

MICHIGAN MASTER COMPUTING CONTRACT(S)  
INPUT/OUTPUT COST MODEL

**PRINTER DISCOUNT PERCENTAGES TAB**

A = Discount percentage from Manufacturer Suggested Retail Price (MSRP) to the Contractor

B = Mark up percentage from the Contractor to the State of Michigan. This could be zero.

C = Net percentage discount that the State would receive. (A-B)

Columns D, E, F, G, H, and I do not appear in this cost model.

J = Bidder enters additional discount the State will receive if Bidder was awarded all four categories: 1.1, 1.2, 1.3, & 1.4

K = Total discount to the State if Contractor was awarded all four categories: 1.1, 1.2, 1.3, & 1.4

**Instructions for Standalone Purchase Devices Tab**

**Standalone Monochrome Desktop Laser Printer**

1. The proposed device for each category is based on estimating one toner cartridge per quarter.
2. In the column labeled 'Model', enter model information of device bid.
3. In the column labeled 'Impressions Per Cartridge', enter number of impressions per cartridge.
4. **Bidders should include one-year warranty, on-site, next business day in the device cost.**
5. In the column labeled 'Cartridge Cost', enter the cost of the cartridge.
6. The Device Total Cost of Ownership will be calculated for the bidders. Formula = Device Cost + (1 toner cartridge cost \* 4 quarters)

**Standalone Desktop Inkjet Printer**

1. In the column labeled 'Model', enter model information of device bid.
2. In the column labeled 'Impressions Per Cartridge', note the number of impressions per both for the black cartridge as well as the polychrome cartridge.
3. **Bidders should include one-year warranty, on-site, next business day in the device cost.**
4. In the column labeled 'Cartridge Cost-Black', enter the cost of the cartridge.
5. In the 'Cartridge Cost - Polychrome', enter the cost of the colored cartridge.
6. The Device Total Cost of Ownership will be calculated for the bidders. Formula = Device Cost + (12 months \* black cartridge cost) + 1 Colored Cartridge.

**Standalone Desktop Document Scanner**

1. In the column labeled 'Model', enter model information of device bid.
2. **Bidders should include one-year warranty, on-site, next business day in the device cost.**

**Standalone Desktop Fax Machine**

1. In the column labeled 'Model', enter model information of device bid.
2. In the column labeled 'Impressions Per Cartridge', enter number of impressions per cartridge.
3. **Bidders should include one-year warranty, on-site, next business day in the device cost.**
4. In the column labeled 'Cartridge Cost', enter the cost of the cartridge.
5. The Device Total Cost of Ownership will be calculated for the bidders. Formula = Device Cost + (1 toner cartridge cost \* 12 months)

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**Remote Office MF**

1. The proposed device for each category is based on estimating one toner cartridge per quarter.
2. In the column labeled 'Model', enter model information of device bid.
3. In the column labeled 'Impressions Per Cartridge', enter number of impressions per cartridge.
4. **Bidders should include one-year warranty, on-site, next business day in the device cost.**
5. In the column labeled 'Cartridge Cost', enter the cost of the cartridge.
6. The Device Total Cost of Ownership will be calculated for the bidders. Formula = Device Cost + (1 toner cartridge cost \* 4 quarters)

**Instructions for Standalone Lease Devices Tab**

**Standalone Monochrome Network Printers**

1. The proposed device for each category is based on estimating one toner cartridge per quarter.
2. In the column labeled 'Model', enter model information of device bid.
3. In the column labeled 'Impressions Per Cartridge', enter number of impressions per cartridge.
4. In the column labeled "Device Total Lease Cost, 4 years", enter the total cost of a four year lease. The lease cost must include: device office evaluation service; the four year cost of usage, consumables, onsite support within the SLA's; device pickup & retrieval at lease's end; & other ancillary services. By State law, the device must have a minimum 20% residual value at the end of the lease.
5. The cost per impression will be calculated for the bidder. Formula = Total cost of Ownership / (Impression per cartridge \* 16). Note that 16 assumes 1 cartridge per quarter for 4 years.
6. The Device monthly cost will be calculated for the bidder. Formula = Total Cost of Ownership/ 48 month lease.
7. The bidder should enter the Overage cost per Impression. This charge would only apply when the number of monthly impressions exceeds the maximum limit of the Monthly Impression Range.

**Standalone Polychrome Network Printers**

1. The proposed device for each category is based on estimating one toner cartridge per quarter.
2. In the column labeled 'Model', enter model information of device bid.
3. In the column labeled 'Impressions Per Cartridge', enter number of impressions per cartridge.
4. In the column labeled "Device Total Lease Cost, 4 years", enter the total cost of a four year lease. The lease cost must include: device office evaluation service; the four year cost of usage, consumables, onsite support within the SLA's; device pickup & retrieval at lease's end; & other ancillary services. By State law, the device must have a minimum 20% residual value at the end of the lease.
5. The cost per impression will be calculated for the bidder. Formula = Total cost of Ownership / (Impression per cartridge \* 16). Note that 16 assumes 1 cartridge per quarter for 4 years.
6. The Device monthly cost will be calculated for the bidder. Formula = Total Cost of Ownership/ 48 month lease.
7. The bidder should enter the Overage cost per Impression. This charge would only apply when the number of monthly impressions exceeds the maximum limit of the Monthly Impression Range.

