



City of Leander, Texas

REQUEST FOR QUOTE

UTILITY BILL PRINTING AND MAILING SERVICES

1. **PURPOSE:** The City of Leander, herein after “City”, seeks to hire a qualified Individual, Firm, or Corporation, hereafter referred to as “Respondent”, to provide all labor, equipment and materials for the printing and mailing of monthly Utility Bills, herein “Statements”.
2. **CLARIFICATION:** For questions or clarification of specifications, you may contact:
Joy Simonton, Purchasing Agent
City of Leander
Telephone: 512-528-2730
jsimonton@leandertx.gov
3. **ATTACHMENTS:** Attachment A through E are herein made a part of this solicitation:
 - 3.1. Attachment A: Reference Sheet
 - 3.2. Attachment B: Quote Form
 - 3.3. Attachment C: Sample Utility Statement – No Previous Balance
 - 3.4. Attachment D: Sample Utility Statement – Previous Balance Less Than \$50
 - 3.5. Attachment E: Sample Utility Statement – Previous Balance Greater Than \$50
4. **QUALIFICATIONS:** The opening of a response shall not be construed as the City’s acceptance of such as qualified and responsive. All Respondents shall:
 - 4.1. Be firms, corporations, individuals or partnerships normally engaged in the sale and distribution of commodity or provision of the services as specified herein.
 - 4.2. Have adequate organization, facilities, equipment and personnel to ensure prompt and efficient service to the City.
 - 4.3. Provide the name, address, telephone number and **E-MAIL** of at least three (3) Municipal and/or Government agencies or firms of comparable size that have utilized similar service in the past (two) 2 years. City of Leander references are not applicable. References may be checked prior to award. Any negative responses received may result in disqualification of submittal. **NOTE: REFERENCE FORM (ATTACHMENT A) PROVIDED. E-MAIL ADDRESSES ARE REQUIRED.**
 - 4.4. Be located within 300 miles from the City of Leander.
5. **ORDER QUANTITY:** The quantities shown herein are estimates only. No guarantee of any minimum or maximum purchase is made or implied. The City will only order the quantity of goods and or services needed to satisfy operating requirements within budgetary constraints, which may be more or less than indicated.
6. **QUOTE SCHEDULE:** It is the City’s intention to comply with the following quote timeline:
 - 6.1. Quote released **January 29, 2015**
 - 6.2. Responses due by **5:00 PM February 13, 2015**



7. **QUOTE DUE DATE:** Quotes are due no later than **5:00 PM**, on the date noted above to the Purchasing Department.

Mail or carry responses to:

**City of Leander
Purchasing Department
200 W. Willis Street
Leander, Texas 78641**

Or e-mail or fax to:

jsimonton@leandertx.gov

Fax: 512-528-2829

8. **PRE-AWARD SITE VISIT:** City may, at City's discretion, schedule a site visit with prospective respondent to tour and inspect mailing facility, equipment and staff prior to making award.
9. **RESPONSE REQUIREMENTS:** Failure to provide all or part of the required information with the response may automatically disqualify the response from consideration for award. Completed documentation shall include, at a minimum:
- 9.1. Attachment A: Reference sheet that shall include the name, address, active telephone number and valid **E-MAIL** of at least three (3) Municipal and/or Government agencies or firms of comparable size that have utilized similar service in the past (two) 2 years.
 - 9.2. Attachment B: Quote form. **Failure to itemize and sign quote form may result in disqualification.**
 - 9.3. Disaster recovery plan.
 - 9.4. Timeline requirement for insert proofing, production and inserting.
 - 9.5. Name and telephone number of primary service representative.
 - 9.6. Documentation for Detached Mail Unit (DMU) with the USPS.
 - 9.7. Documentation for the Intelligent Mail Barcode provider requirements.

PART III

SPECIFICATIONS

1. **SCOPE OF WORK:** Successful respondent shall provide all labor, equipment and materials for the printing and mailing of the City's utility bill "Statements".
2. **INTENT:** It is the intent of the City to establish a multi-year agreement with the selected respondent. The initial agreement shall be for a 36-month consecutive term. The agreement may be renewed for an additional two, 12-month periods provided both parties agree.
3. **SERVICE OVERVIEW:** Successful respondent shall receive and convert billing information for the printing of monthly water, sewer and garbage utility Statements. City shall provide said information in electronic format. Statements contain variable billing data that includes graphs and other images. Statements are to be printed, **folded and inserted** into a #10 window envelope along with a return #9 window envelope and mailed to customers. Envelopes are to be sealed and mailed to utility customers with in the specified time frame.



