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|  | **ATTCHMENT E (REVISED ADDENDUM 2) - TABLE 1**  **EQUIPMENT COSTS** | | | | |
| **Line Items** | | **Unit** | **Quantity** | **Unit Cost** | **Total Cost** |
| 1. **Push-to-talk over Cellular Mobile Radios & associated equipment** | | **Each** | **40** |  |  |
| 1. **Handheld Radios and associated equipment** | | **Each** | **4** |  |  |
| 1. **~~Cellular Service~~** | | **~~Each~~** | **~~41~~** |  | **REMOVED ADDENDUM 2** |
| 1. **Dispatch License** | | **Each** | **12** |  |  |
| 1. **Other (specify and provide further detail below)** | |  |  |  |  |
|  | | | | **TOTAL** |  |
| **Other (COMMENTS)**  **Required TO NOTE: TIME PERIOD THAT THESE COSTS AT VALID – SHALL BE FOR 60 DAYS AFTER SUBMITTAL OF THE PROPOSAL AND COST ESTIMATE.** | | | | | |

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|  |  |  |  |
| **Implementation** |  |  | **Total Cost** |
| 1. **Direct On-site set up, training, travel** | | |  |
| 1. **Other costs- cost not identified above but integral to implementation** | | |  |
|  | | |  |

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| **Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |
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| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

**ATTCHMENT E (REVISED ADDENDUM 2) - TABLE 2**

**Service Years**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Service Years Annual Costs** | | | | | | |
| **Annual Fees** | **YEAR 1** | **Year 2 \*** | **Year 3\*** | **Year 4 \*** | **Year 5 \*** | **Year 6 \*** |
| Maintenance and support | NO COST INCLUDED IN EQUIPMENT COSTS |  |  |  |  |  |
| Warranty |  |  |  |  |  |
| Access to Platform |  |  |  |  |  |
| ~~Cellular Service (40)~~ | --------- | --------- | ---------- | --------- | ---------- |
| Other: |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total:** |  |  |  |  |  |  |
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| --- | --- | --- | --- |
| **Authorized Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  |  |  |  |
| **Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |
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|  |  |  |  |
| **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |

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