor and Bracket - \$100 incl. bracket
-)Move 50" TV from 9th Floor w/new Bracket to 4th Floor - \$90
-)Mount/Secure 2 Comcast Boxes to TV Bracket-2 Offices - \$60

Grand total = \$770

Sincerely,

Robert S Brown

Robert Brown
My Spring IT Guy
281-910-0813

22407 Lieren Ct
Spring, TX 77373
(281) 910-0813
www.myspringitguy.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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 INSURED, the policy(ies) must be endorsed. If SUBROGATION IS 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 NUTMEG INS AGENCY INC/PHS 76210775 The Hartford Business Service Center 3600 Wiseman Blvd San Antonio, TX 78265	CONTACT NAME: PHONE (888) 925-3137 FAX (888) 443-6112 (A/C, No, Ext): (A/C, No):	
	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE NAIC#	
INSURED Robert Brown DBA My Spring IT Guy 22407 LIEREN CT SPRING, TX 77373-8062	INSURER A: The Twin City Fire Insurance Company 29459	
	INSURER B:	
	INSURER C:	
	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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> General Liability	X		76 SBU BE0494	02/05/2019	02/05/2020	EACH OCCURRENCE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/PO/ AGG \$2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
	<input type="checkbox"/> UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
A	EMPLOYMENT PRACTICES LIABILITY			76 SBU BE0494	02/05/2019	02/05/2020	Each Claim Limit \$10,000 Aggregate Limit \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations. Certificate holder is an additional insured per the Business Liability Coverage Form SS0008 attached to this policy.

CERTIFICATE HOLDER

City of Houston
 2100 TRAVIS ST
 HOUSTON TX 77002-8766

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Suzan O. Castaneda

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**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.
- (b) 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

I, as Robert Earl Brown

an owner or officer of
(Name) (Print/Type)
(Title)

My Spring IT Guy

(Contractor)

(Name of Company)

have authority to bind Contractor with respect to its bid, offer or performance of any and all contracts it may enter into with the City of Houston; and that by making this Agreement, I affirm that the Contractor is aware of and by the time the contract is awarded will be bound by and agree to designate appropriate safety impact positions for company employee positions, and to comply with the following requirements before the City issues a notice to proceed.

1. Develop and implement a written Drug Free Workplace Policy and related drug testing procedures for the Contractor that meet the criteria and requirements established by the Mayor's Amended Policy on Drug Detection and Deterrence (Mayor's Drug Policy) and the Mayor's Drug Detection and Deterrence Procedures for Contractors (Executive Order No. 1-31).
2. Obtain a facility to collect urine samples consistent with Health and Human Services (HHS) guidelines and a HHS certified drug testing laboratory to perform the drug tests.
3. Monitor and keep records of drug tests given and the results; and upon request from the City of Houston, provide confirmation of such testing and results.
4. Submit semi-annual Drug Policy Compliance Declarations.

I affirm on behalf of the Contractor that full compliance with the Mayor's Drug Policy and Executive Order No. 1-31 is a material condition of the contract with the City of Houston.

I further acknowledge that falsification, failure to comply with or failure to timely submit declarations and/or documentation in compliance with the Mayor's Drug Policy and/or Executive Order No. 1-31 will be considered a breach of the contract with the City and may result in non-award or termination of the contract by the City of Houston.

2/5/2019

Date

Robert Earl Brown

My Spring IT Guy

281-910-0813

Contractor Name

Robert Brown
Signature

Title

**ATTACHMENT B
DRUG POLICY COMPLIANCE DECLARATION**

I, as Robert Earl Brown at owner or officer of
 (Name) (Print/Type) (Title)
My Spring IT Guy (Contractor)
 (Name of Company)

have personal knowledge and full authority to make the following declarations:

This reporting period covers the preceding six months from 8/5/2018 to 2/5/2019
 20

REB A written Drug Free Workplace Policy has been implemented and employees notified. The policy meets the
 Initials the criteria established by the Mayor's Amended Policy on Drug Detection and Deterrence (Mayor's Policy).

REB Written drug testing procedures have been implemented in conformity with the Mayor's Drug Detection and
 Initials Deterrence Procedures for Contractors, Executive Order 1-31. Employees have been notified of such procedures.

REB Collection/testing has been conducted in compliance with federal Health and Human Services (HHS) guidelines.
 Initials

REB Appropriate safety impact positions have been designated for employee positions performing on the City of Houston
 Initials contract. The number of total employees on safety impact positions during this reporting period 0
 is

REB From 8/5/2018 to 2/5/2019 the following testing has occurred:
 Initial (start date) (end date)

	<u>Random</u>	<u>Suspicion</u>	<u>Post Accident</u>	<u>Total</u>
Number of Employees Tested	0	0	0	0
Number of Employees Positive	0	0	0	0
Percent Employees Positive	0	0	0	0

REB Any employee who tested positive was immediately removed from the City worksite consistent with the Mayor's Policy
 Initials and Executive Order No. 1-31.

REB I affirm that falsification or failure to submit this declaration timely in accordance with established guidelines
 Initials will be considered a breach of contract.

I declare under penalty of perjury that the affirmations made herein and all information contained in this declaration are within my personal knowledge and are true and correct.

2/5/2019

Robert Earl Brown

My Spring IT Guy

Date

Contractor Name

Robert Brown
Signature

Title

ATTACHMENT C

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

I, as Robert Earl Brown Owner _____ an owner or officer of
(Name) (Print/Type) (Title)

My Spring IT Guy (Contractor) have authority to bind the Contractor with respect to its bid, and I hereby certify that Contractor has no employee safety impact positions as defined in §5.18 of Executive Order No. 1-31 that will be involved in performing this City Contract. Contractor agrees and covenants that it shall immediately notify the City's Director of Personnel if any safety impact positions are established to provide services in performing this City Contract.

2/5/2019

Date

Robert Earl Brown

My Spring IT Guy

281-910-0813

Contractor Name

Robert Brown
Signature

Title

ATTACHMENT D

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

I, as Robert Earl Brown Owner an owner or officer of
(Name) (Print/Type) (Title)

My Spring IT Guy (Contractor) have authority to bind the Contractor with respect to its bid, and I hereby certify that Contractor has fewer than fifteen (15) employees during any 20-week period during a calendar year and also certify that Contractor has no employee safety impact positions as defined in 5.18 of Executive Order No. 1-31 that will be involved in performing this City Contract. Safety impact position means a Contractor's employment position involving job duties that if performed with inattentiveness, errors in judgment, or diminished coordination, dexterity, or composure may result in mistakes that could present a real and/or imminent threat to the personal health or safety of the employee, co-workers, and/or the public.

2/5/2019

Date

Robert Earl Brown

My Spring IT Guy

281-910-0813

Contractor Name

Robert Brown

Signature

Title