4. **INSERTS:** Occasional inserts may be included with mailing. Said inserts may be provided by City or City may require printing from successful respondent. Respondent shall provide pricing for printing and inserting of full page and 1/3 page inserts as outlined on the quote form. Inserts shall be printed onto **one side of 20# text weight**. Inserts outside of this scope can be quoted separately. Respondent shall provide timeline requirements for proofing, production and inserting.
5. **BILLING CYCLES:** The volume of statements is estimated at approximately 3,200 per week with four (4) cycles per month. Volumes vary. Successful respondent shall be responsible for mailing said weekly statements no later than 24 hours after receipt of clean data file.

The City may increase the volume of notices or billing cycles to accommodate customer growth. City shall notify successful respondent 30 days prior to any change in billing cycle.

6. **FORMATTING AND PRINTING:** Three (3) types of Statements are required. An example of each are provided herein Attachments C, D and E. Name, address and account numbers have been redacted for privacy. Those customers with a previous statement balance greater than \$50 receive a statement that is printed two-color in black and red ink. The other two statement formats are printed in two-color in black and blue ink.

Respondent shall be able to extract the statement data to ensure the correct colors are used on the associated statements and image variable information, data and graphics in the colors listed below.

ATTACHMENT HEREIN	STATEMENT TYPE	INK COLORS
Attachment C	No Previous Balance	Black/Blue
Attachment D	Previous Balance Less Than \$50	Black/Blue
Attachment E	Previous Balance Greater Than \$50	Black/Red

7. **CUT OFF NOTICES:** Cut off notices are delivered by City employees by hand. This part of the process is NOT a part of this Scope Of Work.
8. **STATEMENT DATA:** The statement information and billing data shall be provided via e-mail in XML with ASCII text encoding.
9. **PAPER MATERIALS:** Successful respondent shall be responsible for providing 8.5 x 11 inch, 20# text weight for Statements. Both the #10 and #9 window envelopes shall be white with adhesive-type flap. The envelopes shall be printed with the City's logo and return address in black ink.
10. **SET-UP AND PROGRAMMING:** Respondent shall provide quote for initial Statement layout and design. Design shall be to City's satisfaction prior to mailing. Respondent shall include 8 hours per year in programming and changes to be included with the overall fee. Respondent shall also provide an hourly rate hourly quote for any revisions needed to Statement layout and design above and beyond 8 hours per year.
11. **PRICING:** Pricing shall be provided on the quote here contained herein as Attachment B. No additional fees shall be permitted within the resulting agreement.
12. **MAILING REQUIREMENTS:** Vendor shall mail bills and notices in accordance with the United States Postal Service (USPS) guidelines for first-class presort mail automation for letters. **NOTE: VENDOR SHALL BE RESPONSIBLE FOR FINANCIALLY MAINTAINING POSTAL ACCOUNT FOR THE CITY AT THE US POST OFFICE.** Additional Requirements include, but are not limited to the following:



- 12.1. Have pre-sort mailing permit.
- 12.2. Utilize Carrier route rates if/when available.
- 12.3. CASS/MASS certify addresses for lowest automated rates.
- 12.4. Possess a Detached Mail Unit (DMU) with the USPS.
- 12.5. Compliance with the Intelligent Mail Barcode provider requirements.
13. **CONTINGENCY PLAN:** In the event that the service is interrupted due to equipment, personnel, Act of God, etc., the Vendor shall have in place a contingency plan that shall guarantee all mailing schedules are met. Respondent shall provide detailed contingency plan with quote response to ensure mailing schedules are maintained.
14. **RESPONDENT STAFF:** Successful respondent shall provide well-trained staff and maintain enough staff levels to ensure efficient service for the duration of the agreement.
15. **CITY RESPONSIBILITY:** City shall assure that data files are transmitted in a timely manner per the schedule outlined herein.
16. **INVOICING AND REPORTING:** Successful respondent shall provide itemized invoices to the City on a monthly basis that reflect the number of statements mailed and the postage rates used. Postage shall be billed on a reimbursement basis. City understands that an initial postage deposit to account may be required.
17. **SITE VISIT:** City shall maintain the right to visit the successful respondent's place of business unannounced to inspect the facility during business hours.
18. **PRIVACY OF INFORMATION:** Successful respondent shall be allowed to utilize the Statement data solely for the purpose of providing the services specified in the agreement. The successful respondent shall be prohibited from publishing, selling or disclosing any information provided by the City for any other purpose. Successful respondent shall be legally responsible for safeguarding the Statement data and shall be liable for any damages caused by the disclosure or use of said information.



