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Products and Services...
SINCE 1952.*

Customer: Grant County 911
 Contact: Mayor Jim Wells
 Phone: (859) 824-3335
 E-Mail: jim.wells@cdrky.org

Project Description: Provide 4 Site P25 Simulcast Network for Fire & Law Enforcement for Grant County

"Ky. Master Agreement # 758-1300000949 6"

Qty.	Model	Description	Unit Price	Total
10		Motorola GTR8000 P25 Repeater Network (110 Watts)	\$20,743.00	\$ 207,430.00
2		Existing Qantar Repeater Upgrade (FD)	\$3,800.00	\$7,600.00
2		Existing Astro-Tac Comparator Upgrade (FD)	\$8,800.00	\$17,600.00
1		Complete Antenna, Coax, Connectors, Surge Network	\$29,750.00	\$29,750.00
1		Combiner Equipment for All Sites	\$7,700.00	\$7,700.00
1		Comparator (Law Enforcement)	\$18,800.00	\$18,800.00
1		Synchronization Network for All Sites	\$68,740.00	\$68,740.00
1		Microwave Network for Expanded Sites	\$19,900.00	\$1,900.00
KACO Finance Options:				
7 Year - Rate 3.86% Monthly Payment \$ 6,372.00				
10 Year-Rate 3.56% Monthly Payment \$ 4,645.00				

Proposal Summary

Equipment Total	\$359,520.00
Install Services	\$60,330.00
Tax 6%	\$0.00
S&H	\$0.00
FCC Licensing	\$2,500.00
System Total	\$422,350.00

Notes: Customer responsible for Shelters at new Sites and Electric

Contact: John Arthur Elder, III
 Address: 2539 Regency Road
 Zip Code: Lexington, Ky. 40503
 Phone: (859) 361-2873
 E-Mail: jelder@rcs.info

Customer Signature _____ Date _____

Proposal Valid 30 Days
 Payment Terms: Due at Recei
 Upon termination/cancelation, a 20% restocking fee will apply. See terms and conditions for additional deta
 By signing this proposal, I hereby agree to the terms and conditions located on RCS Doc TAB3.1



Account Application

4445 Robards Lane
 Louisville, KY 40218
 (502) 587 7384

Account Number

Date:

Billing Information

Shipping Information

Name:

Contact:

Attn:

Phone:

Address:

Address:

Address:

Address:

City, State:

City, State:

Zip:

Zip:

Phone:

E-mail:

Fax:

Account Payable and Purchasing Contact

Do you require a purchase order?

N

Y

Business Information:

Name:

Federal Tax ID:

Phone:

Email:

Would you like to participate in electronic invoicing?

Y

N

Sales/Use Tax Exempt:

N

Y

(If yes, submit completed & signed certificate)

Signature

Date