SUBJECT: PIGGYBACK CITY OF SAN ANTONIO, TX CONTRACT #6100005871 (RFCSP) FOR BODY WORN CAMERA TECHNOLOGY SOLUTION

BID #: PSC-0549-18 **OPEN DATE:**

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: PIGGYBACK

AGENCY: SHERIFF

BASIS OF AWARD: THE CONTRACT PERIOD IS FOR TEN (10) YEARS FROM DATE OF COMPLETED CONTRACT.

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to amend the award dated August 9, 2018, on PSC-0549-18 to correct the name to Axon Enterprise, Inc. everything else on the award will remain the same. A W-9 is attached for your review.

Attachments: Recommendation Memo; W-9; Previous Award.

BUYER: Marleen Doran
Marleen Doran, Analyst

RESPECTFULLY SUBMITTED
Gregory W. Pease, Chief
Procurement Division

CONCURRENCE BY: Bill Clement, Chief of Budget & Management Division, JSO

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING _____ MEMBERS DISAPPROVING _____ DATE: _____

_____ _____ OTHER: _____

_____ _____

_____ _____

_____

ACTION OF AWARDING AUTHORITY DATE _____

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENICATION _____

Jacksonville Sheriff's Office

Duval County, Florida

Mike Williams, Sheriff

501 E. Bay Street
Jacksonville, FL 32202

To: Gregory Pease
Chief of Procurement

From: Bill Clement, CPA
Chief of Budget

Subject: PSC-0549-18 – Piggyback City of San Antonio, TX Contract #6100005871 (RFCSP) for Body Worn Camera Technology Solution

Date: August 23, 2018

We are requesting approval to amend the award dated August 9, 2018, on PSC-0549-18 to correct the name to Axon Enterprise, Inc. Everything else on the award will remain the same. A W-9 is attached for your review.

Please let me know if you require any additional information. Thank you for your assistance.

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Axon Enterprise, Inc.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 5

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
17800 North 85th Street

Requester's name and address (optional)

6 City, state, and ZIP code
Scottsdale, AZ 85255

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
8 6 - 0 7 4 1 2 2 7

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶ 11/21/2017

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

SUBJECT: PIGGYBACK CITY OF SAN ANTONIO, TX CONTRACT #6100005871 (RFCSP) FOR BODY WORN CAMERA TECHNOLOGY SOLUTION

BID #: PSC-0549-18

OPEN DATE:

GENERAL GOVERNMENT AWARDS COMMITTEE

KIND AND BASIS OF CONTRACT: PIGGYBACK

AGENCY: SHERIFF

BASIS OF AWARD: THE CONTRACT PERIOD IS FOR TEN (10) YEARS FROM DATE OF COMPLETED CONTRACT.

SUMMARY OF BIDS AND RECOMMENDED ACTIONS:
Recommend approval to piggyback the City of San Antonio, TX Contract #6100005871 (RFCSP) under Section 126.211 of the ordinance code to procure Body Worn Camera Technology Solution from Axon Taser International, Inc. The contract period is for ten (10) years from date of completed contract. The total estimated annual expenditure for FY19 is $991,755.00. The total amount of the award will be $17,237,859.38.
Funding Source:
SHPO1F7DOJ-05216 SHP139-1801 in the amount of $791,955.00.
SHPO1F7DOJ-06429 SHP139-1801 in the amount of $199,800.00.
To be executed through contract payment for the services as shown on the summary of payments.

Attachments: Recommendation Memo; Summary of Payments; Proposal, Contract, Statement of Work; Certificate of Liability

BUYER: Marleen Doran
Marleen Doran, Analyst

RESPECTFULLY SUBMITTED:
For Gregory W. Pease, Chief
Procurement Division

CONCURRENCE BY: Bill Clement, Chief of Budget & Management Division, JSO

(ALL AWARD ACTIONS SUBJECT TO LAWFULLY APPROPRIATED FUNDS)
ACTION OF GGAC COMMITTEE ON RECOMMENDATIONS ABOVE

MEMBERS APPROVING 3 MEMBERS DISAPPROVING Ø DATE: 8/09/18

OTHER: _____

ACTION OF AWARDING AUTHORITY DATE 8/09/18

APPROVED _____ DISAPPROVED _____

OTHER _____

SIGNATURE OF AUTHENICATION _____

Sam E. Mousa
Chief Administrative Officer
For: Mayor Lenny Curry
Under Authority of:
Executive Order No. 2015-05