**ATTACHMENT B
CITY OF LEANDER QUOTE FORM
PURCHASING DEPARTMENT
200 W. Willis Street • Leander, Texas 78641**

SOLICITATION INFORMATION	Quote Number:	#S15-012 Utility Bill Printing and Mailing Services	RESPONDENT INFORMATION	Tax ID Number:	<input type="text"/>
	Due Date:	January 13, 2015		Business Name:	<input type="text"/>
	Time:	On or Before 5:00 PM CST		Address:	<input type="text"/>
	Submit to:	City of Leander Purchasing Division 200 W. Willis Street Leander, TX 78641 jsimonton@leandertx.org		Address:	<input type="text"/>
				Contact:	<input type="text"/>
				Telephone:	<input type="text"/>
				Entity Type:	<input type="text"/>
				E-mail:	<input type="text"/>

HOW DID YOU HEAR ABOUT THIS SOLICITATION?	<input type="checkbox"/> Newspaper <input type="checkbox"/> City's Website <input type="checkbox"/> E-mail Announcement <input type="checkbox"/> ESBD <input type="checkbox"/> Other <input type="text"/>
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FIRST TIME RESPONDING TO CITY OF LEANDER?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IS YOUR BUSINESS REGISTERED WITH TEXAS BID SYSTEM?	<input type="checkbox"/> Yes <input type="checkbox"/> No Register at: http://www.texasbidsystem.com
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ITEM #	DESCRIPTION	UNIT OF MEASURE	UNIT PRICE	ESTIMATED ANNUAL VOLUME	EXTENDED PRICE
1	Statement mailing services to include labor and materials per specifications	EACH	\$	132,000	\$
2	Set-up charge for Statement layout and design	ONE TIME	\$		
3	Programming charges to Statement layout and design beyond 8 hours per year	HOURLY	\$		

ITEM #	DESCRIPTION	UNIT OF MEASURE	UNIT PRICE	ESTIMATED MONTHLY VOLUME	EXTENDED PRICE
4	City provided inserts to be inserted: 1/3 page	EACH	\$	11,000	\$
5	City provided inserts to be inserted: 1/3 page	EACH	\$	11,000	\$
6	City provided inserts to be inserted: 1/3 page	EACH	\$	11,000	\$
7	City provided inserts to be inserted: 8.5 x 11 inches	EACH	\$	11,000	\$
8	City provided inserts to be inserted: 8.5 x 11 inches	EACH	\$	11,000	\$
9	City provided inserts to be inserted: 8.5 x 11 inches	EACH	\$	11,000	\$
10	Vendor provided inserts to be inserted: 1/3 page; one color ink; one-sided	EACH	\$	11,000	\$
11	Vendor provided inserts to be inserted: 1/3 page; two color ink; one-sided	EACH	\$	11,000	\$
12	Vendor provided inserts to be inserted: 1/3 page; four color ink; one-sided	EACH	\$	11,000	\$
13	Vendor provided inserts to be inserted: Full page; one color ink; one-sided	EACH	\$	11,000	\$
14	Vendor provided inserts to be inserted: Full page; two color ink; one-sided	EACH	\$	11,000	\$
15	Vendor provided inserts to be inserted: Full page; four color ink; one-sided	EACH	\$	11,000	\$