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**Instructions for MFD Polychrome Lease Devices Tab**

1. In the column labeled 'Model', enter model information of device bid. Bidders should propose devices for the category based on estimating one toner cartridge per quarter.
2. Enter the number of impressions per cartridge in the "Impressions Per Cartridge" column. Note that this must fall within the quarterly impression range.
3. In the column labeled "Device Total Lease Cost, 4 years", enter the total cost of a four year lease. The lease cost must include: device office evaluation service; the four year cost of usage, consumables, onsite support within the SLA's; device pickup & retrieval at lease's end; & other ancillary services. By State law, the device must have a minimum 20% residual value at the end of the lease.
4. The Cost Per Impression will be calculated for the bidders. Formula = Device Total Lease Cost / ( Impressions per cartridge X 16). Note that 16 assumes 1 cartridge per quarter for 4 years.
5. The Device monthly cost will be calculated for the bidder. Formula = Total Cost of Ownership/ 48 month lease.
6. The bidder should enter the Overage cost per Impression. This charge would only apply when the number of monthly impressions exceeds the maximum limit of the Monthly Impression Range.

**Network Multifunction Devices - Monochrome**

1. In the column labeled 'Model', enter model information of device bid. Bidders should propose devices for the category based on estimating one toner cartridge per quarter.
2. Enter the number of impressions per cartridge in the "Impressions Per Cartridge" column. Note that this must fall within the quarterly impression range.
3. In the column labeled "Device Total Lease Cost, 4 years", enter the total cost of a four year lease. The lease cost must include: device office evaluation service; the four year cost of usage, consumables, onsite support within the SLA's; device pickup & retrieval at lease's end; & other ancillary services. By State law, the device must have a minimum 20% residual value at the end of the lease.
4. The Cost Per Impression will be calculated for the bidders. Formula = Device Total Lease Cost / ( Impressions per cartridge X 16). Note that 16 assumes 1 cartridge per quarter for 4 years.
5. The Device monthly cost will be calculated for the bidder. Formula = Total Cost of Ownership/ 48 month lease.
6. The bidder should enter the Overage cost per Impression. This charge would only apply when the number of monthly impressions exceeds the maximum limit of the Monthly Impression Range.

**Service Definitions**

Year 1 - Year 7 = Hourly rate by year for the service to remain firm for each year.

MICHIGAN MASTER COMPUTING CONTRACT(S)  
INPUT/OUT COST MODEL

Product Manufacturer	A Discount Percentage from MSRP	B Mark Up Percentage  (If Applicable)	C Total Percent off to State  (A-B=C)	J Additional Discount for All Categories 1.1, 1.2, 1.3, & 1.4	K Total discount to the State for 1.1, 1.2, 1.3, & 1.4
Printers	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0.000%</b>	<b>0.000%</b>
Printer Peripherals	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0.000%</b>	<b>0.000%</b>
Plotters	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0.000%</b>	<b>0.000%</b>
Plotter Peripherals	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0.000%</b>	<b>0.000%</b>

MMCC RFP  
 Standalone Purchase Devices

Standalone Monochrome Desktop Laser Printer							
Device Category	Monthly Impression Range	Quarterly Impression Range	Model	Impressions Per Cartridge	Device Purchase Cost	Cartridge Cost	Device Total Cost of Ownership
Desktop Monochrome Laser	200 - 500	600 - 1,500					\$ -
Desktop Polychrome Laser	200 - 500	600 - 1,500					\$ -

Standalone Desktop Inkjet Printer							
Device Category	Monthly Impression Range	Model	Impressions Per Cartridge	Device Purchase Cost	Cartridge Cost - black	Cartridge Cost - polychrome	Device Total Cost of Ownership
Desktop Inkjet	1 - 200						\$ -

Standalone Desktop Document Scanner		
Device Category	Model	Device Purchase Cost
Flatbed		
Auto-document Feeder		

Standalone Desktop Fax Machine						
Device Category	Monthly Impression Range	Model	Impressions Per Cartridge	Device Purchase Cost	Cartridge Cost - black	Device Total Cost of Ownership
Low-volume	1 - 200					\$ -

Remote Office MF							
Device Category	Monthly Impression Range	Quarterly Impression Range	Model	Impressions Per Cartridge	Device Purchase Cost	Cartridge Cost	Device Total Cost of Ownership
Desktop Monochrome Laser MFD	1 - 500	3 - 1,500					\$ -
Desktop Polychrome Laser MFD	1 - 500	3 - 1,500					\$ -

