LEASE QUOTE and ACCEPTANCE FORM - PAGE 1 OF 2	DEPT. QUOTATION FORM ID #: L1416

ELIGIBLE ENTITY: FAX OR EMAIL THIS FORM TO APPROVED IT LEASE CONTRACTORS REQUESTING LEASE QUOTE. THE SELECTED IT HARDWARE QUOTE SHOULD ACCOMPANY THIS FORM.

DATE:	Wednesday, December 13, 2006	**IT HARDWARE**	
AGENCY NAME:	Office of the Governor	**(ATTACHED) QUOTE #:**	324504714
AGENCY CONTACT:	Terry Dolan	**CONTACT'S INITIALS:**	TD
AGENCY CONTACT TELEPHONE #:	617-725-4040	**TITLE:**	Director of Administration
AGENCY CONTACT FAX #:	~~617-727-3766~~ 617-725-4042	**AGENCY CONTACT EMAIL:**	Theresa.E.Dolan@state.ma.us
AGENCY CONTACT MAILING ADR:	State House, Room 106, Boston, MA 02133		

LEASE CONTRACTOR: COMPLETE THE FOLLOWING SECTIONS AND RETURN TO THE ELIGIBLE ENTITY WITHIN (5) BUSINESS DAYS

DATE:	Wednesday, December 13, 2006		
COMPANY NAME:	Ontario Investments, Inc.		
COMPANY CONTACT:	James Marsallo, Jr.	**CONTACT'S INITIALS:**	**JMM**
COMPANY CONTACT TELEPHONE #:	(315) 431-4676	**TITLE:**	Vice President
COMPANY CONTACT FAX #:	(315) 431-4675	**COMPANY CONTACT EMAIL:**	Jimjr@ontinv.com
COMPANY CONTACT MAILING ADR:	6666 Old Collamer Road, East Syracuse, NY 13057		

Item # from Hardware Quote form attached	Quantity	Item Cost	Description	Extended Item Cost	Lease Rate Factor	Term (in years)	Payment Schedule - Monthly, Quarterly (arrears); Yearly (in advance)	Total Payment (monthly or yearly)	Total Lease Payments (at scheduled lease end date)
324504714	115	$1,756.27	Dell Optiplex 745	$201,971.05	0.33982	3	Annually	$68,633.80	$205,901.41

LEASE CONTRACTOR TO ITEMIZE ANY OTHER "SOFT COSTS" INCLUDING MAINTAINANCE, PACKING, SHIPPING, ETC.

Item # from Hardware Quote form attached	Quantity	Item Cost	Description	Extended Item Cost	Lease Rate Factor	Term (in years)	Payment Schedule - Monthly, Quarterly (arrears); Yearly (in advance)	Total Payment (monthly or yearly)	Total Lease Payments (at scheduled lease end date)

INSTRUCTIONS REGARDING HANDLING OF EQUIPMENT RETURN AT END OF LEASE TERM: Equipment must be centrally located at no more than 1 location.

Equipment must be centrally located at one location. Ontario is not responsible for deinstallation.

Total Advance Payment Made (if any):	$0.00
Total Lease Payment (per month, quarter, year):	$68,633.80
Total Cost of Lease Payments (including all "soft costs" if any):	$205,901.41

LEASE QUOTE and ACCEPTANCE FORM - PAGE 2 OF 2	DEPT. QUOTATION FORM ID #: L1416

DEPARTMENT ACCEPTANCE OF QUOTES AND NOTICE TO PROCEED

As of the date executed below, the Department accepts the quotes provided by the IT Hardware Equipment Contractor and Lease Contractor identified on the IT Hardware Quote Request and Lease Quotation and Acceptance forms (attached) and authorizes the IT Hardware Equipment Contractor and Lease Contractor to commence procedures to ensure that the Equipment is delivered by the "Expected Delivery Date" identified on the **IT Hardware Quote Request** form **Part 1**.

Signature: Theresa E. Dolan — **Date:** December 13, 2006

Department's Authorized Signatory

Title: Director of Administration

DEPARTMENT ACCEPTANCE OF EQUIPMENT

As of the date indicated below, the Department certifies acceptance of the Equipment listed on the IT Hardware and Lease Quote and Acceptance forms (attached), and that the Equipment was delivered, installed and is operational in accordance with the IT Equipment Contractor responsibilities outlined under the Statewide Contract ITC02. The Department further certifies that the Equipment listed on the IT Hardware and Lease Quote and Acceptance forms to be Term Leased under the Statewide Contract ITC02 is essential the proper efficient and economic operations of the Department, that the Department is a public body and authorized to enter into this Lease, that the Department will comply with the terms outlined in the Statewide Contract ITC02 and that for the current fiscal year Lease payments under the Lease the Department has sufficient unexhausted and unencumbered appropriations or other funds for the lease payments due in the current fiscal year.