AUTHORIZED SIGNATURE

Print Authorized Individual Name: _____

Authorized Signature: _____

Date: _____

ATTACHMENT C



City of Leander Utilities
P.O. Box 317
Leander, TX 78646-0317

WATER UTILITIES OFFICE: 512-259-1142
Office Hours: 8 a.m. to 5 p.m. M-F

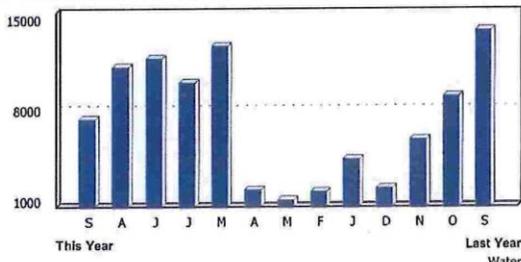
After Hours Emergencies Call: 512-528-2800

AUTO5-DIGIT 78646 1 PS5 T.LEA.1110-A-1
204 1 AV 0.381



ALL PAYMENTS RECEIVED AFTER 5:00 PM WILL BE
APPLIED TO THE FOLLOWING BUSINESS DAY

YOUR MONTHLY USAGE



SPECIAL MESSAGE

ACCOUNT INFORMATION

ACCOUNT: [REDACTED]
CYCLE: [REDACTED] 02
SERVICE ADDRESS: [REDACTED]
LAST PAYMENT: 10/07/2014 -127.62
SERVICE PERIOD: 09/04/2014 TO: 09/29/2014
BILLING DATE: 10/08/2014

DUE DATE FOR CURRENT CHARGES: November 05, 2014

CURRENT CHARGES (WATER)

Meter	Previous	Current	Usage	Amount
76241589	929950	937280	7330	66.01

CURRENT CHARGES (OTHER)

Description	Amount
SEWER	23.88
GARBAGE	15.00
WTR RES CH	5.00
TOTAL TAX	1.24

AMOUNT DUE

TOTAL CURRENT CHARGES	111.13
TOTAL AMOUNT DUE	111.13
TOTAL DUE IF PAID AFTER 11/05/2014	111.13

- FIRE CONTRIBUTION 2.00
- VETERANS MEMORIAL PARK CONTRIBUTION 5.00
- LIBRARY FOUNDATION 1.00
- PUBLIC ARTS FUND 1.00

DATAprose
DOCUMENT APPROVAL

Internal Review: [Signature] Date: 11-13-14
Internal Review: [Signature]

Client Initials: [Signature]

Approved as is
 Approved with changes
 Send a new proof

NO Previous Balance

**PAYMENTS NOT MADE BY THE DUE DATE MAY
BE SUBJECT TO INTERRUPTION OF SERVICE**

LEA1109140805101 - T.LEA1110A.1.204.1.0.381 - www.dataproses.com

Payment

PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT AND MAKE YOUR CHECK PAYABLE TO CITY OF LEANDER UTILITIES.

Coupon

ACCOUNT INFORMATION

ACCOUNT: [REDACTED]
SERVICE ADDRESS: [REDACTED]
SERVICE PERIOD: 09/04/2014 TO: 09/29/2014
BILLING DATE: 10/08/2014
DUE DATE FOR CURRENT CHARGES: November 05, 2014

TOTAL AMOUNT DUE	111.13
TOTAL DUE IF PAID AFTER 11/05/2014	111.13
<input type="checkbox"/> FIRE CONTRIBUTION	2.00
<input type="checkbox"/> VETERANS MEMORIAL PARK CONTRIBUTION	5.00
<input type="checkbox"/> LIBRARY FOUNDATION	1.00
<input type="checkbox"/> PUBLIC ARTS FUND	1.00

AMOUNT ENCLOSED

Pay Online: www.leandertx.gov

COMPLETE THE FOLLOWING ONLY IF PAYING BY CREDIT CARD

(Check One) MasterCard Visa Discover American Express

ACCOUNT NUMBER: _____ EXP. DATE: _____
NAME ON CARD: _____ SECURITY CODE: _____
SIGNATURE: _____

There will be a \$2.00 credit card processing fee per transaction.

