



- * Healthcare
- * High Technology
- * Broadcasting
- * Colleges
- * Industry
- * Municipal / Govt

FEDERAL GOVERNMENT LEASE APPLICATION

Agency Name: _____

Issuing Office: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Disbursing Office: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contracting Officer: _____ Phone Number: _____ Fax: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Installation Address: _____ City: _____ State: _____ Zip Code: _____

Expected Ship Date: _____ Expected Install Date: _____

Vendor Sales Contact: _____ Phone Number: _____ Fax: _____ Email Address: _____

Contact Person for Transaction: _____ Phone Number: _____ Fax: _____ Email Address: _____

Type of Lease: LTOP (Lease to Own Plan) LWOP (Lease With Option to Purchase)

Periodic Payment: \$ _____ Term (months):
 12 months 24 months 36 months 48 months 60 months
 Other (please specify) _____

Contract Number: _____ Purchase/Delivery Order Number: _____

Product Description: _____

Product Breakdown:	
Hardware:	\$ _____
Software:	\$ _____
Support:	\$ _____
Installation:	\$ _____
Prepaid Maintenance:	\$ _____
Other (please specify):	\$ _____
	\$ _____
	\$ _____
TOTAL:	\$ _____

Submitted by: _____

Date: _____



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ESSENTIAL USE INFORMATION

What essential government use does this department perform?

What essential function do the users of this product perform?

How does this product help the users perform this function?

Do the users plan to use this equipment for the full term of the lease? Yes No

What is the cost impact to the user? Does this product generate cost savings for the user?

Why is this product being acquired? Please be specific in the description of the project.

If this is a replacement product, what is it replacing? (Make and Model)

If this is a replacement product, how long has the current product been in service?

Have funds been obligated for the leasing of this product? Yes No
Is multi-year funding available? Yes No

What, if any, are the performance responsibilities of the manufacturer/vendor after acceptance?

BACKGROUND INFORMATION OF THE USER AGENCY

Is there any threat of the Agency downsizing or cutting funding during the proposed lease term? Yes No

Is there any threat of the installation location downsizing or closing during the proposed lease term? Yes No

Is there any possibility of the Agency itself being eliminated? Yes No

Does the Agency receive any non-appropriated funds? Yes No

Does the Agency plan on moving this installation location? Yes No
If yes, where and when?

Is the facility in which the equipment/software is to be located government owned or leased? Owned Leased

If the facility in which the equipment/software will be located is leased, what is the duration of the facility lease?

If the facility is leased, what is the commencement date and expiration date of the facility lease?

Submitted by:

Date:

PHONE / FAX:

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858-451-0400 PH
858-451-0033 FAX

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SUITE # 300
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