

CITY COUNCIL AGENDA REPORT

September 15, 2020

Operations Services

TITLE: APPROVE AMENDMENT TO ORDER WITH SNAP SOLUTIONS, INC. FOR THE NOT-TO-EXCEED AMOUNT OF \$393,000 TO INCLUDE FREIGHT CHARGES FOR THE DELIVERY OF UVD ROBOTS

SUMMARY

At the August 18 meeting, the City Council approved a Purchase Order with Snap Solutions, Inc for the purchase of UVD Robots for enhanced sanitation of City facilities in the amount of \$328,044. At that time, the quote to purchase the robots from Snap Solutions did not include freight charges. Therefore, staff is requesting that City Council approve the amendment to the Purchase Order that includes freight charges estimated at \$13,000 for a total not-to-exceed amount of \$393,000 and an additional 15% contingency.

RECOMMENDATION

Approve the amendment to the Purchase Order with Snap Solutions, Inc. for a total not-to-exceed amount of \$393,000 that includes the freight charges estimated at \$13,000 and an additional 15% contingency.

FINANCIAL STATEMENT

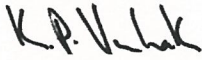
The purchase of the UVD Robots will be funded through the Capital Improvement Project budget that was approved by City Council on August 4, 2020, with funds allocated for response measures related to COVID-19. The total not-to-exceed payment is \$393,000 with an additional 15% contingency.

BACKGROUND

These UVD robots have been purchased in response to COVID-19 as an additional protective measure to clean and disinfect City facilities for the safety of employees and the public. The City has committed to purchase a total of three UVD Robots from Snap Solutions, Inc., a Pleasanton based company.

Once the purchase was approved by City Council, an updated invoice was provided by the Snap Solutions that included estimated freight charges that was not part of the original quotation and purchase order approved by City Council. Therefore, staff is recommending an amendment to the Purchase Order for a total not-to-exceed amount of \$393,000 to ensure adequate funding for the estimated freight costs and a 15% contingency for any unforeseen expenses.

Submitted by:



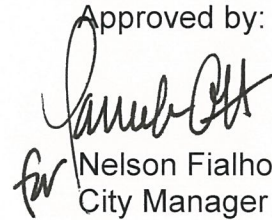
Kathleen Yurchak
Director of Operations and
Water Utilities

Fiscal Review:



Tina Olson
Director of Finance

Approved by:


for Nelson Fialho
City Manager

Attachments:

1. Revised quote from Snap Solutions, Inc. for two UVD Robots



78 Mission Drive Ste. B
Pleasanton, CA 94566

(925) 500-8338

ATTACHMENT 1

Invoice

Date	Invoice #
8/19/2020	1097

Bill To
City of Pleasanton Samu Tiumalu Operations Superintendent PO Box 520, Pleasanton, CA 94566

Ship To
City of Pleasanton Operations Service 3333 Busch Road Pleasanton, CA 94566

P.O. Number	Terms	Rep	Ship Date	Via	Tracking Number	S.O. No.
	See Below		8/19/2020			564

Quantity	Item Code	Description	Price Each	Amount
2	UVD 100102	UVD Robot - Model B - Includes Tablet, Onsite training, implementation and mapping (5 Days)	96,000.00	192,000.00T
2	UVD 100310	Automatic Charging Unit	5,900.00	11,800.00T
1	UVD 200100	Onsite training, implementation and mapping (5 Days)	9,000.00	9,000.00T
	Discount	SNAP Solutions Discount - (Discount is based on purchase commitment of 3 UVD Robot Units)	-4,076.00	-4,076.00
1	Shipping	Freight (Delivery, Customs Clearance, Duty & Import Handling all at cost) Estimated Lead Time: 4 - 8 Weeks A deposit of 35% is required with submission of purchase order either by check or ACH. Please see attached for all terms and conditions.	13,321.98	13,321.98

Terms are Net 30 Days. A 3% surcharge will be added every month payment is not received.	Subtotal	\$222,045.98
	Sales Tax (9.25%)	\$19,306.97
	Total	\$241,352.95

Invoice for UV-Disinfection Robot – # 1097

Please sign and return the enclosed invoice and we will ensure immediate implementation upon receipt.

1. UV-Disinfection Robot

The UV-Disinfection Robot is an automatic solution that uses UV-C light for disinfection of patient rooms, operating rooms and other areas requiring highly efficient disinfection processes. By application of UV-C light the UV-Disinfection Robot destroys the DNA structure in all microorganisms.

The autonomous mobile robot platform combined with the UV-C light system enables automatic disinfection of rooms without any interference from staff. The UV-Disinfection Robot emits UV-C light at 360 degrees and automatically maneuvers to predefined positions ensuring all surface areas are disinfected. Disinfection of a standard patient room can be performed in 10 - 15 minutes whereby the UV-Disinfection Robot will have killed 99.99% of all bacteria.

2. Technical Data

The UV-Disinfection Robot is delivered as standard with charging unit and tablet.