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**Standalone Monochrome Network Printers**

Device Category	Monthly Impression Range	Quarterly Impression Range	Model	Impressions Per Cartridge	Device Total Lease Cost, 4 years	Cost Per Impression	Device Monthly Cost	Overage Cost Per Impression by month
1 - Low volume	500 - 1,000	1,500 - 3,000				#DIV/0!	\$ -	
2 - Medium volume	800 - 3,000	2,400 - 9,000				#DIV/0!	\$ -	
3 - High volume	2,500 - 6,000	7,500 - 18,000				#DIV/0!	\$ -	
4 - Production volume	5,000 - 20,000	15,000 - 60,000				#DIV/0!	\$ -	

**Standalone Polychrome Network Printers**

Device Category	Monthly Impression Range	Quarterly Impression Range	Model	Impressions Per Cartridge	Device Total Lease Cost, 4 years	Cost Per Impression	Device Monthly Cost	Overage Cost Per Impression by month
1 - Low volume	500 - 1,000	1,500 - 3,000				#DIV/0!	\$ -	
2 - Medium volume	800 - 3,000	2,400 - 9,000				#DIV/0!	\$ -	
3 - High volume	2,500 - 6,000	7,500 - 18,000				#DIV/0!	\$ -	
4 - Production volume	5,000 - 20,000	15,000 - 60,000				#DIV/0!	\$ -	

Notes:

Device Impression per Cartridge must fall within the Quarterly Impression Range

**All proposed devices must be capable of duplex printing**

Consumables are defined as ink/toner, maintenance kits, and all replacement parts for the lease term.

Note: duplex-print/copy-capability is required for all devices.

Network Multifunction Devices - Polychrome									
Device Category	Monthly Impression Range	Quarterly Impression Range	Available Functions	Model	Impressions Per Cartridge	Device Total Lease Cost, 4 years	Cost Per Impression	Device Monthly Cost	Overage Cost Per Impression by month
I	100 - 800	300 - 2,400	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
II	800 - 3,000	2,400 - 9,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
III	3,000 - 6,000	9,000 - 18,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
IV	6,000 - 9,000	18,000 - 27,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
V	9,000 - 15,000	27,000 - 45,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
VI	9,000 - 20,000	27,000 - 60,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
VII	15,000 - 35,000	45,000 - 105,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	

Note: duplex-print/copy-capability is required for all devices.

Network Multifunction Devices - Polychrome									
Device Category	Monthly Impression Range	Quarterly Impression Range	Available Functions	Model	Impressions Per Cartridge	Device Total Lease Cost, 4 years	Cost Per Impression	Device Monthly Cost	Overage Cost Per Impression by month
VIII	35,000 - 60,000	105,000 - 180,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
IX	60,000 - 100,000	180,000 - 300,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
X	100,000 - 250,000	300,000 - 750,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	

Note: duplex-print/copy-capability is required for all devices.

Network Multifunction Devices - Monochrome									
Device Category	Monthly Impression Range	Quarterly Impression Range	Available Functions	Model	Impressions Per Cartridge	Device Total Lease Cost, 4 years	Cost Per Impression	Device Monthly Cost	Overage Cost Per Impression by month
I	100 - 800	300 - 2,400	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
II	800 - 3,000	2,400 - 9,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
III	3,000 - 6,000	9,000 - 18,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
IV	6,000 - 9,000	18,000 - 27,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
V	9,000 - 15,000	27,000 - 45,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
VI	9,000 - 20,000	27,000 - 60,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
VII	15,000 - 35,000	45,000 - 105,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	

Note: duplex-print/copy-capability is required for all devices.

Network Multifunction Devices - Monochrome									
Device Category	Monthly Impression Range	Quarterly Impression Range	Available Functions	Model	Impressions Per Cartridge	Device Total Lease Cost, 4 years	Cost Per Impression	Device Monthly Cost	Overage Cost Per Impression by month
VIII	35,000 - 60,000	105,000 - 180,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
IX	60,000 - 100,000	180,000 - 300,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	
X	100,000 - 250,000	300,000 - 750,000	Copy only				#DIV/0!	\$ -	
			Copy, Fax				#DIV/0!	\$ -	
			Copy, Print, Scan				#DIV/0!	\$ -	
			Copy, Print, Scan, Fax				#DIV/0!	\$ -	

Item No.	Service Description (Price to be quoted will include all travel related expenses)	Estimated Quantity of Hours	Hourly Rate to State by Year							Total Price to State		
			Year 1	Year 2	Year 3	Year 4	Year 5	Optional Year 6	Optional Year 7	Year 1	Year 2	Year 3
1	<b>Optional Installation Staff</b>  Person provided on a fixed cost/hourly basis to provide installation services through a Statement of Work.	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Rate Quantity x Hourly Rate			
Year 4	Year 5	Optional Year 6	Optional Year 7
0.00	0.00	0.00	0.00