CITY OF LEANDER
PO BOX 317
LEANDER, TX 78646-0317



ATTACHMENT D



City of Leander Utilities
 P.O. Box 317
 Leander, TX 78646-0317

WATER UTILITIES OFFICE: 512-259-1142
 Office Hours: 8 a.m. to 5 p.m. M-F

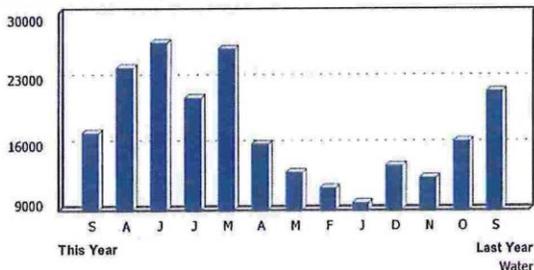
After Hours Emergencies Call: 512-528-2800

***AUTO**S-DIGIT 78646 1 PS5 T-LEA-1110-A-1
 201 1 AV 0-361



**ALL PAYMENTS RECEIVED AFTER 5:00 PM WILL BE
 APPLIED TO THE FOLLOWING BUSINESS DAY**

YOUR MONTHLY USAGE



SPECIAL MESSAGE

*Previous Balance
 < \$450⁰⁰*

DATAprose
 DOCUMENT APPROVAL
 Internal Review Internal Review
 Client Initials Date
 11-12-14
 Approved as is
 Approved with changes
 Send a new proof



PREVIOUS BALANCE DUE IMMEDIATELY TO AVOID INTERRUPTION OF SERVICE
 A REINSTATEMENT FEE WILL BE CHARGED ON ALL
 ACCOUNTS THAT HAVE GONE INTO DEFAULT.

**PAYMENTS NOT MADE BY THE DUE DATE MAY
 BE SUBJECT TO INTERRUPTION OF SERVICE**

Payment

PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT AND MAKE YOUR CHECK PAYABLE TO CITY OF LEANDER UTILITIES.

Coupon

ACCOUNT INFORMATION

ACCOUNT: [REDACTED]
 SERVICE ADDRESS: [REDACTED]
 SERVICE PERIOD: 09/04/2014 TO: 09/29/2014
 BILLING DATE: 10/08/2014
 DUE DATE FOR CURRENT CHARGES: November 05, 2014



ACCOUNT INFORMATION

ACCOUNT: [REDACTED]
 CYCLE: 02
 SERVICE ADDRESS: [REDACTED]
 LAST PAYMENT: 10/07/2014 -227.49
 SERVICE PERIOD: 09/04/2014 TO: 09/29/2014
 BILLING DATE: 10/08/2014

DUE DATE FOR CURRENT CHARGES: November 05, 2014

CURRENT CHARGES (WATER)

Meter	Previous	Current	Usage	Amount
76241644	2003740	2020940	17200	121.80

CURRENT CHARGES (OTHER)

Description	Amount
SEWER	48.58
GARBAGE	16.66
WTR RES CH	5.00
TOTAL TAX	1.37

AMOUNT DUE

TOTAL CURRENT CHARGES	193.41
PREVIOUS BALANCE	34.05
WARNING PREVIOUS BALANCE SUBJECT TO DISCONNECT	
TOTAL AMOUNT DUE	227.46
TOTAL DUE IF PAID AFTER 11/05/2014	246.81
<input type="checkbox"/> FIRE CONTRIBUTION	2.00
<input type="checkbox"/> VETERANS MEMORIAL PARK CONTRIBUTION	5.00
<input type="checkbox"/> LIBRARY FOUNDATION	1.00
<input type="checkbox"/> PUBLIC ARTS FUND	1.00

TOTAL AMOUNT DUE	227.46
TOTAL DUE IF PAID AFTER 11/05/2014	246.81
<input type="checkbox"/> FIRE CONTRIBUTION	2.00
<input type="checkbox"/> VETERANS MEMORIAL PARK CONTRIBUTION	5.00
<input type="checkbox"/> LIBRARY FOUNDATION	1.00
<input type="checkbox"/> PUBLIC ARTS FUND	1.00

AMOUNT ENCLOSED

Pay Online: www.leandertx.gov

COMPLETE THE FOLLOWING ONLY IF PAYING BY CREDIT CARD
 (Check One) MasterCard Visa Discover American Express

ACCOUNT NUMBER _____ EXP. DATE _____
 NAME ON CARD _____ SECURITY CODE _____
 SIGNATURE _____
 There will be a \$2.00 credit card processing fee per transaction.