Basic technical specifications:

- Max speed: 5.4 km/h
- Battery charging time: 3-4 hours
- Total weight: 140 kg
- Dimensions: L: 93 x W: 66 x H: 171 (cm)
- Operating Time: 2-2.5 hours
- Disinfection Coverage: 360 degrees
- Disinfection Time: 10-15 min. per room
- Connection: Wireless (WiFi based)
- UV wavelength: 254 nm (UV-C rays)
- Charging requirement: 220-240 VAC, 50 Hz, 6 Amps
- Safety system: Software, automatic sensors plus emergency stop



3. Installation

Installation of the UV-Disinfection Robot will be determined before installation will commence, the actual site and room conditions must be communicated to S.N.A.P. Solutions for UVD installation and a joint project plan must be agreed upon. Additional training(s), mapping, installation and implementation may be purchased at a rate of \$1,500.00 per day, subject to number of units installed.

4. Terms & Conditions

The following terms and conditions are valid for this invoice.

4.1 Delivery Time

4 to 8 weeks from receipt of order (depending on quantity)

4.2 Payment Terms

35% nonrefundable down payment of hard goods due upon initial order. Balance is net 30 days. All sales are final.

4.3 Warranty

The UV-Disinfection Robot is delivered with a 12 month warranty. The warranty covers spare parts (excluding normal wear and tear) and phone, zoom or email access support, for manufacturing defects.



Invoice for UV-Disinfection Robot – # 1097

Optional, additional Warranty and Extended Service and Support Agreements not included in this invoice include:

12 months additional spare parts warranty may be extended by signing and purchasing such warranty.

- Extended Service and Support Agreements are available for Year 1 and Year 2 upon signing and purchasing such agreement.
- Combined 2 Year Extended Service, Support and Additional 12 months Warranty Package is available by signing and purchasing such agreement.

Item	Description	Price	Details
200101	Year 1 - Standard Service Agreement	\$ -	<i>included with purchase. Includes 12 month parts warranty and phone, zoom or email support</i>
200102	Year 1 - Extended Service Agreement	\$ 2,847.00	<i>includes remote access support and software updates</i>
200103	Year 2 - Extended Service Agreement	\$ 2,847.00	<i>includes remote access support and software updates</i>
200104	12 month additional Parts Warranty	\$ 3,757.00	
200105	2 Year Extended Service & 12 month additional Parts Warranty Package	\$ 8,957.00	<i>Combination of 200102, 200103 and 200104</i>

Additional Annual Extended Service Agreements are available for Years 3, 4 and 5. Additional Parts Warranty available for Year 3. Preventative Maintenance is available for additional annual fees to include 4 physical inspections per year.

4.4 Spare Parts

Spare parts are ordered and invoiced separately, unless covered by warranty.

Item	Description	Price	Details
100205	Tablet	\$ 1,100.00	<i>Additional or Replacement</i>
500110	Lithium Battery	\$ 1,190.00	<i>Replacement</i>
500210	UV Tubes (8 units for one complete set)	\$ 1,990.00	<i>12,000 hours</i>

4.5 Validity

This invoice is valid for 30 days.

4.6 Standard Terms

UVD Robot standard Sales & Delivery conditions are valid for this invoice. These terms can only be avoided if explicitly stated in this document.

Please be aware that products, options or services, which are not clearly stated in this invoice might incur additional costs.

We assume this invoice is in line with your expectations and fulfill your requirements, otherwise please contact us with any questions or modifications.

Please confirm the above invoice, by signing and returning a copy of this document. We will ensure immediate implementation upon receipt of your confirmation.

I acknowledge that I have reviewed and accept the content of this invoice in its entirety.

Signature

Printed Name

Date

Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/20/2020

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 have **ADDITIONAL INSURED** provisions or 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 Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale CA 91203 License#: 0726293 SNAPSOL-01	CONTACT NAME: <table style="width: 100%;"> <tr> <td>PHONE (A/C, No, Ext): 818-539-2300</td> <td>FAX (A/C, No): 818-539-2301</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> </table>	PHONE (A/C, No, Ext): 818-539-2300	FAX (A/C, No): 818-539-2301	E-MAIL ADDRESS:	
PHONE (A/C, No, Ext): 818-539-2300	FAX (A/C, No): 818-539-2301				
E-MAIL ADDRESS:					
INSURER(S) AFFORDING COVERAGE					
INSURER A : ACE Fire Underwriters Insurance Company NAIC # 20702					
INSURER B :					
INSURER C :					
INSURER D :					
INSURER E :					
INSURER F :					

COVERAGES **CERTIFICATE NUMBER: 2108129340** **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		D94868233	7/8/2020	7/8/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			D94868233	7/8/2020	7/8/2021	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Collision \$ 75,000
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		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 \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is named additional insured with respect to the operations of the named insured.

CERTIFICATE HOLDER **CANCELLATION**

City of Pleasanton PO Box 520 Pleasanton CA 94566	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE </p>
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P.O. BOX 8192, PLEASANTON, CA 94588

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 08-20-2020

GROUP:
POLICY NUMBER: **9256880-2020**
CERTIFICATE ID: **5**
CERTIFICATE EXPIRES: **06-25-2021**
06-25-2020/06-25-2021

**CITY OF PLEASANTON
3333 BUSCH RD
PLEASANTON CA 94566-8455**

NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon **10** days advance written notice to the employer.

We will also give you **10** days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative

President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

**ENDORSEMENT #0015 ENTITLED ADDITIONAL INSURED EMPLOYER EFFECTIVE 2020-08-20 IS ATTACHED TO AND FORMS A PART OF THIS POLICY. NAME OF ADDITIONAL INSURED:
CITY OF PLEASANTON**

EMPLOYER

**SNAP SOLUTIONS, LLC
4678 WHITING ST
PLEASANTON CA 94566**

NA

[P10,HO]