Signature: [signature] — **Date:** JAN 11th, 2007

Department's Authorized Signatory

Title: Manager of LAN & Desktop

DEPARTMENT NON-ACCEPTANCE OF EQUIPMENT

As of the date indicated below, the Department **DOES NOT ACCEPT** the Equipment delivered by the IT Hardware Equipment Contractor listed on the IT Hardware Quote Request form (attached) for the following reason(s):

The Department **DOES NOT** authorize payment to the Equipment Contractor by the Leasing Contractor identified on the Lease Quotation and Acceptance form (attached).

Signature: _____ **Date:** _____

Department's Authorized Signatory

Title: _____

IT HARDWARE QUOTE REQUEST FORM		DEPT. QUOTE FORM ID#:	L1416
(ELIGIBLE ENTITIES: After completing your contact information and Part 1 of this form, fax or email this form to IT Hardware Contractors)			
AGENCY NAME:	Office of the Governor	DATE:	12/13/06
AGENCY CONTACT:	Terry Dolan	CONTACT'S INITIALS:	TD
AGENCY CONTACT TELEPHONE #:	617-725-4040	TITLE:	Director of Administration
AGENCY CONTACT FAX #:	617-727-3766	AGENCY CONTACT EMAIL:	Theresa.E.Dolan@state.ma.us
AGENCY CONTACT MAILING ADR:	State House, Room 106, Boston, MA 02133		

IT Hardware Contractor: PLEASE READ INSTRUCTIONS BEFORE COMPLETING PART 2. The **IT Equipment Contractor** must provide a quote for the "Total IT Equipment Price" for IT Equipment to be leased as requested by Eligible Entity. By executing this form, the **IT Equipment Contractor** agrees that, if selected, it shall provide the IT Equipment in accordance with the terms of the IT Equipment Contract. (Quotes must be received by Eligible Entity within (5) business days)

IT HARDWARE QUOTE #:	324504714	DATE:	
COMPANY NAME:	Dell		
COMPANY CONTACT:		CONTACT'S INITIALS:	
COMPANY CONTACT TELEPHONE #:		TITLE:	
COMPANY CONTACT FAX #:		COMPANY CONTACT EMAIL:	
COMPANY CONTACT MAILING ADR:			

Part 1--To be Completed by Eligible Entity:				Part 2--To be Completed by IT Hardware Contractor:		
Item #	Quantity	Required or Minimum Configuration/ Specifications	Expected Delivery Date *(This is the date requested by the Eligible Entity for delivery to the facility.)*	Description *(Item Name or Type)*	Unit Price for Qty of IT Equipment	Total Extended Price for Qty of IT Equipment
1						
2						
3						
4						
5						
6						

	Describe all other related services required by Eligible Entity and provide associated Cost Break Out for these Costs (if any):	Cost Break Out of Other Services Required by Eligible Entity	
		Unit Cost	Total Cost
7	Equipment On-Site Warranty (Required):		
8	Additional Warranty:		
9	Shipping:		
10	Installation:		
11	Set-up		
12			

IT HARDWARE TOTAL COST TO PURCHASE:	$201,971.50

ORIGINAL

LEASE QUOTE and ACCEPTANCE FORM - PAGE 2 OF 2

DEPT. QUOTATION FORM ID #: L1416

DEPARTMENT ACCEPTANCE OF QUOTES AND NOTICE TO PROCEED

As of the date executed below, the Department accepts the quotes provided by the IT Hardware Equipment Contractor and Lease Contractor identified on the IT Hardware Quote Request and Lease Quotation and Acceptance forms (attached) and authorizes the IT Hardware Equipment Contractor and Lease Contractor to commence procedures to ensure that the Equipment is delivered by the "Expected Delivery Date" identified on the IT Hardware Quote Request form Part 1.

Signature: [signature] **Date:** December 13, 2006

Department's Authorized Signatory

Title: Director of Administration

DEPARTMENT ACCEPTANCE OF EQUIPMENT

As of the date indicated below, the Department certifies acceptance of the Equipment listed on the IT Hardware and Lease Quote and Acceptance forms (attached), and that the Equipment was delivered, installed and is operational in accordance with the IT Equipment Contractor responsibilities outlined under the Statewide Contract ITC02. The Department further certifies that the Equipment listed on the IT Hardware and Lease Quote and Acceptance forms to be Term Leased under the Statewide Contract ITC02 is essential the proper efficient and economic operations of the Department, that the Department is a public body and authorized to enter into this Lease, that the Department will comply with the terms outlined in the Statewide Contract ITC02 and that for the current fiscal year Lease payments under the Lease the Department has sufficient unexhausted and unencumbered appropriations or other funds for the lease payments due in the current fiscal year.

Signature: [signature] **Date:** Jan 11, 2007

Department's Authorized Signatory

Title: DIRECTOR OF ADMINISTRATION

DEPARTMENT NON-ACCEPTANCE OF EQUIPMENT

As of the date indicated below, the Department **DOES NOT ACCEPT** the Equipment delivered by the IT Hardware Equipment Contractor listed on the IT Hardware Quote Request form (attached) for the following reason(s):

The Department **DOES NOT** authorize payment to the Equipment Contractor by the Leasing Contractor identified on the Lease Quotation and Acceptance form (attached).

Signature: __________ **Date:** __________

Department's Authorized Signatory

Title: __________