CITY OF LEANDER
 PO BOX 317
 LEANDER, TX 78646-0317



LEA110914N88101-T-LEA1110A-1201110381-www.dataprose.com

ATTACHMENT E



City of Leander Utilities
 P.O. Box 317
 Leander, TX 78646-0317

WATER UTILITIES OFFICE: 512-259-1142
 Office Hours: 8 a.m. to 5 p.m. M-F

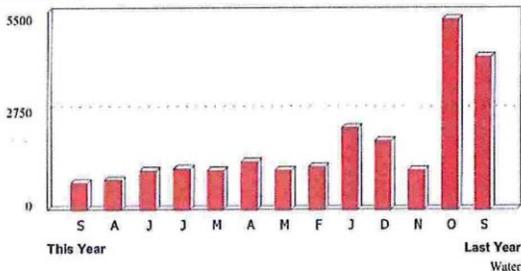
After Hours Emergencies Call: 512-528-2800

***AUTO**5-DIGIT 78646 1 PS5 T-LEA-1110-A-1
 210 1 AV 0.381



ALL PAYMENTS RECEIVED AFTER 5:00 PM WILL BE APPLIED TO THE FOLLOWING BUSINESS DAY

YOUR MONTHLY USAGE



SPECIAL MESSAGE

Prev Balance > \$500.00

DATA DROSE
 DOCUMENT APPROVAL

External Review: [Signature]
 Internal Review: [Signature]
 Date: 11-12-14

Client Initials: [Signature]

Approved as is
 Approved with changes
 Send a new proof



PREVIOUS BALANCE DUE IMMEDIATELY TO AVOID INTERRUPTION OF SERVICE
 A REINSTATEMENT FEE WILL BE CHARGED ON ALL ACCOUNTS THAT HAVE GONE INTO DEFAULT.

PAYMENTS NOT MADE BY THE DUE DATE MAY BE SUBJECT TO INTERRUPTION OF SERVICE

Payment Coupon

PLEASE RETURN THIS PORTION ALONG WITH YOUR PAYMENT AND MAKE YOUR CHECK PAYABLE TO CITY OF LEANDER UTILITIES.

ACCOUNT INFORMATION	
ACCOUNT:	[Redacted]
CYCLE:	02
SERVICE ADDRESS:	[Redacted]
LAST PAYMENT:	08/18/2014 -154.60
SERVICE PERIOD:	09/04/2014 TO: 09/29/2014
BILLING DATE:	10/08/2014
DUE DATE FOR CURRENT CHARGES: November 05, 2014	

CURRENT CHARGES (WATER)				
Meter	Previous	Current	Usage	Amount
76241647	796910	797650	740	36.88

CURRENT CHARGES (OTHER)	
Description	Amount
SEWER	17.61
GARBAGE	15.00
WTR RES CH	5.00
TOTAL TAX	1.24

AMOUNT DUE	
TOTAL CURRENT CHARGES	75.73
PREVIOUS BALANCE	76.08
WARNING PREVIOUS BALANCE SUBJECT TO DISCONNECT	
TOTAL AMOUNT DUE	151.81
TOTAL DUE IF PAID AFTER 11/05/2014	151.81
<input type="checkbox"/> FIRE CONTRIBUTION	2.00
<input type="checkbox"/> VETERANS MEMORIAL PARK CONTRIBUTION	5.00
<input type="checkbox"/> LIBRARY FOUNDATION	1.00
<input type="checkbox"/> PUBLIC ARTS FUND	1.00

TOTAL AMOUNT DUE	151.81
TOTAL DUE IF PAID AFTER 11/05/2014	151.81
<input type="checkbox"/> FIRE CONTRIBUTION	2.00
<input type="checkbox"/> VETERANS MEMORIAL PARK CONTRIBUTION	5.00
<input type="checkbox"/> LIBRARY FOUNDATION	1.00
<input type="checkbox"/> PUBLIC ARTS FUND	1.00

AMOUNT ENCLOSED

Pay Online: www.leandertx.gov

COMPLETE THE FOLLOWING ONLY IF PAYING BY CREDIT CARD

(Check One) MasterCard Visa Discover American Express

ACCOUNT NUMBER: _____ EXP. DATE: _____

NAME ON CARD: _____ SECURITY CODE: _____

SIGNATURE: _____

There will be a \$2.00 credit card processing fee per transaction.

CITY OF LEANDER
 PO BOX 317
 LEANDER, TX 78646-0317



LEA1109-4MB5101-T-LEA.1110A.1.210.1.10.381 - www.datadrose.com